

Appendices

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Appendix 1. Literature Review Details

We searched PubMed using the Mesh Terms “Patient Readmission” AND “Pneumonia,” “Hospitalization” AND “Pneumonia,” “Quality Indicators, Healthcare” AND “Pneumonia,” and The Text Words “Preventable Readmission” from 2000 to present. We used the following filters: English Language, Humans, Items with Abstracts.

We also reviewed bibliographies of retrieved papers and selected medical texts (i.e., UpToDate) for additional references. (We included papers from prior to 2000 resulting from these searches.)

Additionally, we reviewed current clinical practice guidelines from US national societies and existing CMS/Joint Commission and Veterans Health Administration pneumonia process of care performance measures (both current and retired measures).

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Appendix 2. Pneumonia Process of Care Criteria

2a. Examples of Pneumonia Process of Care Criteria/Items

Section	Clinical Item	Quality of Care Item
A: Admission Work-Up	The admission note should document risk factors for healthcare associated pneumonia if present	If the patient had an acute or subacute hospital stay in the 90 days prior to admission, then this should be documented in the admission note, to fulfill the criterion
	Blood cultures should be performed within 24 hours of admission, with at least 1 set drawn prior to antibiotic administration	If pneumonia is suspected upon admission, then at least one set of blood cultures should be drawn within the first day of admission, prior to giving antibiotics, to fulfill the criterion
B: In-Hospital Evaluation and Treatment	The initial empiric antibiotic selection is consistent with the clinical picture and current national pneumonia guidelines	If the patient received appropriate antibiotics (type and dosage; based on clinician review of risk factors), the criterion is fulfilled
C: Discharge Readiness / Planning	The patient is ready for discharge when there is documented improvement in symptoms (e.g., dyspnea, cough) or signs of pneumonia	If there is documented improvement in symptoms (dyspnea, cough) or signs (e.g., decrease in fever, improved oxygen saturation) in the EMR, then the criterion is fulfilled
	Discharge medications include oral antibiotics to complete at least a total 5-day course	If the patient did not complete at least 5 days of antibiotics in-hospital, then discharge medications need to include antibiotics to complete at least 5 days, to fulfill the criterion
D: Post-Discharge Period	There was a post-discharge phone call or in-person home visit, or scheduled provider visit within 72 hours of discharge	If there was documentation of a phone call, home visit, or scheduled provider visit within 72 hours of discharge, then the criterion is fulfilled

Appendix 2b. Final List of Pneumonia Processes of Care Criteria – Clinical Items

A. The Admission Work-up

The admission history should document:

- A1. Allergies or intolerances to medications
- A2. Adherence to medication regimen
- A3. Cigarette smoking (pack-years)
- A4. Alcohol use (amount per day or average drinks per week)
- A5. Illicit drug use, including injection drugs
- A6. If the patient had an acute or subacute (rehabilitation/geriatrics) hospital admission for at least 48 hours within the prior 90 days

The admission physical examination (MD unless otherwise specified) should include:

- A7. Level of consciousness

Tests performed within 24 hours of admission should include:

- A8. Blood cultures with at least one set performed prior to antibiotic administration
- A9. EKG
- A10. Chest x-ray (upright postero-anterior (PA) and lateral if possible)

B. Evaluation and Treatment During the Stay

Diagnostic Evaluation

- B1. Obtain a sputum gram stain and culture (in patients who are producing sputum) **or**
obtain an endotracheal aspirate for gram stain and culture in intubated patients

If pneumonia not diagnosed on admission but suspected shortly after admission:

- B2. Obtain blood cultures
- B3. Obtain a repeat chest x-ray (including PA and lateral; if PA/lateral not done on admission)

Treatment / Monitoring

- B4. Patient is candidate for antibiotics (not palliative), and initial empiric antibiotic selection is consistent with clinical picture and current national pneumonia guidelines. *
- B5. Aspiration pneumonia and coverage for anaerobes considered if appropriate history and chest x-ray findings (i.e., history of swallowing problems, altered level of consciousness, alcohol/drug abuse, seizure, right upper lobe infiltrate)

- B6. Antibiotics modified based on culture findings †
- B7. Antibiotic levels monitored and adjusted as appropriate (e.g. vancomycin and aminoglycosides) †
- B8. Antibiotics dosed appropriately based on renal or liver function †
- B9. Appropriate venous thromboembolism prophylaxis should be administered during the hospital stay until patient is fully ambulatory, unless he/she is on full-dose anticoagulation

C. Readiness for Discharge Criteria

Clinical Stability

The patient admitted for pneumonia is ready for discharge when:

- C1. Documented improvement in symptoms (e.g., dyspnea/cough) has occurred
- C2. White blood cell count is stable or falling, not rising
- C3. Blood urea nitrogen is stable or falling, not rising
- C4. Creatinine is stable or falling, not rising

None of the following have occurred within 24 hrs of discharge (Halm, Arch Intern Med 2002):

- C5. Systolic blood pressure ≤ 90 mm Hg (in patient whose baseline BP is > 90 mm Hg)
- C6. Heart rate > 100 bpm (in patient whose baseline is < 100)
- C7. Respiratory rate > 24 /min (in patient whose baseline is < 24)
- C8. Temperature $> 100^{\circ}\text{F}$
- C9. Room air oxygen saturation $< 90\%$ (in patient not previously on home oxygen) or patient discharged on home oxygen when not previously on this.
- C10. Altered mental status
- C11. Inability to maintain enteral intake, either orally or by other means (e.g., PEG tube)

Discharge Planning

- C12. Discharge medications include oral antibiotics to complete at least a total 5-day course

There is documentation in the chart that the patient or family:

- C13. Received written discharge instructions or other educational material regarding all of the following: 1) activity level, 2) diet, 3) discharge medications, 4) follow-up appointment
- C14. Understands the medication regimen

Plans for post discharge medical care are stated in the chart and/or discharge summary, including:

- C15. List of discharge medications, with medication reconciliation including specific medication changes made compared to admission medications
- C16. Follow-up clinic visit arranged with primary care provider or specialist (infectious disease or pulmonology) as appropriate
- C17. Discharge summary completed by time of follow-up visit, and therefore available to follow-up provider

D. Post-Discharge Period

There should be documentation that the following occurred:

D1. There was a post-discharge phone call or in-person home visit within 72 hours to the patient by a nurse or other healthcare staff or scheduled provider office visit within 72 hours

If there was a post-discharge phone call / home visit it consisted of:

D2. Patient asked about any change in condition since discharge including breathing and cough

D3. Patient asked about his/her understanding of what the medications are for

D4. Review of pending clinic appointments and tests

D5. Reinforcement of other discharge instructions including recommended diet and what to do if symptoms worsen

Follow-up Provider Visit

D6. There was a follow-up visit with the provider prior to readmission

At follow-up visit with provider, if the visit occurred at least a day before the readmission date, the following should be documented:

D7. Patient's current functional status including exercise tolerance with respect to breathing and ability to perform activities of daily living

D8. If medications changed or discontinued, appropriate justification given

D9. Medications reconciled including updating medication list

D10. Provider's awareness of pending tests

Notes:

* Item B4 was addressed by review of each case by the study lead (Dr. Borzecki) and clinical co-investigators (Drs. Gupta and Strymish) using abstracted information, and in several cases, going back to the chart for additional details.

