

IN-HOME QUALITY IMPROVEMENT

BEST PRACTICE: HOSPITALIZATION RISK ASSESSMENT

NURSE TRACK



Best Practice Intervention Packages were designed for use by any In-Home Provider Agency to support reducing avoidable hospitalizations and emergency room visits. Any In-Home care nurse/clinician can use these educational materials.

Best Practice Intervention Packages were designed to educate and create awareness of strategies and interventions to reduce avoidable hospitalizations and unnecessary emergency room visits.

Nurse Track

This best practice intervention package is designed to introduce all nurses to the hospitalization risk assessment to assist in reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the Nurse Track of this Best Practice Intervention Package, *Hospitalization Risk Assessment*, the learner will be able to:

1. State at least one reason why reducing avoidable acute care hospitalizations is a national focus.
2. Define what a hospitalization risk assessment is and how it can be used by an In-Home Provider Agency.
3. Identify two suitable nursing applications of the hospitalization risk assessment.

Complete the following optional activities:

- Read the risk assessment description and review the sample risk assessment tool.
- Read the Nurses' Guide to Practical Application.
- Listen to the audio recording located at www.homehealthquality.org You will need to log in and go to My Links, Fundamentals of Reducing Acute Care Hospitalizations. Go to the Podcasts/Audio Recording section and left click on Dr. Lander's Summit Presentation. **(You cannot access this audio if your agency has not signed on as a member of the Home Health Quality Improvement Campaign. For instructions for signing up on the HHQI website, go to the welcome page of the Missouri In-Home Quality Campaign –**
- <http://www.dhss.mo.gov/seniors/hcbs/qualitycampaign.php>)
- Complete the Nursing Post Test.

Disclaimer: Some of the information contained within this Best Practice Intervention Package may be more directed and intended for an acute care setting, or a higher level of care or skilled level of care setting such as those involved in Medicare. The practices, interventions and information contained are valuable resources to assist you in your knowledge and learning.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency's needs and setting.

HOSPITALIZATION RISK ASSESSMENT

In-Home agencies are in a position to respond to patient and health care system needs by implementing strategies targeted to reduce avoidable hospitalization. Agencies can identify patients who are at higher risk of hospitalization. Nurses can partner with these patients to implement strategies, which reduce risk. Patients partnering with Nurses can learn to manage their own health. Experience shows that when agencies partner with patients and physicians, acute care hospitalizations can be reduced.

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

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. A dialogue with the patient and family is necessary to determine their wishes, goals and desires to be met by the interdisciplinary team. The team's responsibility is to commit to achieving the patient's stated goals.

Risk assessments can be paper-based or integrated into point-of-care systems. A structured communication process must be established to ensure that appropriate staff, including those on-call after business hours, is aware of patients identified as being "at-risk" for hospitalization. The risk assessment findings serve as the basis for the selection of interventions to be included in the patient's plan of care to reduce avoidable hospitalizations and emergent care.

It is the responsibility of the **nurse** to accurately complete the hospitalization risk assessment in a timely manner and to then communicate the high-risk status of patients to appropriate managers, other disciplines, and other staff. The nurse is also responsible for the selection of appropriate individualized interventions that may be used to assist in reducing avoidable acute care hospitalizations. Examples of interventions that an agency may offer include:

- Patient emergency planning
- Telemonitoring
- Medication Management
- Fall Prevention
- Patient Self-management
- Disease case management

The nurse must be able to correctly, effectively, and efficiently communicate his/her risk assessment findings to physicians to obtain necessary orders.

