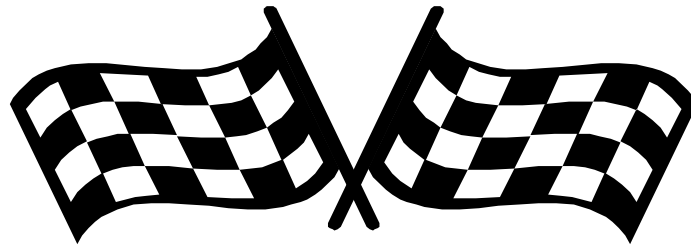


Home Health Quality Improvement National Campaign



Best Practice Intervention Fast Track Package Hospitalization Risk Assessment





Fast Track... Hospitalization Risk Assessment Best Practice Intervention to Reduce ACH

Fast Track is a quick overview of the key concepts about optimizing a **Hospitalization Risk Assessment** as a best practice intervention to reduce avoidable hospitalizations. This is designed for home health agencies that need a simplistic approach to education and implementation of the intervention.

Definition: A Hospitalization risk assessment is an intervention used to determine the risk of patient hospitalization and is completed at targeted intervals. Specific interventions are implemented for those patients rated as high risk to reduce the potential of an unplanned hospitalization. (©2006 Briggs® National Quality Improvement/Hospitalization Reduction Study Sponsored by: Briggs® Corporation, NAHC and Fazzi Associates, Inc.)

What: The completion of the hospitalization risk assessment should be part of a comprehensive assessment to identify those patients who are at risk for hospitalization, especially older adults. This can be either paper based or integrated into your vender software.

When: Hospitalization risk assessments should be completed at Start of Care (SOC) and Resumption of Care (ROC). The assessments may also be appropriate at Recertification and Significant Changes in Condition.

Follow-Up: Hospitalization risk may be minimized with specific interventions incorporated into a high-risk patient's plan of care. Examples of interventions:

- | | |
|---|--|
| <input type="checkbox"/> Patient emergency planning | <input type="checkbox"/> Telerriage |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Fall prevention |
| <input type="checkbox"/> Front-loading visits | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Phone monitoring | <input type="checkbox"/> Patient self-management |
| <input type="checkbox"/> Telemonitoring | <input type="checkbox"/> Disease/case management |

Communication: The interdisciplinary team, on call staff, physicians, and agency managers and payers should be notified of patients identified as being at high-risk for hospitalization. The patient/family/caregiver should be advised of their risk for hospitalization as well.

Sample: A hospitalization risk assessment tool is provided on the next page. This can be modified for your agency's patient population. Your agency may want to select a threshold score to target patients at high risk.

Additional Resources: The complete Best Practice Intervention Package can be found at www.homehealthquality.org/hh/hha/interventionpackages/hra.aspx. You may use as many or as few tools and resources as you need to support reducing acute care hospitalizations.

Hospitalization Risk Assessment

Purpose: Screening tool to identify those at risk for hospitalization.

Patient Name: _____ Record # _____

Date: _____

Prior pattern: <u>Check all that apply</u>			
<input type="checkbox"/> > 1 Hospitalizations or ER visits in the past 12 months		<input type="checkbox"/> History of falls * (<i>Complete Falls Risk Assessment</i>)	
Chronic conditions: <u>Check all that apply (M0230/M0240)</u>			
<input type="checkbox"/> CHF		<input type="checkbox"/> Chronic skin ulcers (<i>Wound consult if indicated for any wounds</i>)	
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> COPD		<input type="checkbox"/> HIV/AIDS	
Risk Factors: <u>Check all that apply</u>			
<input type="checkbox"/> Discharged from hospital or skilled nursing facility (M0175)		<input type="checkbox"/> Help with managing medications needed (M0780) ▶ ★	
<input type="checkbox"/> More than 2 secondary diagnoses (M0240)		<input type="checkbox"/> Non-compliance with medication regimen ◆ ★	
<input type="checkbox"/> Low socioeconomic status or financial concerns ◆		<input type="checkbox"/> Confusion (M0570) ◆ ★	
<input type="checkbox"/> Lives alone (M0340) ▶ ◆		<input type="checkbox"/> Pressure ulcer (M0445) ★	
<input type="checkbox"/> Inadequate support network ◆		<input type="checkbox"/> Stasis ulcer (M0468) ★	
<input type="checkbox"/> ADL assistance needed ▶		<input type="checkbox"/> Short life expectancy (M0280) ■	
<input type="checkbox"/> Home safety risks ▶ ◆		<input type="checkbox"/> Poor prognosis (M0260) ■	
<input type="checkbox"/> Dyspnea (M0490) ▶ ★		<input type="checkbox"/> Low literacy level ◆	
<input type="checkbox"/> Consider Therapy referral (PT, OT, ST)	<input type="checkbox"/> Consider MSW referral	<input type="checkbox"/> Consider Hospice referral	<input type="checkbox"/> ★Consider RN referral, if not ordered
Total # of checked boxes is _____. Your agency may want to select a threshold score to target patients at high risk. (<i>For example: 5 or greater risk factors may indicate that the patient is at risk for hospitalization. Note: This number is for convenience only and has not been tested or validated. The agency may modify the score based upon the needs of their patient population.</i>)			
Consider implementing any of the following interventions, if patient is at risk for hospitalization:			
Referrals: <input type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Dietary Consultant <input type="checkbox"/> Other _____	<input type="checkbox"/> Medication Management <ul style="list-style-type: none"> • Reconciliation • Assess patient's: knowledge, ability, resources and adherence • Education 	<input type="checkbox"/> Patient/family education <input type="checkbox"/> Enrollment into a disease management program (specify): _____	
<input type="checkbox"/> Hospice/Palliative Referral	<input type="checkbox"/> Phone Monitoring	Immunizations <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Individualized Patient Emergency Care Plan	<input type="checkbox"/> Front-loading Visits	<input type="checkbox"/> Care Coordination (Physicians, hospitals, nursing homes...)	
<input type="checkbox"/> Fall Prevention Program	<input type="checkbox"/> Telemonitoring	<input type="checkbox"/> Other: _____	

Consider notification of any/all of the following if patient is at risk for hospitalization:

<input type="checkbox"/> Patient/family/caregiver	<input type="checkbox"/> Interdisciplinary Team	<input type="checkbox"/> On Call Staff	<input type="checkbox"/> Payer: (e.g. Managed Care Organizations)
<input type="checkbox"/> Physician	_____	<input type="checkbox"/> Agency Case Manager	<input type="checkbox"/> Other: _____

Clinician Signature: _____ Date: _____

Adapted from Personal Touch Home Care, VA 6/25/04 Professional Practice Model.

The following articles provide more information on risk assessments:

Rosati, R.J., Liping, H., Navaie-Waliser, M., & Feldman, P.H. (2003) Risk Factors for Repeated Hospitalizations among Home Healthcare Recipients. *Journal for Healthcare Quality*, 25(2).

Fortinsky, RH, Madigan, EZ, Sheehan, TJ, Tullai-McGuinness, S. & Fenster, JR. (2006) Risk factors for hospitalization among Medicare home care patients. *West J Nurse Res*, 28(8).