

IN-HOME QUALITY IMPROVEMENT

BEST PRACTICE: HOSPITALIZATION RISK ASSESSMENT

IN-HOME AIDE TRACK



Best Practice Intervention Packages were designed for use by any In-Home Provider Agency to support reducing avoidable hospitalizations and emergency room visits. Any In-Home care aide can use these educational materials.

Best Practice Intervention Packages were designed to educate and create awareness of strategies and interventions to reduce avoidable hospitalizations and unnecessary emergency room visits.

IN-HOME AIDE TRACK

This best practice package is designed to introduce the In-Home aide to the hospitalization risk assessment to assist in reducing avoidable acute care hospitalizations.

Objectives

After completing the activities in the In-Home aide track of this Best Practice Intervention Package, *Hospitalization Risk Assessment*, the learner will be able to:

1. State at least one reason why reducing avoidable acute care hospitalizations is a national focus.
2. Define what a hospitalization risk assessment is and how it can be used by an In-Home Agency.
3. Identify two aide applications of the hospitalization risk assessment.

Complete the following optional activities:

- Read the risk assessment description and review the sample risk assessment tool.
- Read the Hospitalization Risk Assessment—In-Home Aide’s Guide to Practical Application.
- Complete the In-Home Aide Post Test and give it to your manager.

Disclaimer: Some of the information contained within this Best Practice Intervention Package may be more directed and intended for an acute care setting, or a higher level of care or skilled level of care setting such as those involved in Medicare. The practices, interventions and information contained are valuable resources to assist you in your knowledge and learning.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency’s needs and setting.

HOSPITALIZATION RISK ASSESSMENT

A hospitalization risk assessment is a tool that is used by nurses/clinicians to identify patients that are high risk for being admitted to the hospital or emergent care. Some of the high risk factors can be:

- History of falls
- Previous hospitalizations
- Patient lives alone
- Confusion
- Needs help with activities of daily living (ADL's)
- Needs help with medications
- Medication non-adherence
- Financial issues
- Chronic skin ulcers
- Certain diseases-CHF, diabetes, COPD

A structured communication process must be established to communicate who the high risk patients are to appropriate staff, including In-Home aides.

It is the responsibility of the In-Home aide to be aware of their patient's risk for hospitalization. The nurse is responsible for completing a hospitalization risk assessment. Discussion of a patient's risk for being admitted to the hospital and actions to minimize that risk should be communicated to the In-Home aide as a part of all routine reporting and possibly incorporated into the In-Home aide's care plan. The In-Home aide is responsible for reporting any potential risk factors or changes in condition immediately to their supervisor/manager.

Hospitalization Risk Assessment

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

Patient Name: _____ Record # _____

Date: _____

Prior pattern: Check all that apply			
<input type="checkbox"/> >1 Hospitalizations or ER visits for the past 12 months		<input type="checkbox"/> History of falls* (Complete Falls Risk Assessment	
Chronic conditions: Check all that apply			
<input type="checkbox"/> CHF		<input type="checkbox"/> Chronic skin ulcers (Wound consult if indicated for any wounds)	
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> COPD		<input type="checkbox"/> HIV/AIDS	
Risk Factors: Check all that apply			
<input type="checkbox"/> Discharged from hospital or skilled nursing facility		<input type="checkbox"/> Help with managing medications needed ▷ ☆	
<input type="checkbox"/> More than 2 secondary diagnoses		<input type="checkbox"/> Non-compliance with medication regimen ◇ ☆	
<input type="checkbox"/> Low socioeconomic status or financial concerns ◇		<input type="checkbox"/> Confusion ◇ ☆	
<input type="checkbox"/> Lives alone ▷ ◇		<input type="checkbox"/> Pressure ulcer ☆	
<input type="checkbox"/> Inadequate support network ◇		<input type="checkbox"/> Stasis ulcer ☆	
<input type="checkbox"/> ADL assistance needed ▷		<input type="checkbox"/> Short life expectancy □	
<input type="checkbox"/> Home safety risks ▷ ◇		<input type="checkbox"/> Poor prognosis □	
<input type="checkbox"/> Dyspnea ▷ ☆		<input type="checkbox"/> Low literacy level ◇	
▷ Consider Therapy referral (PT, OT, ST)	◇ Consider MSW referral	<input type="checkbox"/> 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.)			
Consider implementing any of the following interventions, if patient is at risk for hospitalization:			
Referrals: <input type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Dietary Consultant <input type="checkbox"/> Other _____	<input type="checkbox"/> Medication Management Reconciliation ·Assess patient's: knowledge, ability, resources and adherence ·Education	<input type="checkbox"/> Patient/family education <input type="checkbox"/> Enrollment into a disease management program (specify): _____	
<input type="checkbox"/> Hospice/Palliative Referral	<input type="checkbox"/> Phone Monitoring	Immunizations <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Individualized Patient Emergency Care Plan	<input type="checkbox"/> Front-loading Visits	<input type="checkbox"/> Care Coordination (Physicians, hospitals, nursing homes...)	
<input type="checkbox"/> Fall Prevention Program	<input type="checkbox"/> Telemonitoring	<input type="checkbox"/> Other:	

