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

• Developmental delay, resident not able to effectively communicate complaints/symptoms

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

• Conservator only able to direct general medical care

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

• Yes, Full Code

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

• Unable to determine based on information provided

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

• Difficult to determine based on info provided

What opportunities do you see for improvement?

- Add to QA Tool
 - o were acute facility discharge appointments made and kept within requested timeframe
 - o trend appropriate labs and/or clinical symptoms over time
 - Hospital CM staff to summarize the 'big picture', highlight most important info, communicate readmit risk
 - o Patient has communication limitations monitor behavior
 - Conservator has limited medical decision making; general medical decision making only not able to make life altering decisions
- Opportunity to involve Home Health in d/c planning meeting
 - Alliance agencies liaison is a clinician
- Patient with conservator understanding the conservator relationship is key
- Patient with limited ability to communicate
 - o Increase frequency of monitoring
 - o S & W, COC are key to identifying problem
- Opportunity to educate group home staff and conservator about s/sx to monitor for

Other questions;

- What were lab results trended over time?
- What were lung sounds/respiratory symptoms trended over time?