In order to assess antibiotic appropriateness, we included several questions about risk factors for drug resistance, disease severity, and increased risk for certain pathogens that might affect antibiotic choice (e.g., additional questions about healthcare associated pneumonia risk including being a long-term care resident, attendance at a hemodialysis clinic or hospital clinic for wound care or IV therapy in the prior 30 days, immunosuppressive disease history, use of immunosuppressive treatment including steroids or recent antibiotic use).

† Items B6, B7, and B8 were also reviewed by study lead and clinical co-investigators noted above.

Appendix 3. Reasons for PPRs among Fully Abstracted Cases

Reasons for PPR-Yes Cases	N
Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition	52
Ambulatory care sensitive conditions as designated by ARHQ*	14
All other readmissions for a chronic problem that may be related to care either during or after the initial admission	8
Readmission for a substance abuse diagnosis reason following an initial admission for a non-mental health, non-substance abuse reason.	2
Readmission for surgical procedure to address a complication that may be related to or may have resulted from care during the initial admission.	1
Reasons for PPR-No Cases	
Not clinically related	10
Ineligible for a PPR [†]	8
Malignancy [‡]	3
Clinically related, not preventable	2

* Specific to pneumonia discharges, readmissions with a diagnosis of pneumonia are considered as a “ medical readmission for a continuation or recurrence of the reason for the initial admission ...” and not as an ambulatory care sensitive condition.

†Includes: 5 “major/metastatic malignancy”, and 1 “non-event malignancy.” The PPR algorithm designates patients with “major/metastatic malignancy” as ineligible for a PPR because they are considered to be at very high risk for readmission due to their medical condition and thus hard to prevent. For our study, we considered ineligible patients as PPR-No cases.

‡ Includes one known case of lung cancer from index admission, 1 case of lung cancer diagnosed after the index admission and 1 case of lymphoma with malignant effusion from the index admission. Of note, there were 8 cases of malignancy among the PPR-Yes cases (6 of which were lung cancer.)

Appendix 4. Time to Readmission and Quality Score Analyses

Table 1s. Time to Readmission and Quality Score. Consecutive Intervals

Time to Readmission	N	Score, Mean (SD)					
		Total Score	Section A	Section B	Section C	Section D	Section ABC
0-3 days	19	57.1 (12.0)	18.6 (3.5)	15.9 (6.9)	19.6 (2.2)	3.0 (7.3)	54.1 (8.5)
4-7 days	22	61.9 (12.0)	18.2 (4.0)	17.6 (7.1)	20.2 (1.6)	5.9 (6.8)	56.0 (9.2)
8-14 days	20	64.9 (9.3)	20.1 (2.6)	16.4 (5.5)	20.4 (2.2)	8.1 (7.7)	56.9 (5.5)
15-30 days	39	70.1 (11.1)	20.6 (1.9)	20.1 (4.9)	20.4 (2.2)	9.0 (8.5)	61.1 (6.0)

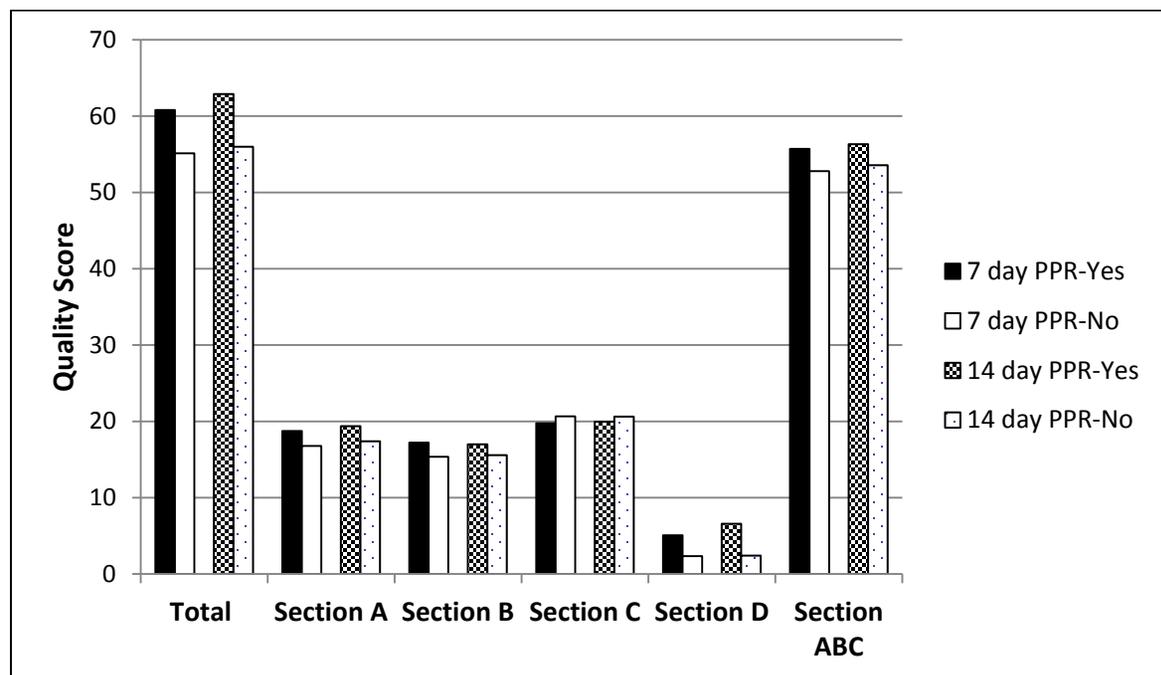
Section: A = admission work-up; Section B = in-hospital evaluation and treatment; Section C = discharge readiness/discharge planning; Section D = post-discharge period.

Total score and section score calculated using equal section weight method – totals of items within each section scaled to maximum score of 25 and summed to maximum of 100 for the four sections.

SD = standard deviation

We also examined the correlation between quality scores and time to readmission, as well as running linear regression models with time to readmission as the dependent variable with adjustment for age, gender, race, and comorbidity count. We found a significant positive association between total quality score and time to readmission ($r = 0.45$, $p < 0.0001$; $r^2 = 0.25$ for model, time to readmit parameter estimate 0.33, $p < 0.0001$ in the multivariate model). (This association also held when we removed Section D; $r = 0.35$, $p = 0.0003$; $r^2 = 0.12$ for model, time to readmit parameter estimate 0.39, $p = 0.0006$.)

Figure 1s. Quality Score by PPR Status using 7 and 14 Day Readmission Windows



Section: A = admission work-up; Section B = in-hospital evaluation and treatment; Section C = discharge readiness/discharge planning; Section D = post-discharge period.

Total score and section scores calculated using equal section weight method – totals of items within each section scaled to maximum score of 25 and summed to maximum of 100 for the four sections.

