

Root Cause Analysis: Chart Review of Unplanned Transfers

Demographic Information

AllScripts #: _____

Date of Admission to Hospital: _____ Time of Transfer: _____

Date of Last Visit by Agency Clinician: _____ Clinician Name: _____

Reason for Transfer Per Record: _____

Reason for Transfer Per Conversation with Family Member: _____

Within 72 hours prior to transfer, were any of the following signs or symptoms or conditions present?

- Fever: _____
- Change in Mental Status: _____
- Decreased Oral Intake: _____
- Change in Medications: _____
- Increased Pain/Pain Medication Requirement: _____
- Family Mention of Change in Condition: _____
- Signs & Symptoms of UTI: _____
- Signs & Symptoms of SOB: _____
- Change in Vital Signs: _____
- One or More Falls: _____

Action Taken Prior to Transfer:

- Was the patient's physician or mid-level provider contacted prior to transfer? Yes No
- Was HHHC's Hospice physician or mid-level provider contacted prior to the transfer? Yes No
- Was the transfer due to lack of a home visit by a clinician? Yes No
- Was the transfer due to lack of caregiver support in the home? Yes No
- Was the transfer due to a lack of community resources in the home? Yes No
- Was the patient on Telehealth with our agency? Yes No

Could this Transfer Have Been Avoided? Yes No Possibly
Explain: _____

Action Plan:

What course of action could have been taken or can be put into place to limit future transfers for the above reasons?

Reviewed Completed By: _____

Reviewed by Director of Marketing & Communications:

Yes/Initials _____

Reviewed by Director of Home Care:

Yes/Initials _____

Reviewed by Director of Quality:

Yes/Initials _____