|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility Name** |  | | | **Month/Year** |  |
| **Individual Completing Report**  **(name and title)** | | |  | | |
| **Notes** | |  | | | |

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| **UPI/MR/Name** | **Admission Diagnosis** | **Hospital Admission Date** | **Hospital Discharge Date** | **Type of Admission (Check all that apply)** | **Name of Hospital** | **Have records been requested?** | **Main Category for dx** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |

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| Facility Name |  | | Month |  |
| Individual Completing Report  (name and title) | |  | | |

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| **UPI/MR/Name** | **Admission Reason/Diagnosis** | **Hospital Admission Date** | **Hospital Discharge Date** | **Type of Admission (Check all that apply)** | **Name of Hospital** | **Have records been requested?** | **Main Category for dx** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Hospitalization ☐ ER Visit ☐ 30-day Readmission |  | ☐ Yes ☐ No ☐ Unknown | ☐ Cardiac ☐ Sepsis  ☐ Trauma/Fall ☐ SOB/Fluid ☐ Other: |

**Monthly Totals**

|  |
| --- |
| **Monthly Primary Diagnosis Category Total** |
| \_\_\_\_ Cardiac |
| \_\_\_\_ Sepsis |
| \_\_\_\_ Trauma/Fall |
| \_\_\_\_ SOB/Fluid |
| \_\_\_\_ Hypertension |
| \_\_\_\_ Hyperkalemia |
| \_\_\_\_ Diabetes |
| \_\_\_\_ Other: |
| \_\_\_\_ Other: |
| \_\_\_\_ Other: |

|  |  |  |
| --- | --- | --- |
| **Totals** | | |
| **1** | Total # of patients treated at the facility during the month |  |
| **2** | Total # of patients hospitalized during the month |  |
| **3** | Total hospitalization rate for month (#1/#2) |  |
| **4** | Total # of patient hospitalizations during the month that were a 30-day unplanned readmission for the same diagnosis |  |
| **5** | Total # of patient emergency room (ER) visits during the month |  |
| **6** | Total ER visit rate for month |  |