See Table 2 below for information on p values and effect size.

Table 2s. Association of Quality Score and PPR Status using 7 and 14 Day Readmission Windows

Variable, Mean (SD)	7 days				14 days			
	PPR-Yes (N=33)	PPR-No (N=8)	P value	ES	PPR-Yes (N=48)	PPR-No (N=13)	P value	ES
Total Score	60.8 (11.8)	55.1 (12.9)	0.23	0.48	62.9 (11.3)	56.0 (10.8)	0.05	0.63
Section A	18.7 (3.6)	16.8 (4.0)	0.19	0.51	19.4 (3.3)	17.4 (4.0)	0.07	0.55
Section B	17.2 (6.5)	15.4 (8.8)	0.51	0.24	17.0 (6.4)	15.6 (6.8)	0.49	0.21
Section C	19.8 (1.9)	20.6 (2.0)	0.24	0.46	19.9 (2.1)	20.6 (1.7)	0.29	0.35
Section D	5.1 (7.5)	2.3 (4.7)	0.33	0.44	6.6 (7.8)	2.4 (4.8)	0.07	0.65
Section ABC	55.7 (8.5)	52.8 (10.2)	0.41	0.33	56.3 (7.7)	53.6 (8.3)	0.27	0.34

Section: A = admission work-up; Section B = in-hospital evaluation and treatment; Section C = discharge readiness/discharge planning; Section D = post-discharge period.

Total score and section score calculated using equal section weight method – totals of items within each section scaled to maximum score of 25 and summed to maximum of 100.

SD = standard deviation, ES = effect size

Table 3s. Association of Quality Score and PPR Status (PPR-Yes vs. PPR-No); PPR-Ineligible Cases Removed

Variable (N=92)	Odds Ratio	95% Confidence Interval	C Statistic
Model 1			
Total Score: equal section weight	1.03	(0.98, 1.08)	0.694
Model 2			
Total Score: equal item weight	1.04	(0.97, 1.12)	0.694
Model 3			
Section A Score	1.08	(0.88, 1.31)	0.706
Section B Score	1.00	(0.90, 1.10)	
Section C Score	0.98	(0.73, 1.32)	
Section D Score	1.04	(0.95, 1.13)	

Appendix 5. Medical Record Abstraction Tool

This is the **PRINT VIEW** of FULL chart abstraction for record: PNxxx

SECTION A: DEMOGRAPHIC INFORMATION			
#	QUESTION	RESPONSE	DATA SOURCE(S)
A1	GENDER	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not documented	Patient Information Demographics Patient Inquiry
A2	DATE OF BIRTH	MM/DD/YYYY 	Patient Information Demographics Patient Inquiry
A3	RACE/ETHNICITY	<input type="radio"/> White <input type="radio"/> Hispanic White <input type="radio"/> Hispanic Black <input type="radio"/> African American <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> Not documented	Patient Information Demographics Patient Inquiry
A4	ADMISSION DATE	MM/DD/YYYY 	Sample sheet
A5	DISCHARGE DATE	MM/DD/YYYY 	Sample sheet
A6	READMISSION DATE	MM/DD/YYYY 	Patient Admissions
SECTION A. ASCERTAINMENT OF EVENT			
A7	Was the patient diagnosed with PNA?	<input type="radio"/> YES <input type="radio"/> NO, STOP abstraction & explain below	Discharge summary
A8	Was the patient admitted to an outside hospital (for at least 24hrs) with diagnosis of PNA, within 30 days prior to index admission?	<input type="radio"/> YES, STOP abstraction & explain below <input type="radio"/> NO/Not documented	Admission note
A17	Did the patient have PNA treated on a prior VA admission within 30 days prior to the index admission that didn't get coded for pneumonia?	<input type="radio"/> YES, STOP abstraction & explain below <input type="radio"/> NO	Admission note

A9	Did the patient have an infiltrate or consolidation on CXR	<input type="radio"/> YES <input type="radio"/> NO, STOP abstraction & explain below	Admission note, radiology
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A10	Did the patient have any of the following?	<input type="checkbox"/> New or increased cough <input type="checkbox"/> Dyspnea <input type="checkbox"/> Abnormal Temp (≤ 96.8 or ≥ 100 F), or report of fever, chills/rigors <input type="checkbox"/> Leukocytosis (WBC > 11.0) Value of WBC (at admission or first available) <input type="text" value="xx.x"/> Enter -888 if not available Date of this value <input type="text" value="MM/DD/YYYY"/> Enter 1/1/9999 if not available <input type="checkbox"/> Leucopenia (<3.5) <input type="checkbox"/> NO/Not documented - STOP abstraction & explain below	Admission note Discharge Summary
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SA11	Was the patient discharged against medical advice (AMA) from the index admission?	<input type="radio"/> YES, STOP abstraction & explain below <input type="radio"/> NO	Discharge summary Progress note MD Order (Irregular Discharge)
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IF NO= A.7 , A9, A10 or YES=A.8, SA11, A17, please STOP abstraction and indicate why patient record was selected for abstraction in the space provided:

A11.

Explain here
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DETERMINATION OF WHETHER READMISSION WAS PLANNED

A12	Was the patient readmitted for a <i>planned</i> test or treatment (e.g., colonoscopy, chemotherapy, blood transfusion)?	<input type="radio"/> YES, STOP abstraction & explain below <input type="radio"/> NO	Admission note (for readmission period)
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IF YES= A.12, please STOP abstraction and explain in the space provided:

A13.

Explain here
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ADVANCED DIRECTIVES/ DO NOT RESUSCITATE (DNR) STATUS:

A14	Was an order for Advanced Directives (DNR/DNI), written in the first 48 hours of admission?	<input type="radio"/> YES, Answer A15 and A16 <input type="radio"/> NO	DNR,DNI note Orders
A15	If YES to previous question A14, which ADs were listed?	Check all that apply: <input type="checkbox"/> DNR/DNI <input type="checkbox"/> palliative care <input type="checkbox"/> comfort care measures	DNR,DNI note Orders
A16	If YES to question A14, was it documented in the record that antibiotics were <i>not</i> used because of advanced directive status?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	DNR,DNI note Orders

Any special circumstance you would like to note for this section (A), please type in below.

