

30 Day Re-Admission Chart Review

Patient Name	MR Number	Sex	Age
Provider Name			
Recent Re-Admits within 30 days:	1 st Admit Date	Re-Admit Date	
	Discharge Date	Discharge Date	
	LOS	LOS	
	Principle Dx:	Principle Dx:	
	Secondary Dx:	Secondary Dx:	
	Discharge Disposition:	Discharge Disposition:	
Seen in Physician Office or Clinic on day of re-admit?		Y or N	
Seen in Physician Office or Clinic in between admissions?		Y or N Unknown Date(s):	
Seen in the ER on day of re-admit?		Y or N	
Seen in the ER in between admissions?		Y or N Unknown Date(s):	
Placed in Observation prior to re-admission?		Y or N	

List any documented family/patient reasons for seeking medical attention that led to readmission.	
List any documented reasons from physician/nurse/etc. for reason for re-admission.	
Did any social conditions (transportation, lack of money for medication, lack of housing, etc.) contribute to the re-admission. List any.	
On the 1 st Discharge, was the personal health record sent with the patient?	Y or N Unknown
On the 1 st Discharge, was the personal health record reviewed with the patient prior to discharge?	Y or N Unknown
Is there documentation of Multi-disciplinary planning during the first admission?	Y or N Unknown
Is there documented discharge planning during the first admission?	Y or N Unknown
Is there documentation of patient education during the first admission:	
Prescribed Home Meds: Y or N Side Effects of Meds: Y or N Other:	Signs/Symptoms to watch for: Y or N Follow Up Appointments: Y or N
Is there a documented discharge phone call to home?	Y or N
Was the readmission planned?	Y or N
Note any potential improvements that would have reduced the probability of a re-admission:	
Review Completed by:	Date:

