

## Rehospitalization Audit—Home Health

**Objectives:** To determine if care plan and interventions were appropriate for patient. Monitor effectiveness of best practices in a timely manner.

**Instructions:** Complete this audit within 5 days of an ACH episode and/or prior to readmission to home health agency.

1. Was an emergency care plan discussed with patient at SOC/ROC? Y \_\_\_\_\_ N \_\_\_\_\_

2. Was a high-risk assessment done at SOC/ROC? Y \_\_\_\_\_ N \_\_\_\_\_

3. If assessed for high-risk did you front-load visits? Y \_\_\_\_\_ N \_\_\_\_\_

4. Were self-management skills introduced at SOC? Y \_\_\_\_\_ N \_\_\_\_\_

5. Was the agency following their best practices from POA? Y \_\_\_\_\_ N \_\_\_\_\_

6. Additional risk factors or concerns not identified at SOC/ROC:

\_\_\_\_\_

7. Was the frequency of visits adequate? Y \_\_\_\_\_ N \_\_\_\_\_  
If not, why? \_\_\_\_\_

8. Were the appropriate disciplines involved to meet care needs? Y \_\_\_\_\_ N \_\_\_\_\_  
If not, who needed to be added? \_\_\_\_\_

9. Was telehealth added to the care plan? Y \_\_\_\_\_ N \_\_\_\_\_  
phone monitoring \_\_\_\_\_ telemonitoring \_\_\_\_\_ self-monitoring \_\_\_\_\_ teletriage \_\_\_\_\_

Comments/Recommendations/Changes in care plan on ROC: \_\_\_\_\_

\_\_\_\_\_

**Rehospitalization was:**      **Avoidable** \_\_\_\_\_      **Unavoidable** \_\_\_\_\_

Patient Name: \_\_\_\_\_

SOC/ROC Date: \_\_\_\_\_      Rehospitalization Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Reviewer: \_\_\_\_\_      Date: \_\_\_\_\_