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SECTION B. HISTORY OF PRESENT ILLNESS

The admission history should document:

B2	Was it documented in the admission note that patient had any of the following:	Check all that apply <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD/Asthma, Answer B3 <input type="checkbox"/> Bronchiectasis, Answer B3 B3: Exacerbations in the past year? <input type="radio"/> Yes <input type="radio"/> No / No documentation <input type="checkbox"/> Episode of pneumonia in the past year <input type="checkbox"/> Other lung disease, Answer B4 B4: (specify) Type in here <input type="checkbox"/> Patient on home O ₂ <input type="checkbox"/> Congestive Heart Failure – chronic (L +/- R sided HF) <input type="checkbox"/> Renal disease, Answer B5 & B6	Admission note/histor
----	--	---	-----------------------

B5: stage if available (if unavailable, enter 888)

B6: hemodialysis prior 30days (HAP):

- YES
- NO
- N/A

Liver disease, Answer B7

B7: does the patient have any of:

- Hepatic coma
- Portal hypertension
- Ascites
- Esophageal varices
- Other sequelae of chronic liver disease, specify

Immunosuppressive state, Answer B9

B9: Check all that apply:

- HIV/AIDS
- Transplant, if yes, specify below

- S/P Splenectomy,
- Severe Malnutrition
- Neutropenia, Panocytopenia
- Other (see guidelines), Answer B10

B10: Specify

Chronic Corticosteroid use = e.g., Prednisone > 10mg for more than 14 days (or equivalent)

Trach within prior 30 days (HAP & swallowing risk)

Swallowing problems or aspiration risk, Answer B11

B11: Check all that apply:

- Recent h/o altered LOC (\leq 1 week)
- Alcohol abuse/Alcoholism
- Drug abuse
- Recent seizure (\leq 1 week)
- Stroke
- Alzheimer's Disease/ Dementia

		<input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Achalasia / esophageal dysmotility <input type="checkbox"/> Huntington's Disease <input type="checkbox"/> Myasthenia Gravis <input type="checkbox"/> Amyotrophic Lateral Sclerosis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Scleroderma <input type="checkbox"/> Post-polio Syndrome <input type="checkbox"/> Hx of swallowing problems
		<input type="checkbox"/> Hospital/clinic-based IV therapy or wound care within the prior 30 days <input type="checkbox"/> MRSA positive, answer B12 B12: Status (select one) <input type="radio"/> Known history <input type="radio"/> Diagnosed on admission <input type="radio"/> N/A

Any special circumstance you would like to note for this section (B), please type in below.

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SECTION C. RELEVANT RECENT MEDICATION USE		
The admission history should document:		
C1	Was there documentation in the admission note of use of antibiotics or systemic corticosteroids in the past month?	Admission note/history
	<input type="radio"/> YES, answer C2 C2: Check all that apply <input type="checkbox"/> Antibiotics, answer C3 C3a: Abx Received #1 <input type="text" value="Type in here"/> C3b: Abx Received #2 <input type="text" value="Type in here"/> C3c: Abx Received #3 <input type="text" value="Type in here"/>	

		<input type="checkbox"/> Systemic corticosteroids <input type="radio"/> NO	
C4	Was the patient asked about allergies/intolerances to medications?	<input type="radio"/> YES, answer C5 C5: were there allergies/intolerances listed for Abx? <input type="radio"/> YES, answer C6 and C7 C6: Which abx? <input type="text" value="Type in here"/> C7: Nature of reaction? <input type="text" value="Type in here"/> (if unavailable, enter N/A) <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> NO	Admission note/history Nurse's assessment
C8	Was patient asked about adherence to medication regimen?	<input type="radio"/> YES, answer C9 C9: Did patient adhere to the med regimen? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> NO/Not Documented	Admission note/history

Any special circumstance you would like to note for this section C, please type in below.

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SECTION D. SOCIAL HISTORY
The admission history should document:

D1	Was the patient asked if s/he is currently smoking?	<input type="radio"/> YES, answer D2 D2: Is the patient a smoker? <input type="radio"/> Currently smoking	Admission note/history Nurses' assessment
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		<input type="radio"/> Quit in the past 12 mos <input type="radio"/> Non smoker (ex-smoker > 12 mos or never smoked) <input type="radio"/> N/A <input type="radio"/> NO/Not Documented	
D3	Was the patient asked about his/her alcohol use?	<input type="radio"/> YES, answer D4 D4: Is the patient using alcohol? <input type="radio"/> YES, answer D5 and D6 D5: AUDIT C score <input type="text" value="Type in here"/> D6: Drinks per week <input type="text" value="Type in here"/> D15 Other description of use: <input type="text" value="Type in here"/> <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> NO/Not Documented	Attending note Admission note/history Nurses' assessment
D7	On admission, was patient asked about illicit drug use/abuse?	<input type="radio"/> YES, Answer D8 D8: Is the patient using drugs? <input type="radio"/> YES, answer D9 D9: List drugs: <input type="text" value="Type in here"/> (if unavailable, enter N/A) <input type="radio"/> NO / Not documented <input type="radio"/> NO/ Not Documented	Admission note/history Nurses' assessment
D10	Was the patient admitted from a LTC facility or Nursing Home? (HAP risk)	<input type="radio"/> YES <input type="radio"/> NO/Not Documented	Admission note/history Nurses' admission note
D11	Was there documentation that the patient had an acute hospital admission or subacute hospital admission (e.g., rehab/geriatrics) within the past 90 days, with	<input type="radio"/> YES <input type="radio"/> NO/ Not Documented, Answer D12 D12: Did patient have an acute hospital admission within the past 90days, LOS at least 48hrs? <input type="radio"/> YES	Admission note/history data range - 3 mos. previous notes Admission/Discharges

LOS at least 48 hrs? (HAP risk)	<input type="radio"/> NO <input type="radio"/> Unable to determine duration or timing
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Any special circumstance you would like to note for this section (D), please type in below.

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SECTION E. PHYSICAL EXAM (MD unless otherwise specified)

The Initial Assessment should include:

E1	Was level of consciousness (LOC) or mental status documented?	<input type="radio"/> YES <input type="radio"/> NO/Not Documented	Admission Note HPI and PE
E2	Enter patient's most recent height and weight	a: Height: <input type="text" value="xxx"/> (inches) b: Weight: <input type="text" value="xxx"/> (pounds) (if any are unavailable, enter 888)	Admission Note Nurses Note Vital Signs

TESTS PERFORMED WITHIN 24 HOURS OF ADMISSION should include:

Serum markers

E3	Please document lab values upon presentation or first available (if not completed until later).	Lab values: (if any are unavailable, enter 888) Creatinine <input type="text" value="xxx"/> mg/dL Date of this value <input type="text" value="MM/DD/YYYY"/> Enter 1/1/9999 if NA eGFR <input type="text" value="xxx"/> BUN <input type="text" value="xxx"/> Date of this value <input type="text" value="MM/DD/YYYY"/> Enter 1/1/9999 if NA	ER/UC note Labs: Chemistry and hematology
E4	Was (at least) one set of blood cultures performed?	<input type="radio"/> YES <input type="radio"/> NO/No Documentation	ER/UC note Labs: Microbiology
E5	Did patient have an EKG done?	<input type="radio"/> YES <input type="radio"/> NO/not documented (answer E6) E6: Was patient put on telemetry <input type="radio"/> YES <input type="radio"/> NO / unable to determine	ER/UC note Admission note/history Medicine Reports (Brief/full) Capri - procedures
E7	Was a Chest X-Ray completed?	<input type="radio"/> YES <input type="radio"/> NO/Not Documented <input type="radio"/> Done at outside hospital	Admission note Radiology

Any special circumstance you would like to note for this section (E), please type in below.

