

## Tool for Addressing Risk: A Geriatric Evaluation for Transitions

Risk Assessment: 8P Screening Tool (Check all that apply.)	Risk Specific Intervention	Signature of individual responsible for insuring intervention administered		
Problem medications (anticoagulants, insulin, oral hypoglycemic agents, aspirin & clopidogrel dual therapy, digoxin, narcotics)	<ul> <li>Medication specific education using Teach Back provided to patient and caregiver</li> <li>Monitoring plan developed and communicated to patient and aftercare providers, where relevant (e.g. warfarin, digoxin and insulin)</li> <li>Specific strategies for managing adverse drug events reviewed with patient/caregiver</li> <li>Follow-up phone call at 72 hours to assess adherence and complications</li> </ul>			
Psychological (depression screen positive or h/o depression diagnosis)	<ul> <li>Assessment of need for psychiatric aftercare if not in place</li> <li>Communication with aftercare providers, highlighting this issue if new</li> <li>Involvement/awareness of support network insured</li> </ul>			
Principal diagnosis (cancer, stroke, DM, COPD, heart failure)	<ul> <li>Review of national discharge guidelines, where available</li> <li>Disease specific education using Teach Back with patient/caregiver</li> <li>Action plan reviewed with patient/caregivers regarding what to do and who to contact in the event of worsening or new symptoms</li> <li>Discuss goals of care and chronic illness model discussed with patient/caregiver</li> </ul>			
Polypharmacy (≥5 more routine meds)	<ul> <li>Elimination of unnecessary medications</li> <li>Simplification of medication scheduling to improve adherence</li> <li>Follow-up phone call at 72 hours to assess adherence and complications</li> </ul>			
Poor health literacy (inability to do Teach Back)	<ul> <li>Committed caregiver involved in planning/administration of all general and risk specific interventions</li> <li>Aftercare plan education using Teach Back provided to patient and caregiver</li> <li>Link to community resources for additional patient/caregiver support</li> <li>Follow-up phone call at 72 hours to assess adherence and complications</li> </ul>			
Patient support (absence of caregiver to assist with discharge and home care)	<ul> <li>Follow-up phone call at 72 hours to assess condition, adherence and complications</li> <li>Follow-up appointment with aftercare medical provider within 7 days</li> <li>Involvement of home care providers of services with clear communications of discharge plan to those providers</li> </ul>			
Prior hospitalization (non-elective; in last 6 months)	<ul> <li>Review reasons for re-hospitalization in context of prior hospitalization</li> <li>Follow-up phone call at 72 hours to assess condition, adherence and complications</li> <li>Follow-up appointment with aftercare medical provider within 7 days</li> <li>Assess need for palliative care services</li> </ul>			
(Would you be surprised if this patient died in the next year? Does this patient have an advanced or progressive serious illness?) Yes to either:	<ul> <li>Identify goals of care and therapeutic options</li> <li>Communicate prognosis with patient/family/caregiver</li> <li>Assess and address bothersome symptoms</li> <li>Identify services or benefits available to patients based on advanced disease status</li> <li>Discuss with patient/family/caregiver role of palliative care services and benefits and services available</li> </ul>			

	Universal Patient Discharge Checklist								
	1. GAP assessment (see below) completed with issues addressed							7	
	2. Medications reconciled with pre-admission list								
	3. Medication use/side effects reviewed using Teach Back with patient/caregiver(s)								
	4. Teach Back used to confirm patient/caregiver understanding of disease, prognosis and								
	self-care requirements								
		Action plan for management of symptoms/side effects/complications requiring medical attention established and shared with patient/caregiver using Teach Back							
		Discharge plan (including educational materials; medication list with reason for use and							
	highlighted new/changed/discontinued drugs; follow-up plans) taught with written copy								
	provided to patient/caregi					NO 🗆			
	<ol> <li>Discharge communication provided to principal care provider(s)</li> </ol>								
	8. Documented receipt of discharge information from principal care provider(s)								
	9. Arrangements made for o	utpatient follow-up	p with princ	cipal care provider(s)	YES 🗖	NO 🗆			
	To since a finish set is to				N. 4 1				
	For increased risk patients, consider       Not applicable $1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -$								
	1. Interdisciplinary rounds with patient/caregiver prior to discharge to review aftercare plan YES □ NO □         2. Direct communication with principal care provider <i>before</i> discharge								
	3. Phone contact with patier								
						NO 🗆			
	condition, discharge plan comprehension and adherence, and to reinforce follow-up YES □ NO □								
	5. Direct contact information								
	provided to patient/caregi	ver to address que	stions/conc	erns if unable to reach	principal	_			
	<i>care provider</i> prior to firs	t follow-up			YES 🗆	NO 🗆			
						/			
	Confirmed by:					/			
	<u>S</u>	ignature		Print Na	ame	L	Date		
General Assessmer	nt of Preparedness (GAP)								
	evaluate the following areas with Admission; $\mathbf{P} = \text{Prior to discharge}$			nicate concerns identified	l as appropriate to prine	cipal care p	providers.		
Logistical Issues				Psychosocial Issues					
1. Functional statu	us assessment completed (P)	YES □ NO □	N/A □	1. Substance abuse	/dependence evaluated	(A)	YES 🗆 NO 🛛	□ N/A □	
	ys) to home insured (P)	YES □ NO □	N/A 🗆		resence assessed (A)		YES 🗆 NO 🛛		
	l for patient's arrival (P)	YES □ NO □	N/A 🗆	3. Cognitive status			YES 🗆 NO 🛛		
	(e.g. medical equipment, safety evaluation, food)			4. Advanced care planning documented (A)			YES □ NO [ YES □ NO [		
	al resources for care needs assessed (P) YES $\square$ NO $\square$ N/A $\square$ to obtain medications confirmed (P) YES $\square$ NO $\square$ N/A $\square$								
2	rty for insuring med adherence	$\begin{array}{c c} YES \ \square \\ YES \ \square \\ NO \ \square \\ \end{array}$	N/A □ N/A □		vided to patient (D)	ices	YES 🗆 NO 🛛	$\square$ N/A $\square$	
	ared, if not patient (P)		1 1/ <i>L</i> 1						
7. Transportation	to initial follow-up arranged (D)	YES □ NO □	N/A □						
8. Transportation	home arranged (D)	YES □ NO □	N/A □	Confirmed by:				_//	
					Signature	Print N	Vame	Date	

•