# Hospitalization Risk Assessment

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

Patient Name: _____ Record # _____

Date: _____

| Prior pattern: Check all that apply | |
|---|---|
| ❑ > 1 Hospitalizations or ER visits in the past 12 months (M1032) | ❑ History of falls * (M1032 and M1910) |

| Chronic conditions: Check all that apply (M1020/1022/1024) | |
|---|---|
| ❑ HF (M1500 and M1510) | ❑ Chronic skin ulcers (Wound consult if indicated for any wounds) |
| ❑ Diabetes | |
| ❑ COPD | ❑ HIV/AIDS |

| Risk Factors: Check all that apply | |
|---|---|
| ❑ Discharged from hospital or skilled nursing facility (M1000) | ❑ Help with managing medications needed (M2020)▶ ★ |
| ❑ More than 2 secondary diagnoses ( M1022 and 1024) | ❑ Non-compliance with medication regimen ♦ ★ |
| ❑ Low socioeconomic status or financial concerns ♦ | ❑ Confusion (M1710) ♦ ★ |
| ❑ Lives alone (M1100) ▶♦ | ❑ Pressure ulcer (M1300, M1302 and M1306) ★ |
| ❑ Inadequate support network (M1100) ♦ | ❑ Stasis ulcer (M1330) ★ |
| ❑ ADL assistance needed▶ (M2100 and M2110) | ❑ Overall Poor Status/Prognosis (M1034) ■ |
| ❑ Home safety risks ▶ ♦ | ❑ Low literacy level ♦ |
| ❑ Dyspnea (M1400▶ ★ | ❑ Depression (M1730) ♦ |

| ▶Consider Therapy referral (PT, OT, ST) | ♦ Consider MSW referral | ■ Consider Hospice referral | ★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:<br>❑ SN ❑ PT ❑ OT ❑ ST<br>❑ MSW ❑ HHA ❑ Dietary Consultant<br>❑ Other: | ❑ Medication Management<br>❑ Medication Reconciliation<br>• Assess patient's: knowledge, ability, resources and adherence<br>• Education | ❑ Patient/family education<br>❑ Enrollment into a disease management program (specify): |
|---|---|---|
| ❑ Hospice/Palliative Referral | ❑ Phone Monitoring | Immunizations (M1040, M1045, M1050, M1055)<br>❑ Influenza ❑ Pneumococcal |
| ❑ Individualized Patient Emergency Care Plan | ❑ Front-loading Visits | ❑ Care Coordination (Physicians, hospitals, nursing homes…) |
| ❑ Fall Prevention Program | ❑ Telemonitoring | ❑ Other: |

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

| ❑ Physician<br>Correlate with M2250 for physician notification of specific parameters/interventions | ❑ Interdisciplinary Team<br><br>❑ Patient/family/caregiver | ❑ On Call Staff | ❑ Payer: (e.g. Managed Care Organizations) |
|---|---|---|---|
| | | ❑ Agency Case Manager | ❑ Other: |

Clinician Signature: _____ Date:_____