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SECTION F: DIAGNOSTIC EVALUATION

F1	Was PNA diagnosed on admission?	<input type="radio"/> YES <input type="radio"/> NO/Not Documented, answer F2 F2:If pneumonia not diagnosed on admission but suspected shortly after admission (≥ 24 hr), were the following done (check all that apply): <input type="checkbox"/> Blood cultures <input type="checkbox"/> Chest x-ray (PA & lateral if not done on admission)	Labs: Microbiology Radiology
F3	Was a sputum specimen for gram stain & culture obtained (includes endotracheal aspirate if intubated)?	<input type="radio"/> YES <input type="radio"/> NO/Not Documented If no, was there a documentation of doc's order? <input type="radio"/> YES <input type="radio"/> NO/Not Documented	Labs: Microbiology
FN 3	Were any cultures positive? (check all that apply)	<input type="checkbox"/> Blood culture, please record: number of bottles drawn <input type="text" value="xx"/> number of bottles positive <input type="text" value="xx"/> Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/> Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/> Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/> <input type="checkbox"/> Sputum culture Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/> <input type="checkbox"/> Urine culture with >100,000 organisms Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/>	

		<input type="checkbox"/> Catheter tip Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/> <input type="checkbox"/> Other culture, specify type in here <input type="text"/> Dates positive <input type="text" value="xx/xx/xxxx"/> Organism <input type="text" value="xx"/> <input type="checkbox"/> No positive cultures	
F4	Was there evidence of a new or worsening pulmonary infiltrate (or consolidation) on CXR?	<input type="radio"/> YES <input type="radio"/> NO	Admission note/history Radiology (first available)
F5	Was there evidence of multi-lobar disease (2 or more lobes involved) or pleural effusion on x-ray?	<input type="radio"/> YES, answer F6 F6: Check all that apply: Multi-lobar <input type="checkbox"/> Multi-lobar <input type="checkbox"/> Pleural effusion <input type="radio"/> NO <input type="radio"/> No documentation	Admission note/history Radiology – First (abnormal) available
F7	Were additional diagnostic tests performed? (as directed by signs/symptoms & host factors/exposures, diagnosis uncertain, or patient not responding to treatment)	<input type="radio"/> YES, answer F8 F8: Check all that apply: <i>Microbiology</i> <input type="checkbox"/> Viral testing, Answer F9 F9, Specify: <input type="text" value="Type in here"/> <input type="checkbox"/> HIV <input type="checkbox"/> Pneumocystis pneumonia <input type="checkbox"/> PPD <input type="checkbox"/> Sputum for AFB (Tb) <input type="checkbox"/> Legionella <i>Imaging</i> <input type="checkbox"/> CT chest	Discharge Summary Labs: Microbiology Radiology

	<input type="checkbox"/> CT angiogram <i>Procedures:</i> <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Pleural biopsy <input type="checkbox"/> Video-assisted thorascopic surgery <input type="checkbox"/> Thoracentesis <input type="checkbox"/> Other, Answer F10 F10, Specify: <input style="width: 300px; height: 20px;" type="text"/> If any are checked, answer F11. F11: Write in justification for test: <input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> More space if needed <input type="radio"/> NO/Not Documented
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Any special circumstance you would like to note for this section (F), please type in below.

<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>

SECTION G. TREATMENT/MONITORING			
G1	Did patient have an in-house consult for palliative Care?	<input type="radio"/> YES <input type="radio"/> NO/Not Documented	Progress notes Labs: Microbiology
G2	ANSWER IF READMISSION WAS FOR DVT (N1): Was pharmacological prophylaxis for venous thromboembolism, administered on admission?	<input type="radio"/> YES <input type="radio"/> NO, answer G2e G2e: Select one: <input type="radio"/> Contraindicated <input type="radio"/> Pt on full-dose anticoagulation <input type="radio"/> Other, answer G3 G3: Specify. <input style="width: 300px; height: 20px;" type="text"/> <input type="radio"/> Not Documented	Admission note/his Orders
G4	Was the patient admitted to ICU?	<input type="radio"/> YES, answer G5 G5: Check all that apply <input type="checkbox"/> within 24hrs of presentation <input type="checkbox"/> anytime during stay	Progress notes

		<input type="radio"/> NO/Not Documented	
G6	Was there documentation that aspiration pneumonia was considered?	<input type="radio"/> YES <input type="radio"/> NO/Not Documented	Discharge summary Admission note/history
G7n8	Antibiotics received in hospital (Do not include if only 1 dose received in ED)	1st abx name: <input type="text" value="type in here"/> 1st abx dosage/dosing interval: <input type="text" value="type in here"/> Start date: <input type="text" value="xx/xx/xxxx"/> Stop date: <input type="text" value="xx/xx/xxxx"/> If started >24 hours after admission, reason? <input type="checkbox"/> Positive Blood or Respiratory culture, Answer the following Document organism: <input type="text" value="type in here"/> Date of positive culture <input type="text" value="xx/xx/xxxx"/> <input type="checkbox"/> Replacing abx to which patient had reaction <input type="checkbox"/> Worsening condition <input type="checkbox"/> Other reason, explain <input type="text" value="type in here"/> <input type="checkbox"/> Unable To Determine If stopped before day of discharge, reason? <input type="checkbox"/> Positive Blood & Respiratory culture, Answer the following Document organism: <input type="text" value="type in here"/> Date of positive culture <input type="text" value="xx/xx/xxxx"/> <input type="checkbox"/> Reaction to abx during treatment <input type="checkbox"/> Worsening condition	BCMA Admission note/history Discharge note Labs: Microbiology MD progress (corresponding date- Same

Other reason, explain

type in here

Unable To Determine

2nd abx name:

type in here

if only 1 abx, type in "n/a".

2nd abx dosage/dosing interval:

type in here

Start date: 

Stop date: 

If started >24 hours after admission, reason?

Positive Blood or Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture 

Replacing abx to which patient had reaction

Worsening condition

Other reason, explain

type in here

Unable To Determine

If stopped before day of discharge, reason?

Positive Blood & Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture 

Reaction to abx during treatment

Worsening condition

Other reason, explain

type in here

Unable To Determine

3rd abx name:

type in here

if only 2 abx, type in "n/a".

3rd abx dosage/dosing interval:

type in here

Start date:

Stop date:

If started >24 hours after admission, reason?

Positive Blood or Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture

Replacing abx to which patient had reaction

Worsening condition

Other reason, explain

type in here

Unable To Determine

If stopped before day of discharge, reason?

Positive Blood & Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture

Reaction to abx during treatment

Worsening condition

Other reason, explain

type in here

Unable To Determine

4th abx name:

type in here

if only 3 abx, type in "n/a".

4th abx dosage/dosing interval:

type in here

Start date: 

Stop date: 

If started >24 hours after admission, reason?

Positive Blood or Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture 

Replacing abx to which patient had reaction

Worsening condition

Other reason, explain

type in here

Unable To Determine

If stopped before day of discharge, reason?

Positive Blood & Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture 

Reaction to abx during treatment

Worsening condition

Other reason, explain

type in here

Unable To Determine

5th abx name:

type in here

if only 4 abx, type in "n/a".

