Care Transitions: Readmission Chart Review

Source:	*Transforming Care at the Bedside - How-to Guide: Creating an Ideal Transition Home for Patients with Heart Failure.*
Tools & Resources:	Readmission Worksheet including Readmitted Patients Chart Selection and Chart Review Instructions
Goal:	Identify opportunities to improve the discharge process and reduce unnecessary readmissions.
Purpose:	Determine why readmissions occur in order to test changes to eliminate failures in the discharge process.
Reviewers:	Physicians or nurses experienced in the clinical setting and in chart review for quality and safety. The readmission chart review is intended to identify opportunities to improve processes and the quality of care by flagging safety issues, avoiding future unnecessary readmissions, and potentially avoiding future adverse events. The intent is not to place blame on any individuals.

Instructions

Chart Selection:	Select patients who have been readmitted (for any cause) within 30 days from date of discharge. Indicate "yes" or "no" on whether the admission is related to the previous admission. Review all readmissions beginning with today's date and working backward until you reach the desired sample size.
Sample Size:	Review 100 % charts to review every readmission within 30 days. Note: Choose as many current readmissions (patients are still in the hospital) as possible in order to interview the patient (and family) to ask what they think contributed to the unplanned readmission.
Chart Reviews:	Using the Readmission Worksheet, look through the chart for the items listed on the tool and anything else that suggests something that might have contributed to the patient's unplanned return to hospital.

Analysis

Potential Hospital Problems:	Problems seen in hospital care or care delivery systems that either directly or indirectly contributed to the readmission. Example 1: Patient misunderstood instructions given in the hospital for weighing daily and waited too long to call the physician; no *Teach Back* used. Example 2: Exacerbation of the patient's condition on the day of discharge was not recognized in hospital; patient was discharged home. Example 3: Inappropriate medical follow-up plan (e.g., no orders for urine C&S for patient with recent UTI or foley catheter removal; no labs ordered for patients on Coumadin; no antibiotic orders for patient with cellulitis, etc.)
Potential Outpatient Problems:	Problems seen in the environment into which the patient was discharged. Example 1: Patient did not continue to weigh daily and failed to keep the post-discharge physician office visit (lack of transportation). Example 2: Patient went home and had much poorer social support than described by the patient and family during the index admission.
Patient Interviews:	Interview the patient to clarify the reason for readmission. Those using this tool so far have found a number of cases where the environment to which the patient was discharged was not sufficiently supportive or understood when the patient assessment was conducted. Recently we have added questions to clarify what the patient understood at discharge. It is helpful for reviewers to have the patient teaching materials in hand during the interview in order to attempt to determine what the patient thinks he/she understood at the index discharge. Findings - What did you learn? What surprised you? What new questions do you have?