

New Jersey Care Transitions Project: 30 Day Readmission Chart Review Form

Prefilled fields based on claims:

Provider name: _____ Provider Number: _____ Virtua at (circle one): **Memorial/ Berlin/ Voorhees/ Marlton**
Patient Name _____ HIC # _____ Age _____ Sex _____
Primary Dx of (circle one): HF/AMI/PN/Other _____ Secondary Dx of (circle one): HF / AMI / PN/Other _____
Previous Hospitalization: Adm Date, _____ Disch Date _____, LOS _____, Principal Diagnosis _____,
Top three secondary Diagnoses_(1) _____, (2) _____, (3) _____
Previous Hospitalization: Adm Date, _____ Disch Date _____, LOS _____, Principal Diagnosis _____,
Top three secondary Diagnoses_(1) _____, (2) _____, (3) _____
Number of days between previous discharge and readmission _____

Review the Chart of this Readmission:

1. Seen in MD office or clinic **on** the readmission day? (Y/N)
2. Seen in MD office or clinic **prior** to readmission date? (Y/N/Don't know) & Date (s) if seen _____
3. Seen in ED **on** the readmission day? (Y/N)
4. Seen in ED **prior** to readmission date? (Y/N/Don't know) & Date (s) if seen _____
5. Placed on observation prior to admission? (Y/N/UTD)
6. List any documented patient/family reasons for seeking medical attention that led to readmission. _____

7. List any documented reasons from physician/nurse for reasons for readmission _____

8. Did any social conditions (transportation, lack of money for medication, lack of housing) contribute to the readmission? (Y/N)
Reasons: _____
9. Was the Personal Health Record (PHR) given to patient? (Acceptable if documentation that Admission Pack given) (Y/N)
10. Is there documentation that the PHR was reviewed with patient /explained to patient? (Y/N)
11. Is there documentation of Multidisciplinary Planning? (Y/N)
12. Is there documentation of a patient discharge plan in the chart? (Y/N)
13. When discharged the patient went (circle one): **Acute Care Hospital / Home/ Home w homecare/ LTC/ SNF/Acute Rehab/ Other** _____

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14. If the Patient went Home, **Contact Phone #** _____

15. Is there documentation of patient education? (Y/N)

16. The patient education documentation included (check if apply):

- a. Prescribed meds; b. Med side/adverse effects; c. Red flags"; d. Discharge plan/checklist; e. Need to schedule follow-up physician visit,
 f. other (specify) _____

17. Is there documentation of Teach-Back, including documentation of patient understanding of instructions? (Y/N)

18. Category of Readmission (check one): **Planned**, **Unplanned**

19. Notes on **potential hospital problems**: _____

20. Notes on **any missed opportunities** of the hospital or other provider that may have helped prevent this hospitalization: _____

21. Other Comments: _____

22. **Review Completed by (Name)** _____ **Date** _____