5th abx dosage/dosing interval:

type in here

Start date:

Stop date:

If started >24 hours after admission, reason?

Positive Blood or Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture

Replacing abx to which patient had reaction

Worsening condition

Other reason, explain

type in here

Unable To Determine

If stopped before day of discharge, reason?

Positive Blood & Respiratory culture, Answer the following

Document organism:

type in here

Date of positive culture

Reaction to abx during treatment

Worsening condition

Other reason, explain

type in here

Unable To Determine

6th abx name:

type in here

6th abx dosage/dosing interval:

type in here

	If patient on vancomycin for >3 days please write in antibiotic level	Select one: <input type="radio"/> trough, answer G14 <input type="radio"/> random, answer G14 G14: Initial level: <input type="text" value="xxx"/> ug/ml <input type="radio"/> no level available <input type="radio"/> not applicable (Patient not on this antibiotic or on for less than specific time frame/# doses)	Labs: Chemistry
G15	If patient on aminoglycoside for >1 dose, please write in antibiotic level	Select one: <input type="radio"/> On aminoglycoside, answer G16 and G17 G16: Initial trough level <input type="text" value="xxx"/> ug/ml G17: Initial peak level <input type="text" value="xxx"/> ug/ml (if unavailable enter 88) <input type="radio"/> Not applicable (Patient not on this antibiotic or on for less than specific time frame/# doses)	Labs: Chemistry
G18	Was patient discharged on antibiotics?	<input type="radio"/> YES, answer G19 G19: Specify Name, Dose and Route <input type="text" value="Type in here"/> <input type="radio"/> NO	

Any special circumstance you would like to note for this section (G), please type in below.

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SECTION H. CLINICAL STABILITY		
The patient admitted for pneumonia is ready for discharge when:		
H1	Did the patient have documented improvement in signs or symptoms of pneumonia? (e.g. dyspnea/cough/decrease in fever)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not Documented
		Progress notes

H2	Please check if the following lab values were drawn, and if so, record last two values	<p>Check all that apply:</p> <p><input type="checkbox"/> WBC, Answer H3 -H6 H3: Last WBC before discharge xxx <input type="text"/> K/cmm</p> <p>H4: Date <input type="text" value="MM/DD/YYYY"/></p> <p>H5: Previous WBC xxx <input type="text"/> K/cmm</p> <p>H6: Date <input type="text" value="MM/DD/YYYY"/></p> <p><input type="checkbox"/> BUN, Answer H7-H10 H7: Last BUN before discharge xxx <input type="text"/> K/cmm</p> <p>H8: Date <input type="text" value="MM/DD/YYYY"/></p> <p>H9: Previous BUN xxx <input type="text"/> K/cmm</p> <p>H10: Date <input type="text" value="MM/DD/YYYY"/></p> <p><input type="checkbox"/> Creatinine, Answer H11-H14 H11: Last creatinine before discharge xxx <input type="text"/> K/cmm</p> <p>H12: Date <input type="text" value="MM/DD/YYYY"/></p> <p>H13: Previous creatinine xxx <input type="text"/> K/cmm</p> <p>H14: Date <input type="text" value="MM/DD/YYYY"/></p> <p><input type="checkbox"/> No Labs drawn</p>	Lab summary Chemistry
H15	Have any of the following occurred on the day of discharge?	<p>Check all that apply:</p> <p><input type="checkbox"/> SBP < 90 mm Hg</p> <p><input type="checkbox"/> Heart rate > 100bpm</p> <p><input type="checkbox"/> Respiratory rate >24/min</p> <p><input type="checkbox"/> Temperature >100° F</p> <p><input type="checkbox"/> O2 sats on RA <90% (inpatient, not on home O2)</p> <p><input type="checkbox"/> Discharged on home O2 and was not on prior to admission (If checked answer H15fe) H15fe: Specify O2 amount and delivery <input type="text" value="Type in here"/></p> <p><input type="checkbox"/> None have occurred</p> <p><input type="checkbox"/> No documentation</p>	Vital signs Nurse/resident discharge note
H16	Did the patient have altered mental status or level of consciousness (worse than baseline) within 24 hrs of	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> Not Documented</p>	Nurse/resident discharge notes

	discharge?		
H17	Is there documentation that patient was unable to maintain enteral intake (orally or other e.g., PEG tube)?	<input type="radio"/> YES <input type="radio"/> NO	Nurse/resident discharge notes

Any special circumstance you would like to note for this section (H), please type in below.

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SECTION J: DISCHARGE PLANNING			
J1	Patient was discharged to:	<input type="radio"/> Home <input type="radio"/> Skilled Nursing Facility <input type="radio"/> Assisted Living Facility <input type="radio"/> Rehabilitation Facility <input type="radio"/> Other, answer J2 J2: Specify. <input type="text"/>	Discharge note Social worker note Interagency transfer note
Jn3	Did the patient complete at least 5-days of antibiotics in hospital	<input type="radio"/> YES, skip to J4 <input type="radio"/> NO, answer J3 <input type="radio"/> NOT documented, answer J3	
J3	Did discharge medications include antibiotics to complete (at least) a total 5-day course?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not Documented	Discharge instructions Discharge summary
J4	Is there documentation in the record, that the patient/family received written discharge instructions or other educational material regarding the following?	Check all that apply <input type="checkbox"/> Discharge meds <input type="checkbox"/> Follow-up appointment (documentation of specific information) <input type="checkbox"/> Documentation given to caretakers (non-family members, e.g., nursing home staff) <input type="checkbox"/> No documentation	Discharge plan/Progress notes
Jn5	Is there documentation	<input type="radio"/> YES	Nurses' discharge

	that patient/family understood the medication regimen?	<input type="radio"/> NO/Not Documented/Unable to determine	note
J7	Were plans for post discharge medical care stated in the chart and/or discharge summary?	<p>To include: (Check all that apply)</p> <p><i>Medication:</i></p> <p><input type="checkbox"/> List of discharge meds</p> <p><input type="checkbox"/> Med reconciliation</p> <p><i>Follow-up clinic visit:</i></p> <p><input type="checkbox"/> f/u clinic visit arranged with PCP or specialist (infectious disease or pulmonology) Answer J8 and J9.</p> <p>First visit:</p> <p>J8a: Type of provider <input type="text" value="Type in here"/></p> <p>J9a: Date visit scheduled: <input type="text" value="MM/DD/YYYY"/>  (enter 1/1/9999 if unavailable)</p> <p>Second visit:</p> <p>J8b: Type of provider <input type="text" value="Type in here"/></p> <p>J9b: Date visit scheduled: <input type="text" value="MM/DD/YYYY"/>  (enter 1/1/9999 if unavailable)</p> <p>Third visit:</p> <p>J8c: Type of provider <input type="text" value="Type in here"/></p> <p>J9c: Date visit scheduled: <input type="text" value="MM/DD/YYYY"/>  (enter 1/1/9999 if unavailable)</p> <p><input type="checkbox"/> Pt advised to call PCP to arrange follow-up clinic visit</p> <p><input type="checkbox"/> NA (e.g., pt discharged to nursing home or hospice). Explain: <input type="text"/></p> <p><i>Recommendations for:</i></p> <p><input type="checkbox"/> med changes as applicable specify or list</p>	Discharge instructions Discharge summary

		<input type="checkbox"/> f/u of test results pending at time of discharge as applicable specify or list <input type="checkbox"/> Additional tests that should be performed post discharge, please list:	
J10	Was the discharge summary completed by time of follow-up visit, so available to f/u provider?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not Applicable	Discharge summary

Any special circumstance you would like to note for this section (J), please type in below.

