Readmission Work Sheet

This Readmission Work Sheet may be used to assist in identifying gaps in care and aid in care transitions quality-improvement directives. This work sheet is divided into several sections to obtain feedback from the patient and provider, as well as for minimal chart review. It provides a way to identify process change opportunities, outlining barriers and potential causes. Not all questions/ comments will have a response, since completion is dependent upon each individual's hospitalization and circumstance.

Interview the Patient

1. What made you come back to the hospital? Why? [What did the patient or family think contributed to this readmission?] _____

_____

2. How were you able to use the discharge instructions/transition of care plan? How was the plan helpful? What could have been better? [Are there any self-care instructions that may have been misunderstood?] _____

_____

3. What do you remember from your instructions that were given before you left the hospital? [Can the patient teach back 3 critical self care instructions?] _____

_____

4. When did you last see your doctor? When was your last doctor's appointment? _____

_____

5. Were you able to see/call your doctor before you came back to the hospital? _____

_____

6. Often times there are options for care based on your needs. Were you able to talk about other options for care or talk about advanced directives? _____
Were you able to discuss options such as palliative, end-of-life care, or hospice? _____
If yes, what did you decide upon? _____

_____

7. What telephone numbers were you given to call? _____

_____

8. What information was not given to you during your last admission that may have prevented this hospital visit? _____

_____

9. What other hospitals, emergency rooms or care facilities have you visited in the last 30 days? _____

_____

10. Were you able to obtain your medicines that were prescribed for you during your last hospital visit? If not, why? _____

_____

Interview the Care Transitions Team (physician, clinic, home care, nursing home, home health)

1. What contributing causes are known for the patient's readmission? _____

_____

2. Would you have predicted a readmission on this patient? _____

_____

Check all applicable:

- ☐ Abnormal lab results
- ☐ Vital signs Nutrition
- ☐ Nutrition
- ☐ Cognition/Depression
- ☐ Function/Mobility
- ☐ Discharge/Handover/Care transitions plan
- ☐ Family support
- ☐ Medications
- ☐ Home health
- ☐ Post procedure complications

Review the Charts of This and the Previous Admission (if 30 days or less between admissions)

Note the number of days between the previous discharge and this readmission date:

1. Did patient have a follow-up physician vist scheduled? ☐ No ☐ Yes, number of days after previous discharge _____
2. Were there any urgent/ED/outpatient visits? ☐ No ☐ Yes, number of days after previous discharge _____

The Previous Admission:

1. Discharge date: _____ Time: _____ Day: _____
2. When discharged from previous admission, the patient went:
   - ☐ Home
   - ☐ Nursing home
   - ☐ Home with home health care
   - ☐ Home with home care
   - ☐ Hospice
   - ☐ Other _____
3. Functional status of the patient on discharge: ☐ Fully dependent ☐ Somewhat dependent ☐ Independent
4. Was a clear discharge/transition plan documented? ☐ Yes ☐ No
5. Does documentation exist for appropriate patient education? ☐ Yes ☐ No
6. Was there evidence of teach back (checking patient's understanding or recall)? ☐ Yes ☐ No
7. Were medications provided to the patient at discharge? ☐ Yes ☐ No
8. Referrals noted were to the following:

_____ _____

_____ _____

_____ _____

This Readmission:

1. Readmission date: _____ Time: _____ Day: _____

2. Was admission related to the previous admission (from previous page)? ☐ Yes ☐ No

3. Reason(s) for readmission: _____

_____

4. Category of readmission

   ☐ Forseen or planned—chemo-radiation therapy, treatment follow-up, planned surgery, etc.

   ☐ Unforseen, caused by new problem

   ☐ Unforseen, caused by problems related to previous admission

5. Potential Hospital Problem
   Was the care given in the hospital either directly or indirectly responsible for the readmission? ☐ Yes ☐ No
   (Example: Post-operative infection, lack of lab or x-ray/diagnostic results follow-up)

6. Potential Outpatient Problem
   Did these cause or contribute to the environment into which the patient was discharged? ☐ Yes ☐ No
   (Example: Patient went home and had much poorer social support than indicated by patient during discharge planning.)

7. Note any patient opportunities or circumstances that may help determine reasons for this readmission:

_____

_____

_____

Identified Opportunities & Area Involved	Corrective Action	Responsibile Party	Intervention(s) for This Patient Encounter (if currently admitted)	Responsible Party

Identified Causes:

Medication Management

- ☐ Medication prescription not filled
- ☐ No prescription given
- ☐ Medication not on insurance formulary causing dealy in prescription fill/refill
- ☐ Medications not listed for patient
- ☐ Adverse reaction to medications
- ☐ Incomplete medication list (patient did not inform caregivers of all medications being taken at home)

Self-Management

- ☐ Lack of transportation access
- ☐ Financial barriers
- ☐ Language barriers
- ☐ Unaddressed co-morbidity
- ☐ Mobility/Home safety
- ☐ Unable to perform care
- ☐ Self neglect/abuse

Infectious Process

- ☐ Colonized (requires isolation)
- ☐ Infection (active process)

Lack of Communication

- ☐ Pending diagnostic results not communicated with PCP
- ☐ Transition/discharge summary not sent to PCP
- ☐ No PCP noted at time of admission and no follow-up to find provider to discharge

Referral Process

- ☐ No referral noted
- ☐ Lack of referral follow-up with: _____
- ☐ Referral to agency unable to meet individual's needs

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