



# REDUCING READMISSIONS

## Readmission Root Cause Analysis Tool

### Inpatient Facility

Review current practices to assess root causes of readmissions. Mark Y, N, or N/A under the patient's number.

<b>Facility:</b>	<b>Reviewer Name:</b>	<b>Signature:</b>
<b>Time Period Reviewed:</b>	<b>Date of Review:</b>	

**KEY: Y (Yes)** for compliance with care practices identified. If only partial compliance then mark "No." **N (No)** for non-compliance with care practice identified.  
**N/A (Not applicable)**

DRIVERS			CARE PRACTICES	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Total	Total Possible	% Yes
Patient Activation	Lack of Known, Standard Processes	Transfer of Information														
X	X		1. Patient/family educated about the diagnosis throughout the inpatient stay													
	X		2. Post-discharge appointments for physician office or lab are coordinated with the patient/family <i>and</i> set prior to discharge													
X	X		3. Patient/family is educated on importance of follow-up care and keeping appointments													
X			4. Patient/family verbalizes ability to obtain transportation to appointments													
X			5. Education on completed tests or studies and importance of follow-up for future tests													
	X		6. Medication reconciliation occurs at admission and discharge													

**KEY: Y (Yes)** for compliance with best practices identified. If only partial compliance then mark “No.”

**N (No)** for non-compliance with best practice identified.

**N/A (Not applicable)**

DRIVERS			CARE PRACTICES	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Total	Total Possible	% Yes
Patient Activation	Lack of Known, Standard Processes	Transfer of Information														
X	X		7. Education to patient/family on medication regimen with review of medication purpose, dosage, side effects and untoward effects and which to communicate to the healthcare providers													
X			8. Patient/family has a local pharmacy with ability to obtain medications in a timely manner													
	X		9. Reconcile the discharge plan with the national guidelines for AMI, CHF and PNE as well as associated clinical pathways													
X			10. Educate patient on symptoms (Red Flags) of disease/condition to report to the physician													
X	X		11. Instruct patient on a special plan of how to contact the PCP or backup by providing contact numbers for office hours and after-hours communications													
X	X		12. Educate patient/family on which symptoms constitute an emergency and what to do in this case													
	X		13. Identification of end-of-life issues addressing advance care planning													
	X		14. Need for community resources identified (HHA, AAA, Meals on Wheels, etc.)													

**KEY: Y (Yes)** for compliance with best practices identified. If only partial compliance then mark “No.”

**N (No)** for non-compliance with best practice identified.

**N/A (Not applicable)**

DRIVERS			CARE PRACTICES	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Total	Total Possible	% Yes
Patient Activation	Lack of Known, Standard Processes	Transfer of Information														
	X	X	15. Transmission of comprehensive discharge plan is sent to the physician and other follow-up providers prior to discharge. Information includes the following:													
	X	X	<ul style="list-style-type: none"> <li>Reason for hospitalization with specific principal diagnosis and other pertinent diagnoses</li> </ul>													
	X	X	<ul style="list-style-type: none"> <li>History and physical assessments</li> </ul>													
	X	X	<ul style="list-style-type: none"> <li>Procedures, treatments and care services provided</li> </ul>													
	X	X	<ul style="list-style-type: none"> <li>Patient physical and mental status at discharge</li> </ul>													
	X	X	<ul style="list-style-type: none"> <li>Medication list, which is comprehensive and reconciled <i>and</i> includes any current allergies or prior reactions</li> </ul>													
	X	X	<ul style="list-style-type: none"> <li>List of acute medical issues, tests and studies for which confirmed results are pending at the time of discharge and require follow-up</li> </ul>													
	X	X	<ul style="list-style-type: none"> <li>Consulting service information and evaluation including rehabilitation</li> </ul>													
X	X	X	16. Assessment of degree of understanding of discharge plan by the patient/family by asking patient/family to explain in his/her own words the details of the plan (Teach-Back on plan of care)													

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**N (No)** for non-compliance with best practice identified.

**N/A (Not applicable)**

DRIVERS			CARE PRACTICES	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Total	Total Possible	% Yes
Patient Activation	Lack of Known, Standard Processes	Transfer of Information														
	X		17. Interpreter utilized for patients/families with language and literacy barriers													
X	X		18. Family and/or caregivers included in-patient education (e.g., cognitively impaired, non-adherent, etc.)													
	X	X	19. Written discharge plan given to patient and family/caregiver at time of discharge													
X		X	20. Patient is assigned to a designated practitioner to coordinate/navigate care transition													
	X		21. Telephone call from professional staff or coach 2-3 days post-discharge to provide reinforcement of the discharge plan and identify <i>and</i> resolve issues arising since discharge													

**Comments:**

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