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SECTION K. POST DISCHARGE PERIOD

Kn 1	Was there a post-discharge phone call (contact made) to the patient?	<input type="radio"/> YES, answer Kn3 <input type="radio"/> No call <input type="radio"/> N/A Kn3: Select one <input type="radio"/> Call occurred within 72 hours <input type="radio"/> Call occurred in between 72 hours-7 days <input type="radio"/> Call occurred after more than 7 days <input type="radio"/> Call occurred in unknown time frame K17: Check this box if true: <input type="checkbox"/> Call occurred >72 hours post-discharge, or not at all, because of difficulty or inability to reach patient.	Telephone encounter
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K2: If there was a post-discharge phone call, did the phone call consist of (check all

that apply):

- Patient asked about any change in condition since discharge (breathing, cough)
- Patient asked about understanding of what the medications are for.
- Review of pending clinic appts and tests.
- Reinforcement of other discharge instructions, including recommended diet & what to do if symptoms worsen
- None of the above

Kn 4	Was there a post-discharge in-person visit (home visit) to the patient?	<input type="radio"/> YES, answer Kn7, K5, K6 Kn7. Select one: <input type="radio"/> Visit occurred within 72 hours <input type="radio"/> Visit occurred between 72 hours-7 days <input type="radio"/> Visit occurred after more than 7 days <input type="radio"/> Visit occurred in unknown time frame <input type="radio"/> NO <input type="radio"/> N/A	Discharge plan/instructions
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K5, K6

If a post-discharge home visit occurred, please indicate its content (use first visit).

K5: Who made the visit?

- VA provider
- Non-VA provider
- N/A

K6: Did the visit consist of: (check all that apply)?

- Patient asked about any change in condition since discharge (breathing, cough).
- Patient asked about understanding of what the medications are for.
- Review of pending clinic appts and tests.
- Reinforcement of other discharge instructions, including recommended diet & what to do if symptoms worsen.
- None of the above.

K8	Was there a post-discharge visit (or ER visit) with a provider (prior to the readmission)?	<input type="radio"/> YES, answer K9 and K10 K9: Was this a (check all that apply): ? <input type="checkbox"/> Scheduled visit with PCP, or medical specialist. Date of visit (1/1/9999) if unknown: K10 <input type="text"/>	
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	<input type="checkbox"/> Unscheduled or early visit to regular provider. Date of visit: (1/1/9999) if unknown: K10 <input type="text"/>	
	<input type="checkbox"/> Urgent care or ED visit. Date of visit: (1/1/9999) if unknown: K10 <input type="text"/>	
	<input type="checkbox"/> Unable to determine circumstances of visit. Date of visit:(1/1/9999) if unknown: K10 <input type="text"/>	
	<input type="radio"/> NO, no visit documented. Answer K16	

K16: If there was no scheduled visit with PCP, ID or pulmonary, indicate why. Check all that apply:

- The appointment was not scheduled by the discharge facility.
- The appointment was not scheduled by the patient.
- The patient missed the appointment.
- The patient was readmitted before the f/u appointment.
- Reason unclear.
- N/A.

K11 If there was a scheduled or unscheduled follow-up visit with the provider (PCP or medical specialist) that occurred prior to the date of readmission, were the following documented?	Check all that apply <ul style="list-style-type: none"> <input type="checkbox"/> Patient's current functional status <input type="checkbox"/> Medications added, Answer K12 <input type="checkbox"/> Medications changed, Answer K12 <input type="checkbox"/> Medications discontinued, Answer K12 K12: Were meds added, changed, or discontinued without justification? <input type="radio"/> YES, answer K13 and K14 K13: Which meds? <input type="text"/> K14: Explain: <input type="text"/> <input type="radio"/> NO <input type="radio"/> N/A <input type="checkbox"/> Medications reconciled	Progress notes
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	<input type="checkbox"/> Provider's awareness of pending tests <input type="checkbox"/> Provider's recognition of abnormal test results <input type="checkbox"/> Plan for addressing abnormal test results or justification if no change in plan. <input type="checkbox"/> No follow-up visit/ not applicable	
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Any special circumstance you would like to note for this section (K), please type in below.

Type-in here
More room
More room

SECTION M. READMISSION

M1	Was the patient readmitted through the Emergency Dept?	<input type="radio"/> YES, Answer M2 M2: Time of ED visit that led to readmission? <input type="text" value="0000"/> (Military Time) (if unavailable, enter N/A) <input type="radio"/> NO, Answer M3 M3: Where? (select one) <input type="radio"/> Direct admission <input type="radio"/> Transferred from another acute care hospital <input type="radio"/> Transferred from a long-term care or residential facility <input type="radio"/> Other , Answer M4 M4, specify. <input type="text" value="Explain here"/> <input type="radio"/> N/A	ED note
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SECTION N. REASON FOR READMISSION (Adapted from Anderson's Hospital Readmission Inventory)

N1	In general, why was the patient readmitted to the hospital?	Check all that apply: <input type="checkbox"/> The primary diagnosis (pneumonia) got worse or there was a relapse of the primary diagnosis. <input type="checkbox"/> One of the secondary diagnoses (other known medical conditions) got worse. Specify: <input type="text" value="Explain here"/> <input type="text" value="More space if needed"/> <input type="checkbox"/> A new problem developed. Specify: <input type="text" value="Explain here"/> <input type="text" value="More space if needed"/>	Admission note ED/UC note Attending note
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		<p>Other:</p> <p><input type="checkbox"/> The patient was admitted for terminal care.</p> <p><input type="checkbox"/> The physician requested a hospital readmission.</p> <p><input type="checkbox"/> The patient was admitted with a PE or DVT (answer G2).</p> <p>G2: ANSWER IF READMISSION WAS FOR DVT (N1): Was pharmacological prophylaxis for venous thromboembolism, administered on admission? Source: Admission note/history orders</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO, answer G2e</p> <p>G2e: Select one:</p> <p><input type="radio"/> Contraindicated</p> <p><input type="radio"/> Pt on full-dose anticoagulation</p> <p><input type="radio"/> Other, answer G3</p> <p>G3: Specify.</p> <p><input type="text" value="Type in here"/></p> <p><input type="radio"/> Not Documented</p> <p><input type="checkbox"/> Other, Answer N2</p> <p>N2, specify.</p> <p><input type="text" value="Explain here"/></p> <p><input type="text" value="More space if needed"/></p>	
N3	<p>What were the specific circumstances surrounding the patient's readmission?</p>	<p>Check all that apply:</p> <p><u>Symptoms</u></p> <p><input type="checkbox"/> The patient fell.</p> <p><input type="checkbox"/> Respiratory difficulties have developed or worsened.</p> <p><input type="checkbox"/> Cardiac symptoms have developed or worsened.</p> <p><input type="checkbox"/> GI symptoms have developed or worsened.</p> <p><input type="checkbox"/> Neurological symptoms have developed or worsened.</p> <p><input type="checkbox"/> Pain has developed or worsened.</p> <p><input type="checkbox"/> The patient has developed other symptoms,</p> <p>Answer N4</p> <p>N4, Describe.</p> <p><input type="text" value="Explain here"/></p> <p><input type="text" value="More space if needed"/></p>	<p>History of Present Illness from: Admission note ED/UC note Attending note</p>

