

Alliance Quarterly QA Tool

M/F Age range_____

Chronology of acute/SNF admit/readmit with admit DX:

Facility_____ LOS_____ (weekend, holiday?) DX_____

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PMH_____

Known hospitalizations/ED visits last 12 months (date & DX)_____

Medications at time of readmit – see attached list

Code status/Advance Directive/POLST_____

Date/time change of condition (COC) noticed_____ Date/time COC report to MD/NP_____

COC that led to the readmit_____

Known non-clinical factor(s) that contributed to the readmit_____

VS at time of COC: BP_____ HR_____ temp_____ Resp rate_____

O2 sat_____ RA or O2_____ Blood glucose_____

Any other pertinent lab results:_____

Action taken, if any, prior to readmit_____

Committee Observations/Recommendations

What conditions do you think put the resident at risk of readmission? _____

What non-clinical or social factors do you think put the resident of readmission? _____

Was an advance directive/POLST considered in evaluating the transfer to the acute facility? _____

Should this patient have been transferred sooner? Y/N, Why? _____

Do you think this transfer might have been prevented? Y/N Why? _____

What opportunities do you see for improvement? _____
