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? ______________

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

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

What was the reason for the hospitalization?

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