



New York State
Partnership
for Patients



Preventable Readmissions Initiative

Mitigating Risk Factors for Readmission

Patient Tracking Sheet: Pilot Phase 3 at Discharge

Patient Name: _____ Medical Record #: _____

RISK FACTOR CATEGORY	RISK FACTOR(S) ADDRESSED	DISCIPLINE(S) RESPONSIBLE FOR ADDRESSING THE RISK	WERE THE GOALS OF THE READMISSION RISK MITIGATION PLAN MET? (YES/NO)	IF GOALS WERE NOT MET, WAS AN ALTERNATE PLAN ESTABLISHED FOR DISCHARGE AND BEYOND? (YES/NO)



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ACTIVITY	OUTCOME
Was medication reconciliation completed with resolution of discrepancies or an alternate plan (i.e. PCP follow-up) established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a follow-up appointment with the primary care provider (PCP) scheduled within 7 days of discharge at a time agreeable to the patient/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were patient-centered discharge instructions completed and reviewed with the patient/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the discharge instructions include a list of adverse signs and symptoms and their management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the discharge instructions include a list of follow-up tests/treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the discharge instructions include a patient-centered medication list with specific instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTIVITY	OUTCOME
Were details for follow-up and readmission prevention strategies communicated to the post-discharge PCP and other providers (as appropriate)?	<input type="checkbox"/> Yes, prior to or at the time of patient discharge <input type="checkbox"/> Yes, within 24 hours of patient discharge <input type="checkbox"/> Yes, within 48 hours of patient discharge <input type="checkbox"/> Yes, longer than 48 hours after patient discharge <input type="checkbox"/> No follow-up
How was the information provided to the post-discharge provider(s)?	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Both written and verbal
Was a post-discharge call made to the patient/caregiver?	<input type="checkbox"/> Yes, within 48 hours <input type="checkbox"/> Yes, within 72 hours <input type="checkbox"/> Yes, longer than 72 hours after discharge <input type="checkbox"/> No

Refer to the NYSPFP Readmission Resource Guide for additional tips and strategies at https://www.nyspfp.org/Materials/NYSPFP_Readmissions_Resource_Guide.pdf.