

Hospitalization Risk Assessment

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

Patient Name: _____ Record # _____

Date: _____

Prior pattern: Check all that apply			
<input type="checkbox"/> > 1 Hospitalizations or ER visits in the past 12 months (M1032)		<input type="checkbox"/> History of falls * (M1032 and M1910)	
Chronic conditions: Check all that apply (M1020/1022/1024)			
<input type="checkbox"/> HF (M1500 and M1510)		<input type="checkbox"/> Chronic skin ulcers (Wound consult if indicated for any wounds)	
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> COPD		<input type="checkbox"/> HIV/AIDS	
Risk Factors: Check all that apply			
<input type="checkbox"/> Discharged from hospital or skilled nursing facility (M1000)		<input type="checkbox"/> Help with managing medications needed (M2020) ▶ ★	
<input type="checkbox"/> More than 2 secondary diagnoses (M1022 and 1024)		<input type="checkbox"/> Non-compliance with medication regimen ♦ ★	
<input type="checkbox"/> Low socioeconomic status or financial concerns ♦		<input type="checkbox"/> Confusion (M1710) ♦ ★	
<input type="checkbox"/> Lives alone (M1100) ▶ ♦		<input type="checkbox"/> Pressure ulcer (M1300, M1302 and M1306) ★	
<input type="checkbox"/> Inadequate support network (M1100) ♦		<input type="checkbox"/> Stasis ulcer (M1330) ★	
<input type="checkbox"/> ADL assistance needed ▶ (M2100 and M2110)		<input type="checkbox"/> Overall Poor Status/Prognosis (M1034) ■	
<input type="checkbox"/> Home safety risks ▶ ♦		<input type="checkbox"/> Low literacy level ♦	
<input type="checkbox"/> Dyspnea (M1400) ▶ ★		<input type="checkbox"/> Depression (M1730) ♦	
<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. (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.)			
Carry out patient specific interventions as appropriate/ordered, if patient is at risk for hospitalization: (Coordinate with M2250)			
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 <input type="checkbox"/> Medication 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 (M1040, M1045, M1050, M1055) <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal	
<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:	

Notify the following, as appropriate, if patient is at risk for hospitalization:

<input type="checkbox"/> Physician Correlate with M2250 for physician notification of specific parameters/interventions	<input type="checkbox"/> Interdisciplinary Team _____	<input type="checkbox"/> On Call Staff	<input type="checkbox"/> Payer: (e.g. Managed Care Organizations)
	<input type="checkbox"/> Patient/family/caregiver	<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.
 Revised 12/21/09 to correlate with OASIS-C.

The following articles provide more information on risk assessments:
 Rosati, R.J., Liping, H., Navaie-Walser, 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).

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