



Process of Care Investigation Methods for Hospices

1. Chart Audit

Review a random selection of patient records readmitted within 30 days and 60 days to determine root cause of readmission

- Identify key processes to be investigated
- Develop an audit tool
- Identify root causes
- Identify opportunities for improvement

2. Perform an Institutional Assessment of Current Care

a. Conduct a thorough survey of your current care environment, order sets, critical pathways and guidelines, and care processes central to the discharge transition process.

i. Review the following assessment items and determine which are critical to your organization's care transition issues.

1. Institutional support
2. Presence of a multidisciplinary team to address issues
3. Reliable data flow and metrics
4. Standardized discharge processes
5. Patient/family caregiver preparedness
6. Medication safety
7. Follow-up care
8. Educational issues
9. General staff education and certification
10. Pharmacy issues

ii. Review the accompanying questions on the "Performing an Institutional Assessment of Current Care" handout located at <http://CareTransitions.tmf.org>

3. Process of Care Audit for End of Life

a. Audit a random selection of patient records against end of life "best practices"

b. Use an audit spreadsheet and a minimum of 10 patient records or sufficient records to determine trends in the data

c. Determine if your current processes meet "best practices"

4. Data Analysis

- a. Identify trends in patient 30-day readmission (you may also want to look at readmissions within 60 days) analyzing metrics, such as:
 - Diagnosis, primary and secondary
 - Reason for readmission
 - Length of stay
 - Number of days to readmission
 - Discharge disposition
 - Admitting Physician
 - Admitted through ER
 - “Frequent Flyers”

5. Evaluate Impact of Chronic Disease on Hospitalizations

- a. Identify percent of readmissions by cause
- b. Identify root causes
- c. Consider disease specific interventions to prevent hospitalization of end-stage CHF and COPD patients through aggressive management of exacerbations at home