

Acute Care Hospitalization Audit Tool Checklist

What was the Referral Source?

Community Institutional

Was the SOC Timely (within 48-hours of the referral date)?

Yes No

What was the SOC Date? _____
MM/DD/YYYY

What was the Hospitalization Date? _____
MM/DD/YYYY

How many days from SOC to Hospitalization?

When was the last home health visit made? _____
MM/DD/YYYY

How many days from the last visit to the hospitalization date? _____
DAYS SINCE LAST VISIT

What is the primary Clinical Grouping?

- Neuro Rehab
- Wounds
- Complex Nursing Interventions
- MS Rehab
- Behavioral Health
- MMTA-Other
- MMTA-Surgical Aftercare
- MMTA-Cardiac
- MMTA-Endocrine
- MMTA-GI/GU
- MMTA-Infectious Disease
- MMTA-Respiratory

What was the reason for the hospitalization?

Was the patient Front loaded?

Yes No N/A

Were there any Missed Visits?

Yes No N/A

Did PT complete their evaluation timely?

Yes No N/A

Did OT complete their evaluation timely?

Yes No N/A

Did ST complete their evaluation timely?

Yes No N/A

Did SN complete their evaluation timely?

Yes No N/A

Did MSW complete their evaluation timely?

Yes No N/A

Were the frequency orders appropriate based on the patient needs identified within the comprehensive assessment?

Yes No N/A