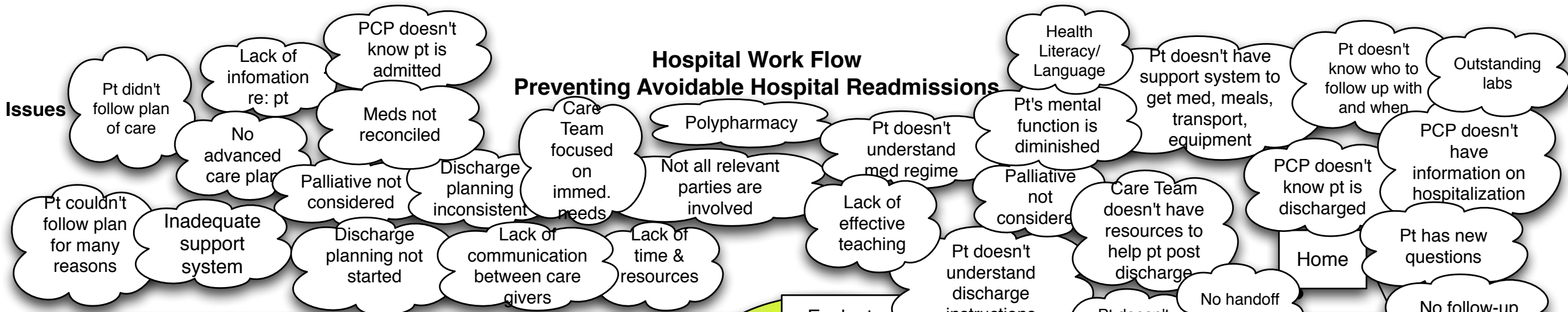
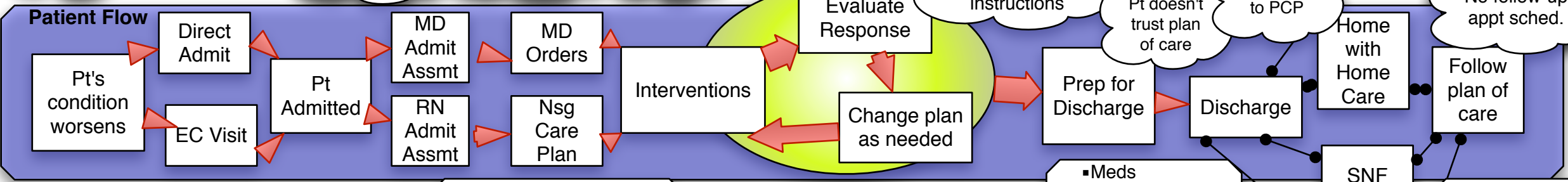


Hospital Work Flow Preventing Avoidable Hospital Readmissions

Issues



Patient Flow



Possible Interventions

- Palliative/Hospice Care Consult (Commonwealth) Honoring Choices
- Identify spec. pt readmission risks 7P scale (Boost)
- Assmt includes discharge needs
- Comprehensive discharge plan started
- PCP notified of admit
- Reconciled meds (Boost)
- Establish communication with PCP/Family (Boost)
- Case manager / Discharge advocate / care transitions coach assigned
- (Red, Care Transitions)
- Interdisciplinary Care conference with case manager (Commonwealth)
- Case manager reviews discharge plan with team and pt. (Red, CTP)
- Meds reconciled with plan to obtain meds
- (Commonwealth)
- Teach back method used for pt teaching (Red, Boost)
- Written and visual discharge plan (RED)
- DOD check list (Boost)
- PCP notified of discharge and received disch summary < 3 days
- Scheduled appt with PCP
- (Boost, Commonwealth, Red)
- Case manager contact and follow-up 72 hrs (Boost)
- Assures all needed supplies, med, etc are in place
- Home Visits
- PHR
- Telehealth
- Community Network
- Commonwealth)