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 for the past 12 months		<input type="checkbox"/> History of falls* (Complete Falls Risk Assessment)	
Chronic conditions: Check all that apply			
<input type="checkbox"/> CHF		<input type="checkbox"/> Chronic skin ulcers (Wound consult if indicated for any wounds)	
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> COPD			
Risk Factors: Check all that apply			
<input type="checkbox"/> Discharged from hospital or skilled nursing facility		<input type="checkbox"/> Help with managing medications needed ▷ ☆	
<input type="checkbox"/> More than 2 secondary diagnoses		<input type="checkbox"/> Non-compliance with medication regimen ◇ ☆	
<input type="checkbox"/> Low socioeconomic status or financial concerns ◇		<input type="checkbox"/> Confusion ◇ ☆	
<input type="checkbox"/> Lives alone ▷ ◇		<input type="checkbox"/> Pressure ulcer ☆	
<input type="checkbox"/> Inadequate support network ◇		<input type="checkbox"/> Stasis ulcer) ☆	
<input type="checkbox"/> ADL assistance needed ▷		<input type="checkbox"/> Short life expectancy □	
<input type="checkbox"/> Home safety risks ▷ ◇		<input type="checkbox"/> Poor prognosis □	
<input type="checkbox"/> Dyspnea ▷ ☆		<input type="checkbox"/> Low literacy level ◇	
<input type="checkbox"/> ▷ Consider Therapy referral (PT, OT, ST)		<input type="checkbox"/> ☆ Consider RN referral, if not ordered	
<input type="checkbox"/> ◇ Consider MSW referral		<input type="checkbox"/> Consider Hospice referral	
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.)			
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 <input type="checkbox"/> Reconciliation ·Assess patient's: knowledge, ability, resources and adherence ·Education	
<input type="checkbox"/> Hospice/Pallative Referral		<input type="checkbox"/> Patient/family education <input type="checkbox"/> Enrollment into a disease management program (specify): _____	
<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"/> Fall Prevention Program		<input type="checkbox"/> Care Coordination (Physicians, hospitals, nursing homes...)	
		<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:

Nurse Signature: _____ Date: _____

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

HOSPITALIZATION RISK ASSESSMENT

Nurse's Guide to Practical Application

Purpose: To assist the nurse in becoming more effective and efficient at completing a hospitalization risk assessment or if the In-Home agency is not using a risk assessment, to learn to recognize high-risk factors. Also, to identify the need for selecting and implementing targeted interventions to reduce avoidable hospitalization.

- Complete a hospitalization risk assessment at Initial Visit and Semi-annual Visits, or Significant Change in Condition.
- Initiate a discussion with patient/ family regarding patient's hospitalization risk factors that include patient-specific interventions to achieve the goal to stay home while avoiding emergent care and hospitalization.
- Utilize the findings of the risk assessment to trigger referrals to other disciplines to minimize risks of hospitalization.
- Participate in conferences to assist with the development of patients' plans of care, utilizing interventions to assist in reducing hospitalization.
- Recommend interventions to minimize hospitalization risks such as telemonitoring.
- Proactively, notify physician when patient is identified as high-risk for hospitalization and obtain orders to enable early interventions when signs and symptoms of deterioration in health status have been identified.
- Include patient's hospitalization risk level when reporting information to case manager, other disciplines, other staff, and scheduler.
- Educate patient and caregiver on self-care activities and establish parameters to call the agency or physician. Provide patient-specific self-care management tools as appropriate.
- Consider the hospitalization risk assessment factors and re-assess risk throughout care as patient condition changes, possibly increasing risk of hospitalization and need for additional changes to the care plan.

Nurse Name: _____

Date: _____

NURSING POST TEST

Hospitalization Risk Assessment

Directions: Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

1. Best practice interventions assist in reducing:
 - A. All Hospitalizations
 - B. Avoidable acute care hospitalizations
 - C. Prospective payment costs
 - D. Number of therapy visits

Patient Scenario:

Mr. Smith is a 72 year old man who lives alone. His son checks on him every other day. Mr. Smith was recently hospitalized with exacerbation of CHF as a result of misunderstanding his medication regimen. Secondary diagnosis includes HTN, anemia, and chronic renal failure. He often forgets to take his second daily dose of Lasix. Patient is complaining of shortness of breath on exertion, poor endurance and generalized weakness. Mr. Smith has been hospitalized three times this past year. The physician has made a home care referral for skilled nursing for skilled assessment, medication, dietary and disease management teaching.

2. Using the sample hospitalization risk assessment tool on page 4, how many risk factors are evident in this patient scenario?
 - A. 2
 - B. 4
 - C. 7
 - D. 10
3. Which of the following interventions does NOT assist in reducing the risk for acute care hospitalization?
 - A. Notify physician of high risk
 - B. CHF Disease Management Program
 - C. Declining all referrals for patients with high risk diagnosis
 - D. Front loading visits including phone monitoring
 - E. Medication Management
4. Hospitalization risk assessment should be completed at initial nursing visit and semi-annual nurse visit or with significant changes in client condition.
 - A. True
 - B. False
5. It is important to not only identify high risk patients, but to also communicate that information. After high-risk patients are identified, who should be notified?
 - A. Patient/family/caregiver
 - B. Other disciplines
 - C. Manager
 - D. Physician
 - E. All of the above