Hospice and Palliative Care Utilization Review
Palliative Care and Hospice Hospitalizations

Patient Name: ________________________________ MRN#________________________ Team: ______________
Program: Hospice □ Palliative Care □ Date of Admission to Program: _______________
Admission: Planned □ Unplanned □ Time: ____________ Which Hospital admitted to or ER visited: _______________
Who initiated: RN □ MD □ Patient/Caregiver □ Non-Hospice MD □ Did patient want to go? Yes □ No □
Was Triage called? Yes ____ No _____ If yes, outcome of call: ___________________________________________________
How transported to Hospital: Car □ Ambulance □ Other: ________________ Code Status: Full Code □ DNR □
Date 911 called: __________Date admitted to Hospital or ER visit: _______________
Authorized: Yes □ No □ if yes, by whom: ________________ Date of last Hospice visit: __________ Date of last care plan? __________
Diagnosis for Hospitalization: _____________________ Primary Diagnosis: ________________________
Expired: Yes □ No □ Date: _______________
Providers: MD: _______________________________ SW: _________________________________
RN: ________________________________ Chaplain: ____________________________
Liaison Name and Input: ____________________________________________________________________________________

Why did patient/caregiver seek emergent care?
Fall □ Medication Reaction □ which
Pain □ Bleeding □ Abnormal Lab Results □ which ________________ Constipation/Impaction □ Wounds □
Difficulty Breathing □ Infection □ Change in LOC □ Other __________________________
Explain: What was done by the hospital staff during patient stay at the hospital? ____________________________________________

Did Hospice/Palliative Care team visit in the Hospital? Yes □ No □
Was there intervention by Hospice Team? If so, what?
Was transfer summary and medication profile done for hand off? Yes □ No □
Any issues in home prior to admission? Yes □ No □ Explain: __________________________________________________________

Were there recent medication changes? Yes □ No □? If so, which? __________________________________________________________

Opportunities to improve Hospice/Palliative Care access rather than seeking Emergent Care:
Put on Tuck-In at Night list □ Visits by after-hours RN □
Increase visits by RN □ SW □ Chaplain □ HHA □ Other __________________________
Change Medications □ Explain:
MD visit to home □ Significant Changes reported to MD □
Quicker Response by Hospice/Palliative Care □ Explain:
What measures have you taken to prevent hospitalization/911 call for this problem?

Was this hospital visit preventable? Yes □ No □ What would have prevented it?

What can we do better next time?
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Date discussed in IDG meeting ____________________ Form Completed by: ________________________