READMISSION DIAGNOSTIC TOOL

Name	MRN		Age
Initial Hospitalization Admission Date:	**Initial Hospitalization Discharge Date:**	**Readmission Date:**	**Readmission Time:**

1. CHART REVIEW (from chart or TCP d-base)

- Number of days between the previous discharge and readmission date: _____
- Was patient seen by inpatient CHF RN Care Manager at initial hospital admission? ☐ Yes ☐ No
- Did patient have follow-up physician visit scheduled after initial admission? ☐ Yes ☐ No
- Was a physician follow-up visit kept after initial admission? ☐ Yes ☐ No
- Number of days between initial hospitalization and follow-up physician visit: _____
- Did HH visit occur after initial hospitalization? ☐ Yes ☐ No
- Number of days between initial discharge and HH visit: _____
- Did outpatient care manager 7- day follow-up phone call occur after initial hospitalization? ☐ Yes ☐ No
- # of days between initial discharge and outpatient care manager phone call: _____
- Functional status of patient at time of initial discharge:

  ☐ Fully Dependent ☐ Somewhat Dependent ☐ Independent

- Are advanced directives documented: ☐ Yes ☐ No (not sure if this is necessary?)

  If yes, what are they: _____

- Primary reasons for readmission (from chart review):

  ☐ Fall ☐ Adverse Reaction to Meds ☐ COPD
  ☐ Medication Side Effect ☐ Pre-renal Disease ☐ Dietary Non-compliance
  ☐ Heart Failure ☐ Fluid overload ☐ Scheduled procedure
  ☐ Adema shortness of breath ☐ Other (explain below)

  If other, please explain: _____

_____

2. PROVIDER INTERVIEW (email or call with these questions at least 1 physician, e.g. PCP, hospitalist, or key specialist who knows the patient's health status)

- Provider role specialist:

  ☐ PCP ☐ Specialist ☐ Hospitalist

- What do you think led to this patient's readmission? _____

_____

Source: Kaiser South Bay Medical Center, Harbor City, CA; Physician Executive Council interviews and analysis.

2. PROVIDER INTERVIEW (continued)

- Would you have predicted a readmission on this patient? ☐ Yes ☐ No

  If yes, please explain: _____

  _____

- Are there systems or processes we could have done differently to possibly have prevented this patient from being readmitted?

  _____

  _____

3. PATIENT/CAREGIVER INTERVIEW

- Is this interview with patient or caregiver: ☐ Patient ☐ Caregiver
- What do you think caused you (or your family member) to be readmitted into the hospital? _____

  _____

- When you (or your family member) encountered problems /concerns after you left the hospital, did you know who to call? ☐ Yes ☐ No
- When you (or your family member) encountered problems/concerns after you left the hospital the first time, who did you call for assistance? _____
- How did you (or your family member) come to the hospital when you came in last?
  - ☐ 911
  - ☐ Sent by PCP
  - ☐ Taken by self or family member
  - ☐ Scheduled procedure
  - ☐ Other, explain: _____
- When you left the hospital after initial stay:
  a. I had a good understanding of the things I was responsible for in managing my health? ☐ Yes ☐ No

     _____

  b. I clearly understood the purpose of taking each of my medications? ☐ Yes ☐ No

     _____

  c. I received written documentation of the symptoms, warning signs, or health problems to be aware of after I left the hospital? ☐ Yes ☐ No

     _____

  d. During my first hospital visit the staff discussed with me whether I would have the help I needed when I left the hospital? ☐ Yes ☐ No

     _____

  e. The staff explained things in a way I could understand? ☐ Yes ☐ No

Source: Kaiser South Bay Medical Center, Harbor City, CA; Physician Executive Council interviews and analysis.

