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| **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**

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

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| **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 |  |