

Readmission Root Cause Analysis Tool - Skilled Nursing Facility

Facility: _____ Auditor: _____ Signature: _____

Time Period Reviewed: _____ Date of Review: _____

Best Practices for Care Transitions	1	2	3	4	5	6	7	8	9	10	Total Charts	Total Possible	% Yes
1. Care pathways were utilized for the following conditions:													
• Mental status change													
• Fever													
• Lower respiratory problems													
• Dehydration													
• Heart failure													
• Urinary tract infection													
2. Communication tools were used to facilitate transfer of resident information:													
• SBAR for communication of general information													
• SBAR for care pathways specific information													
• Early warning assessment - Stop and Watch													
• Early warning report													
• Review of all unplanned transfers													
• Communicating acute changes													
• CARE tool utilized upon admission and transfer													
• ZONE tools utilized in conjunction with care pathways													
• Coaching technique used with resident/family regarding plan-of-care implementation and follow through													
• Personal Health Record (PHR) maintained by resident/family with assistance from staff													

Key: Y (Yes) for compliance with best practices identified
 N (No) for non-compliance with best practices identified or if documentation is partial NA (Not Applicable)

3. Advanced care planning tools available and completed on each resident															
4. Physician/Physician Extender/Advanced Nurse Practitioner present in the facility for review of resident issues 3 days a week															
5. Physician/Physician Extender/Advanced Nurse Practitioner response to staff for acute resident changes within 24 hours															
6. Registered Nurse providing care (other than DON or ADON)															
7. Lab results available within 3 hours															
8. IV therapy administered within the facility when ordered															
9. Medication management and reconciliation, including review of appropriateness of medications for the elderly, duplication, efficacy, side effects and untoward effects															
10. Pharmacist available for consultation regarding medication management															

Key: Y (Yes) for compliance with best practices identified
 N (No) for non-compliance with best practices identified or if documentation is partial
 NA (Not Applicable)

Comments: _____

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