

Root Cause Analysis: Chart Review of Unplanned Transfers

Demographic Information

AllScripts/Vendor# _____

Date of Admission to Hospital: _____ Time of Transfer: _____

Date of Last Visit by Agency Clinician: _____ Clinician Name: _____

Reason for Transfer Per Record: _____

Reason for Transfer Per Conversation with Family Member: _____

72 hours prior to transfer, were any of the following signs, symptoms or conditions present?

Fever: _____

Change of Mental Status: _____

Decreased Oral Intake: _____

Change in Medications: _____

Increased Pain/Pain Medication Requirement: _____

Family Mention of Change of Condition: _____

Signs & Symptoms of UTI: _____

Signs & Symptoms of SOB: _____

Change in Vital Signs: _____

One or More Falls: _____

Actions Taken Prior to Transfer:

- Was the patient’s physician or mid-level provider contacted prior to transfer? Yes No
- Was a hospice physician or mid-level provider contacted prior to the transfer? Yes No
- Was the transfer due to the lack of a home visit by a clinician? Yes No
- Was the transfer due to the lack of caregiver support at home? Yes No
- Was the transfer due to a lack of community resources while at home? Yes No
- Was the patient on telehealth with our agency? Yes No
- Could this transfer have been avoided? Yes No Possibly

Explain: _____

Action Plan:

What course of action could have been taken, or can be put into place, to limit future transfers for the above reasons?

Review Completed by: _____

Reviewed by Director of Marketing and Communications: Yes/Initials _____

Reviewed by Director of Home Care: Yes/Initials _____

Reviewd by Director of Quality: Yes/Initials _____