Consider notification of any/all of the following if patient is at risk for hospitalization:

<input type="checkbox"/> Patient/family/caregiver	<input type="checkbox"/> Interdisciplinary Team	<input type="checkbox"/> On Call Staff	<input type="checkbox"/> Payer: (e.g. Managed Care organizations)
<input type="checkbox"/> Physician	_____	<input type="checkbox"/> Agency Case Manager	<input type="checkbox"/> Other:

Nurse Signature: _____ Date: _____

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

HOSPITALIZATION RISK ASSESSMENT

In-Home Aide's Guide to Practical Application

Purpose: To enable the In-Home Aide to:

1. Become increasingly aware of those patients who have been identified as being at high-risk for hospitalization.
2. Learn what actions In-Home aides can take to assist the care team in reducing avoidable hospitalizations.

Communicate to nurse, supervisor or manager any risk factors indentified, such as:

- Patient reports being seen in the emergency room.
 - Change in caregiver status-caregiver moves out or a new caregiver begins.
 - Patient falling in the home.
 - Patient having periods of confusion-new for patient or a significant increase in frequency of confusion.
 - Patient requiring more assistance with activities of daily living-more unsteady in shower or weaker than usual.
 - Trouble getting pill bottles open or pill boxes opened.
 - Not taking medications correctly or at all-finding pills in bed or on the floor or patient refusing to take their medications.
 - Financial difficulties-patient or family commenting on difficulty in getting medications refilled.
 - Lack of food related to financial or other issues.
 - Increased shortness of breath or weight gain.
 - Wound looking worse or having an odor.
1. Participate in conferences when appropriate, discussing high risk factors and offering insight and suggestions for plan of care, sharing your knowledge of the patient and family.
 2. **Review the patient emergency plan regarding when the patient should call the agency or his/her physician.**
 3. If patient is at risk for falls, encourage use of walker or cane (if applicable) or walk with patient.
 4. If self blood glucose monitoring has been ordered, determine if blood sugars are being checked as ordered, and report any patient non-compliance to nurse.

In-Home Aide Name: _____

Date: _____

IN-HOME AIDE POST TEST

Hospitalization Risk Assessment

Directions: Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

1. Reducing acute care hospitalizations is only for nurses, physicians and case workers to work on.
 - A. True
 - B. False

2. The focus of trying to reduce avoidable acute care hospitalizations is to take appropriate actions to help reduce the risk of the patient being hospitalized.
 - A. True
 - B. False

3. A hospitalization risk assessment tool helps the nurse and In-Home aide to identify those patients who are high risk for hospitalization. Which of the following risk factors is/are included?
 - A. Confusion
 - B. Financial issues
 - C. Needing assistance with activities of daily living (ADL's)
 - D. History of falls
 - E. All of the above

4. During your visit there are many actions that you could do to assist in reducing the risk for acute care hospitalizations. Examples include:
 - Report falls to the nurse.
 - Remind patients to use a walker or cane, if ordered.
 - Report changes in the patient's condition to the nurse.

Is this statement True or False?

 - A. True
 - B. False

5. The In-Home aide has an important role in reducing avoidable acute care hospitalizations. Your eyes and ears may pick up on risk factors or situations of which the nurse is not aware of. Which of the following risk factors is/are included?
 - A. Patient reports falling last night
 - B. Notice increased confusion
 - C. Finding pills in patients bed or on the floor
 - D. Very little food in the home
 - E. All of the above