

Discharge Risk Assessment (to be completed upon admission)

PATIENT NAME: _____



CHECK ALL THAT APPLY:

- Lives at home with limited or no community support
- Requires assistance with medication management
- Polypharmacy (greater than 7 medications)
- History of mental illness
- Issues with health literacy
- Requires assistance with ADL's/IADL's
- Cognitive impairment
- End stage condition*
- Diagnosis of CHF/COPD/diabetes/HIV/AIDS
- Incontinent
- Acute/chronic wound or pressure ulcer
- History of falls
- Decreased adherence to treatment plan
- Repeat hospitalizations/ED visits
- Requires assistance in management of Oxygen and/or nebulizer

TOTAL # CHECKED = _____

SCORE ≥ 5

This patient is **HIGH RISK** for rehospitalization. Refer to home care services immediately.

SCORE of 2 - 4

This patient is at **MODERATE RISK** for rehospitalization. Refer to home care prior to discharge.

SCORE < 2

This patient is **LOW RISK** for rehospitalization. Discharge to community.

***If patient has an end stage/life limiting condition and any of the following, consider a HOSPICE evaluation or referral.**

- Recent impaired nutritional status, as evidence by
 - a) unintentional weight loss of ≥ 10% over last 6 months or
 - b) serum albumin < 2.5
- Recent decline of functional status (Karnofsky score < 50)
- Unrelieved physical symptoms and/or
- Symptoms proving difficult to manage (pain, nausea, vomiting, dyspnea, constipation, anxiety, agitation)
- Poor response to optimal treatment
- Frequent ER visits and/or hospitalizations

**Hospice patients need not be homebound*

REFER TO HOME HEALTH SERVICES FOR:

- | | |
|--|--|
| SKILLED NURSING | AND/OR |
| <input type="checkbox"/> Observation & assessment | <input type="checkbox"/> Physical, occupational and/or speech therapy |
| <input type="checkbox"/> Teaching & training | <input type="checkbox"/> Medical social work |
| <input type="checkbox"/> Performance of skilled treatment of procedure | <input type="checkbox"/> Home health aide service for personal care and/or therapeutic exercises |
| <input type="checkbox"/> Management & evaluation of a client care plan | <input type="checkbox"/> Telehealth Care Management |



TO QUALIFY FOR MEDICARE HOME HEALTH SERVICES:

- The patient is under the care of a physician (community physician willing to sign home care orders).
- The patient requires skilled nursing, physical therapy, or speech therapy services; or has a continuing need for occupational therapy on an intermittent basis. (If daily, then there is an endpoint to daily care.)
- Services are provided in the patient's home.
- Services must be reasonable and necessary.
- The patient is homebound.

DEFINITION OF HOMEBOUND:

Homebound means the condition of the patient causes a considerable and taxing effort for the patient to leave home:

Homebound Qualifiers:

- Absences from the home are infrequent or of short duration

Examples of infrequent or short duration absences

- Attendance at religious service
- Attendance at a significant family event
- Trip to barber or hairdresser
- Walk outdoors

- To receive health care treatment
- To receive medical day care services

If patient referred to Home Health or Hospice care prior to discharge, please include name of agency below:

- Hospice: _____
- Home Care: _____