# Hospitalization Risk Assessment

**Purpose:** Screening tool to identify those at risk for hospitalization.

**Patient Name:** ______________________________________ Record # __________________________

**Date:** __________________

Notify the following, as appropriate, if patient is at risk for hospitalization:

- Physician
- Correlate with M2250 for physician notification of specific parameters/interventions
- Interdisciplinary Team
- On Call Staff
- Payer: (e.g. Managed Care Organizations)
- Agency Case Manager
- Patient/family/caregiver
- Other:

Prior pattern: Check all that apply

- □ > 1 Hospitalizations or ER visits in the past 12 months (M1032)
- □ History of falls * (M1032 and M1910)

**Chronic conditions:** Check all that apply (M1020/1022/1024)

- □ HF (M1500 and M1510)
- □ Diabetes
- □ COPD
- □ Chronic skin ulcers *(Wound consult if indicated for any wounds)*
- □ HIV/AIDS

**Risk Factors:** Check all that apply

- □ Discharged from hospital or skilled nursing facility (M1000)
- □ More than 2 secondary diagnoses (M1022 and 1024)
- □ Low socioeconomic status or financial concerns ♦
- □ Lives alone (M1100) ★
- □ Inadequate support network (M1100) ♦
- □ ADL assistance needed (M2100 and M2111)
- □ Home safety risks ♦
- □ Dyspnea (M1400) ★
- □ More than 2 secondary diagnoses (M1022 and 1024)
- □ Non-compliance with medication regimen ♦ ★
- □ Confusion (M1710) ♦ ★
- □ Pressure ulcer (M1300, M1302 and M1306) ★
- □ Stasis ulcer (M1330) ★
- □ Overall Poor Status/Prognosis (M1034) ■
- □ Low literacy level ♦
- □ Depression (M1730) ♦
- □ Consider Therapy referral (PT, OT, ST)
- □ Consider MSW referral
- □ Consider Hospice referral
- □ 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:**

(Coordinate with M2250)

<table>
<thead>
<tr>
<th>Referrals:</th>
<th>Medication Management</th>
<th>Patient/family education</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ SN □ PT □ OT □ ST</td>
<td>□ Medication Reconciliation</td>
<td>□ Enrollment into a disease management program (specify):</td>
</tr>
<tr>
<td>□ MSW □ HHA □ Dietary Consultant</td>
<td>□ Assess patient’s: knowledge, ability, resources and adherence</td>
<td>Immunizations (M1040, M1045, M1050, M1055)</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Education</td>
<td>□ Influenza</td>
</tr>
</tbody>
</table>

| Hospice/Palliative Referral | Phone Monitoring | Care Coordination (Physicians, hospitals, nursing homes…)
| --- | --- | |
| Front-loading Visits | Telemonitoring | |

**Fall Prevention Program**

**Other:**

Notify the following, as appropriate, if patient is at risk for hospitalization:

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- Interdisciplinary Team
- On Call Staff
- Payer: (e.g. Managed Care Organizations)
- Agency Case Manager
- Patient/family/caregiver
- Other:

Clinician Signature: ____________________________ Date: ________________

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

Revised 12/21/09 to correlate with OASIS-C.

The following articles provide more information on risk assessments:


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