3. PATIENT/CAREGIVER INTERVIEW (continued)

- Are you living on your own? ☐ Yes ☐ No
- Who takes care of you? _____

If other, please explain: _____

4. ASSESSMENT (tool user goes beyond recording and makes an assessment based on all data collected)

- Name of KP Staff doing this assessment: _____
- Date assessment conducted: _____
- Was this admission related to previous admission? ☐ Yes ☐ No
- Category of readmission unforeseen related to problems in the previous admission:
  - ☐ Unforeseen and caused by new problem
  - ☐ Foreseen (planned)
  - ☐ Unforeseen related to problems in the previous admission
- Potentially preventable issues – **PATIENT ISSUES:** Based on the interviews conducted and chart review; identify actions or issues that may be contributed to this readmission (choose all that apply)

  - ☐ Lack of adherence to meds, therapies, daily weights or diet
  - ☐ Did not have adequate understanding of medications on med list
  - ☐ Did not accept referral to HF program
  - ☐ Did not accept HH visit
  - ☐ Did not present at follow-up appointment
  - ☐ Financial issues
  - ☐ Did not accept referral to palliative care
  - ☐ Psych-social issues
- Potentially preventable issues – **SYSTEM ISSUES:** Based on the interviews you conducted and chart review, identifying systems issues or actions that may have contributed to this readmission (choose all that apply).

  ➢ **Inadequate assessment of patient or caregiver needs while in the hospital**
  - ☐ Not adequately assessing functional status, psychological or social needs prior to discharge
  - ☐ Not adequately assessing patient needs in the home and/or post discharge needs
  - ☐ Patient discharged too soon, e.g. : failure to diagnose prior to discharge or not recognizing worsening of clinical status in hospital

  ➢ **Inadequate care planning and education**
  - ☐ Not adequately assessing patient/caregiver understanding of who to call when at home
  - ☐ Not adequately assessing patient/caregiver understanding of care plan or self management instructions prior to leaving the hospital
  - ☐ Not adequately assessing patient/caregiver understanding of warning signs/symptoms or "red flag" for calling a provider
  - ☐ Not adequately assessing patient/caregiver inclusion in discussion of discharge instructions
  - ☐ Not adequately planning for follow-up on plan of care; e.g. discharge orders, pending labs, durable equipment etc.

Source: Kaiser South Bay Medical Center, Harbor City, CA; Physician Executive Council interviews and analysis.

4. ASSESSMENT (continued)

Potentially preventable issues – **SYSTEM ISSUES:** (continued)

- **Inadequate post discharge follow up**
  - ☐ Inadequate referrals made such as palliative care, hospice, Care Plus, etc.
  - ☐ Lack of timely Home Health visit or phone follow-up
  - ☐ Lack of timely RN or PharmD phone follow-up
  - ☐ Lack of timely follow-up appointments with MD (or appointment not made)
  - ☐ Lack of follow-up on plan of care including discharge orders, pending labs, equipment etc.
  - ☐ Inadequate coordination or communication across ambulatory services including Home Health, DME, Care Management, etc.

- **Inadequate medication management (includes med review and med rec)**
  - ☐ Wrong or contra-indicated medications prescribed at time of discharge
  - ☐ Medication discrepancies resulted because of lack of adequate coordination between inpatient-outpatient teams
  - ☐ Patient/caregiver did not leave the hospital with accurate printed med list
  - ☐ Med list in KPHC did not match what patient takes at home

- **Lack of timely or accurate exchange of health care information**
  - ☐ PCP, Home Health, or other providers did not have information they needed (information was not transferred or received adequately after discharge to accountable providers)
  - ☐ Lab or imaging information not transferred in timely manner

- Specific explanation for systems issue identified in previous question (e.g. patient did not have clear understanding of oxygen use prior to leaving the hospital). Synthesize all information gathered thus far to develop an explanation for "**why**" the readmission occurred.

_____

_____

5. ACTION TAKEN

- Actions taken for this patient by staff completing the tool to address individual patient needs identified.

_____

_____

_____

- Actions that could be taken to address systems issues by team.

_____

_____

_____

Source: Kaiser South Bay Medical Center, Harbor City, CA; Physician Executive Council interviews and analysis.