

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 (M1033)		<input type="checkbox"/> History of falls* (M1033 and M1910)	
Chronic conditions: Check all that apply (M1021/1023)			
<input type="checkbox"/> HF		<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: 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 (M1023)		<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 (M1306, M1311 and M1322) ★	
<input type="checkbox"/> Inadequate support network (M1100) ◆		<input type="checkbox"/> Stasis ulcer (M1332) ★	
<input type="checkbox"/> ADL assistance needed (M2102, GG0130, and GG0170)▶		<input type="checkbox"/> Overall Poor Status/Prognosis ■	
<input type="checkbox"/> Home safety risks ▶◆		<input type="checkbox"/> Low literacy level ◆	
<input type="checkbox"/> Dyspnea (M1400)▶★		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.

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 <ul style="list-style-type: none"> • 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 | <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 01/01/19 to correlate with OASIS-D.

The following articles provide more information on risk assessments:



This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication Number 11SOW-WV-HH-MMD-011519

- 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).
- O'Conner, M. (2012). Hospitalization among Medicare-reimbursed skilled home health recipients. *Home Health Care Manag Pract*, 24(1): 27-37. doi:10.1177/1084822311419498.
- 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).