



Behavioral Health Readmission Audit Tool— All Readmissions Within 30 Days of Discharge

Date of Audit: Click or tap to enter a date. Patient presents for readmission from: Patient Name/ID: Click or tap here to enter text.
Age: Click or tap here to enter text. Primary Insurance: Choose an item. Secondary Insurance: Choose an item.
Initial Admission: Click or tap to enter a date. Initial Discharge: Click or tap to enter a date. Readmission: Click or tap to enter a date.
Patient Primary Diagnosis: Click or tap here to enter text. Secondary Diagnosis: Click or tap here to enter text.

INITIAL Admission/Discharge Information:

Family/caregiver meeting focused on readmission reduction held *during initial admission* Y N UNK
Initial discharge setting: Choose an item. Level of Care (LOC) recommended at discharge: Choose an item.
Outpatient (OP) prescriber AND OP team provided discharge summaries within 24 hours of discharge: Y N UNK
Follow-up phone call to patient 24–48 hours post-discharge by someone known to patient: Y N UNK
Follow-up phone call to patient support/caregiver/OP provider: Y N UNK
Initial or follow-up Psychiatrist appt. scheduled within 7 days: Y N UNK ATTENDED Y N UNK
Initial or follow-up PCP appt. scheduled within 7 days: Y N UNK ATTENDED Y N UNK
Initial or follow-up counseling appt. scheduled: Y N UNK ATTENDED Y N UNK
Lab tests/other follow-up scheduled: Y N UNK NA ATTENDED Y N UNK
Interventions noted for: High-Risk Medical comorbidities: Choose an item. High-Risk Medications: Choose an item.
If “no” to any follow-up appt., choose reason not attended: Choose an item. OR Click or tap here to enter text.
What was internal procedure at confirmation of patient non-attendance to follow-up? Click or tap here to enter text.

MEDICATION Information:

Medication coverage verified through insurance or other means prior to discharge Y N UNK
Medications reviewed at discharge: Y N UNK Teach-back Communication efforts documented: Y N UNK
Medications provided at discharge: Y N UNK Prescriptions provided at discharge: Y N UNK
If yes, how: Choose an item.
Medications changed by OP after discharge: Y N UNK If “yes” reason changed by OP: Choose an item.

SUBSTANCE USE Information:

Was substance use/abuse part of initial admission? Y N UNK Part of the readmission: Y N UNK
If “yes” to either, were relapse prevention/12-step/CD treatment part of initial discharge plan? Y N UNK

POST-DISCHARGE SUPPORT Information:

Supports confirmed at discharge: Choose an item.
Non-911 Wellness and Crisis Plans developed with patient, reviewed and written down at discharge: Y N UNK
Teach-back Communication efforts documented Y N UNK

Readmission risk factors appear to have been assessed/addressed in initial discharge plan: Y N

READMISSION Information:

Patient quote: reason for readmission: Click or tap here to enter text.
In the past 12 months: # of ER visits _____ # of inpatient behavioral health admissions _____ # of medical admissions _____
Primary Diagnosis: Click or tap here to enter text. Patient readmitted from what setting: Choose an item.
Secondary Diagnosis: Click or tap here to enter text. Readmission category: Choose an item.

READMISSION Checklist:

Notify OP prescriber, OP team, PCP, family/support Schedule family/caregiver meeting Schedule internal review of readmission
Interventions in place for: High-Risk Medical comorbidities: Choose an item. High-Risk Medications: Choose an item.
Risk factors to address before second discharge: Click or tap here to enter text.

For questions about this form, contact Dennette Janus, MA, LPC, Quality Improvement Specialist, HSAG | djanus@hsag.com