



New York State  
Partnership  
for Patients



# Preventable Readmissions Initiative

## Mitigating Risk Factors for Readmission

### Patient Tracking Sheet: Pilot Phase I

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Date Patient Admitted/Transferred to Unit: \_\_\_\_\_

Patient Location Prior to Unit Admission/  
Transfer:

ED                       Critical Care

Home                       SNF

Physician Office    Other

First Risk Assessment Completed (check one):

Within 24 hours

Within 48 hours

More than 48 hours after admission

No Record

Identified Patient Caregiver (check one):

Yes       No

Caregiver Contact Information:

\_\_\_\_\_

\_\_\_\_\_

RISK FACTOR CATEGORY	RISK FACTOR(S) IDENTIFIED	DISCIPLINES RESPONSIBLE FOR ADDRESSING THE RISK (OPTIONAL: PURPOSE OF REFERRAL)	WAS A TIMELY REFERRAL MADE TO THE RESPONSIBLE DISCIPLINE?		WAS THE RISK FACTOR ADDRESSED AS PLANNED? (YES/NO)
			(YES/NO)	(WITHIN __HRS)	

To help identify patient's risk for readmission, please see next page for a complete list of high risk factors.



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Preventable Readmissions Initiative  
High-Risk Factors for Readmission<sup>1</sup>

RISK FACTOR CATEGORY	RISK FACTOR(S) IDENTIFIED
Medications	<input type="checkbox"/> Polypharmacy (more than 5 medications) <input type="checkbox"/> High Risk Medications
Psychosocial Barriers	<input type="checkbox"/> Patient lives alone <input type="checkbox"/> Patient lacks caregiver support <input type="checkbox"/> Requires assistance for activities of daily living <input type="checkbox"/> Requires home care or LTC services/ equipment <input type="checkbox"/> Environmental challenges at home (i.e., stairs)
Financial Barriers	<input type="checkbox"/> Uninsured <input type="checkbox"/> Limited or no medication coverage <input type="checkbox"/> Post hospital care placement or services <input type="checkbox"/> Affordability of food and basic goods
Clinically Complex (e.g., Multiple Chronic Disease or Treatments)	<input type="checkbox"/> Requires extensive education <input type="checkbox"/> Requires extensive coordinated care across the continuum <input type="checkbox"/> Disease management <input type="checkbox"/> Requires specialty services

RISK FACTOR CATEGORY	RISK FACTOR(S) IDENTIFIED
Limited Patient Understanding and/or Health Literacy	<input type="checkbox"/> Having a disability <input type="checkbox"/> Language barriers <input type="checkbox"/> Hearing, vision, speech limitations <input type="checkbox"/> Health literacy limitations <input type="checkbox"/> Cognitive problems <input type="checkbox"/> Very young or very old
Nutritional Limitations	<input type="checkbox"/> Diet restrictions <input type="checkbox"/> Fluid management <input type="checkbox"/> History of non-adherence
Mental Health or Substance Abuse History	<input type="checkbox"/> Currently in treatment for mental health/ substance abuse issues <input type="checkbox"/> Previously received treatment for mental health/substance abuse issues
Palliative Care	<input type="checkbox"/> Currently receiving palliative care services <input type="checkbox"/> Potentially eligible for palliative care services

<sup>1</sup> For more information on mitigating high-risk factors for readmission, please see Appendix C of the NYSPFP Readmissions Resource Guide ([https://www.nyspfp.org/Materials/NYSPFP\\_Readmissions\\_Resource\\_Guide.pdf](https://www.nyspfp.org/Materials/NYSPFP_Readmissions_Resource_Guide.pdf)).