		<p><u>Signs</u></p> <p><input type="checkbox"/> The patient broke a bone.</p> <p><input type="checkbox"/> Bleeding has developed.</p> <p><input type="checkbox"/> The patient has developed a new infection, or worsening of an infection that was present during the prior admission.</p> <p><input type="checkbox"/> A wound has developed or worsened.</p> <p><input type="checkbox"/> The patient's vital signs were abnormal.</p> <p><input type="checkbox"/> The patient's lab values were abnormal.</p> <p><u>Other</u></p> <p><input type="checkbox"/> The patient experienced problems with his/her medication.</p> <p><input type="checkbox"/> There were problems with medical equipment.</p> <p><input type="checkbox"/> The caregiver/family is no longer able to manage the patient at home.</p> <p><input type="checkbox"/> Other, Answer N5 N5, Specify.</p> <p>Explain here</p> <p>More space if needed</p>	
N6	The patient was readmitted for (primary diagnosis):	<p>Check one:</p> <p><input type="radio"/> Same diagnosis, answer N7 N7, Explain.</p> <p>Explain here</p> <p>More space if needed</p> <p><input type="radio"/> Other diagnosis, answer Nn8, N10, N11 and N12 Nn8, Specify.</p> <p>Explain here</p> <p>More space if needed</p> <p>N10: Was this problem active during the index admission (may or may not have been diagnosed but symptoms or signs were present?)</p> <p><input type="radio"/> Yes, answer N11</p> <p><input type="radio"/> No/unable to determine</p> <p>Explain the answer to N10</p> <p>Explain here</p> <p>More space if needed</p> <p>N11: If YES to N10, was this problem treated</p>	Admission note Discharge Dx from codes

		<p>during the index admission?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No/unable to determine</p> <p>Explain the answer to N11</p> <div style="border: 1px solid black; padding: 2px;">Explain here</div> <div style="border: 1px solid black; padding: 2px;">More space if needed</div> <p>N12. Was this problem a complication of treatment received during the index admission?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No/unable to determine</p> <p>Explain the answer to N12</p> <div style="border: 1px solid black; padding: 2px;">Explain here</div> <div style="border: 1px solid black; padding: 2px;">More space if needed</div>
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SECTION P. ASSESSMENT OF PREVENTABILITY (Adapted from Oddone, JGIM 1996)

P1.	<p>According to the admission note (including attending note) which Patient Issues were noted at the time of readmission?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> The patient was not compliant with his/her medication regimen</p> <p><input type="checkbox"/> The patient was not compliant with his/her dietary regimen</p> <p><input type="checkbox"/> The patient was abusing alcohol/drugs post prior discharge</p> <p><input type="checkbox"/> The patient had an acute mental health issue (Dementia excluded)</p> <p><input type="checkbox"/> The patient lacked adequate home support or required more services than could be provided at home (e.g., nursing home or home health care)</p> <p><input type="checkbox"/> Other, Answer P2</p> <p>P2, Explain.</p> <div style="border: 1px solid black; padding: 2px;">Explain here</div> <div style="border: 1px solid black; padding: 2px;">More space if needed</div> <p><input type="checkbox"/> None of the above</p>
P3	<p>According to the admission note (including attending note) which Provider/System Issues were noted at the time of readmission?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> The patient had a physician/provider assessment post-discharge but did not have a change in therapy despite worsening symptoms/signs</p> <p><input type="checkbox"/> The patient had a physician/provider assessment post-discharge but did not have a change in therapy despite abnormal laboratory tests</p> <p><input type="checkbox"/> Relevant information from index admission was not</p>

		<p>communicated to the follow-up provider (communication could include mentioning in d/c summary)</p> <p><input type="checkbox"/> Recommendations for post-discharge follow-up or work-up of abnormal test results occurring during the index admission were inappropriate (from index admission discharge summary)</p> <p><input type="checkbox"/> The post-discharge provider did not follow through on "appropriate" discharge recommendations</p> <p><input type="checkbox"/> The provider did not document why he/she did not follow recommendations</p> <p><input type="checkbox"/> The patient or caregiver did not receive adequate discharge education (e.g. includes confirming understanding, f/u call)</p> <p><input type="checkbox"/> The admitting physician's threshold for admission was inappropriately low</p> <p><input type="checkbox"/> Other, Answer P4</p> <p>P4, Explain.</p> <div style="border: 1px solid black; padding: 2px;">Explain here</div> <div style="border: 1px solid black; padding: 2px;">More space if needed</div> <p><input type="checkbox"/> None of the above</p>	
P5	<p>According to the admission note (including attending note) which <i>Either Patient or Provider Issues</i> were noted at the time of readmission?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> The patient did not have physician/provider assessment (VA or non-VA) following discharge</p> <p><input type="checkbox"/> The patient did not receive prescribed medications (VA or non-VA)</p> <p><input type="checkbox"/> The patient had a medication side effect (from a drug started during the prior admission or post-discharge, includes medication interactions)</p> <p><input type="checkbox"/> The patient was an inappropriate full code or there was disagreement on code status; if YES, Answer P7.</p> <p>P7, Explain.</p> <div style="border: 1px solid black; padding: 2px;">Explain here</div> <div style="border: 1px solid black; padding: 2px;">More space if needed</div> <p><input type="checkbox"/> The patient lacked advance care planning despite having advanced or end-stage disease</p> <p><input type="checkbox"/> Other, Answer P8</p> <p>P8, Explain.</p>	

		<p>Explain here</p> <p>More space if needed</p> <p><input type="checkbox"/> None of the above</p>	
P9	<p>Do you feel this readmission was preventable? (See Guidelines)</p>	<p>Check the best response and explain why.</p> <p><input type="radio"/> Preventable</p> <p><input type="radio"/> Possibly Preventable</p> <p><input type="radio"/> Un-preventable</p> <p>P10. Explain (quote from physician's notes, if possible):</p> <p>Explain here</p> <p>More space if needed</p>	

P11

If there are special circumstances or comments related to this case that you feel are important that were not captured in the survey, please describe them. All special circumstances that involve clinical issues must be referred to physician for possible second review.

Explain here
More space if needed

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