

Modified LACE Tool

Directions: Points are assigned per category and totaled to identify those patients who are at risk for readmission.

L=Length of hospital stay
 A=Acuity on admission
 C=Comorbidity
 E=Emergency department visits

Attribute	Value	Points	Score
Prior admission length of stay (LOS) <i>If no history of prior admission, give points for average LOS (i.e., 4–6 days)</i>	Less than 1 day	0	
	1 day	1	
	2 days	2	
	3 days	3	
	4–6 days	4	
	7–13 days	5	
	14 or more days	6	
Acute Admission	Inpatient	3	
	Observation	0	
Comorbidity (Cumulative to a maximum of 6 points)	No prior history	0	
	Diabetes mellitus (DM) with no complications, cerebrovascular disease, history of mental illness, peripheral vascular disease (PWD), peptic ulcer disease (PUD), alcoholism, smoking	1	
	Mild liver disease, DM with complications, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), cancer, leukemia, lymphoma, any tumor, renal disease	2	
	Alzheimer's disease, dementia, sickle cell disease, auto-immune disorder, or connective tissue disease	3	
	Cirrhosis, hepatitis, liver disease, or human immunodeficiency virus (HIV) infection	4	
	Metastatic cancer	6	
Emergency department visits during the previous 6 months	0 visits	0	
	1 visits	1	
	2 visits	2	
	3 visits	3	
	4 or more visits	4	
Take the sum of the points and enter the total.			
If LACE score is 11 or greater, patient is at high risk for readmission.			

References:

Montana Health Research and Education Foundation—Montana Rural Healthcare Performance Improvement Network. Nursing: Readmission Alert Discharge Plan. Available at: https://mtpin.org/wp-content/uploads/2019/12/Discharge_Readmit_NurseLACETool.pdf. Accessed on: October 2, 2025.

Van Walraven C, Dhalla IA, Bell C, et al. Derivation and validation of an index to predict early death or unplanned readmission after discharge from hospital to the community. *Journal of the Canadian Medical Association*. 2010. Apr 6;182(6):551–7. doi: [10.1503/cmaj.091117](https://doi.org/10.1503/cmaj.091117).

This material was adapted from the Montana Rural Healthcare Performance Improvement Network by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-13SOW-CC-10282025-01