


## CARD Readmission Risk Score Performance Improvement Tool

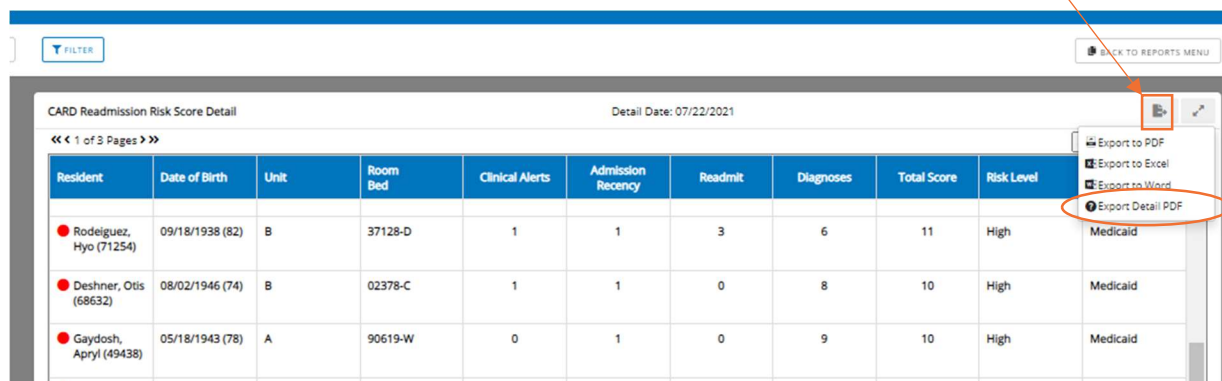
### Team Approach with Live, Actionable Data The CARD

Readmission Risk Score assists with:

- isolating those residents that are among the highest risk group to return to the hospital
- prioritizing which residents to assess at the beginning of each shift
- evaluating for safe transitions of care (discharge to community)
- minimizing the time and effort of nursing staff to proactively manage care

#### Daily/Shift Procedure (5-Minute Exercise):

1. Navigate to the Reports and generate the CARD Readmission Risk Score Detail report.
  - a. **Option 1:** View many Resident's details by clicking the menu icon  and choose "Export Detail PDF" to view all high-risk resident's rehospitalization risk detail.
  - b. **Option 2:** Click on the Red Dot beside the specific Resident's name to expose only that resident's Rehospitalization Risk Detail.
2. The report will be automatically filtered from highest risk to lowest risk
3. Discuss in morning meeting and include in shift change for further assessment and evaluation of these residents.



CARD Readmission Risk Score Detail  
 Detail Date: 07/22/2021

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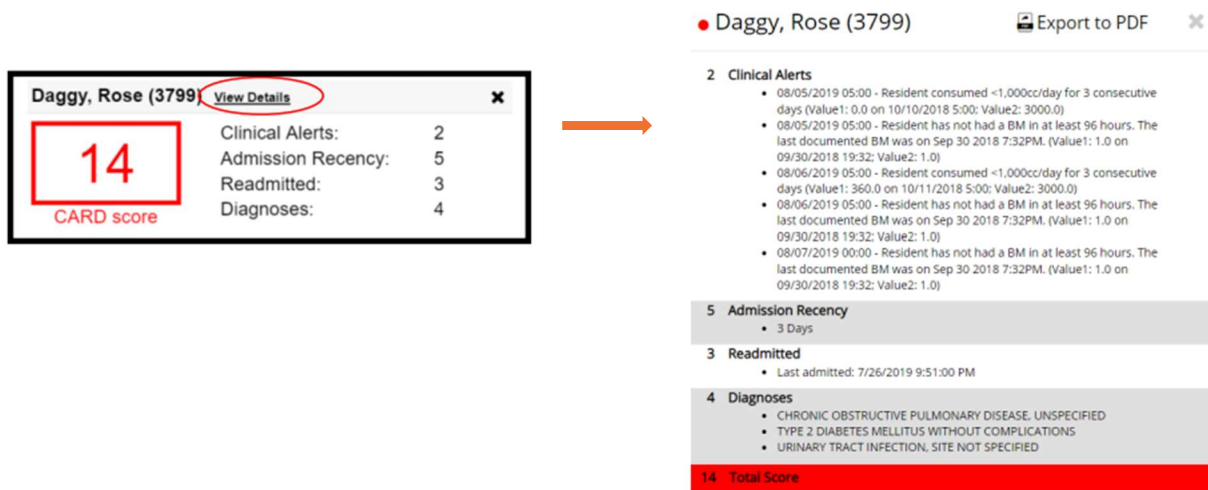
Resident	Date of Birth	Unit	Room Bed	Clinical Alerts	Admission Recency	Readmit	Diagnoses	Total Score	Risk Level	Medicaid
● Rodeiguez, Hyo (71254)	09/18/1938 (82)	B	37128-D	1	1	3	6	11	High	Medicaid
● Deshner, Otis (68632)	08/02/1946 (74)	B	02378-C	1	1	0	8	10	High	Medicaid
● Gaydosh, Apryl (49438)	05/18/1943 (78)	A	90619-W	0	1	0	9	10	High	Medicaid

4. The scoring is dependent upon 4 key factors noted by top industry scholars that place residents at high risk for hospitalization. (See last page for algorithm)

- a. What are the clinical alerts the resident is triggering?
- b. How many days have they been in the facility?
- c. Has the resident been to the ER or Hospital in last 180 days?
- d. What are their key diagnoses and/or comorbidities?

5. Starting with the RED (High Risk) residents, discuss with the interdisciplinary team actions needed to reduce the risk for readmission/admission to the hospital.

6. Click on the colored dot to expose the resident and click on View Details to plan next steps or Export Detail PDF.



The screenshot shows the interface for resident **Daggy, Rose (3799)**. On the left, a summary card displays a **CARD score** of **14** (highlighted with a red box) and a **View Details** link (circled in red). An orange arrow points from this card to the right-hand panel, which provides a detailed view of the resident's data.

**Resident Summary:**

- CARD score:** 14
- Clinical Alerts:** 2
- Admission Recency:** 5
- Readmitted:** 3
- Diagnoses:** 4

**Clinical Alerts (2):**

- 08/05/2019 05:00 - Resident consumed <1,000cc/day for 3 consecutive days (Value1: 0.0 on 10/10/2018 5:00; Value2: 3000.0)
- 08/05/2019 05:00 - Resident has not had a BM in at least 96 hours. The last documented BM was on Sep 30 2018 7:32PM. (Value1: 1.0 on 09/30/2018 19:32; Value2: 1.0)
- 08/06/2019 05:00 - Resident consumed <1,000cc/day for 3 consecutive days (Value1: 360.0 on 10/11/2018 5:00; Value2: 3000.0)
- 08/06/2019 05:00 - Resident has not had a BM in at least 96 hours. The last documented BM was on Sep 30 2018 7:32PM. (Value1: 1.0 on 09/30/2018 19:32; Value2: 1.0)
- 08/07/2019 00:00 - Resident has not had a BM in at least 96 hours. The last documented BM was on Sep 30 2018 7:32PM. (Value1: 1.0 on 09/30/2018 19:32; Value2: 1.0)

**Admission Recency (5):**

- 3 Days

**Readmitted (3):**

- Last admitted: 7/26/2019 9:51:00 PM

**Diagnoses (4):**

- CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED
- TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
- URINARY TRACT INFECTION, SITE NOT SPECIFIED

**Total Score:** 14

7. Analyze the clinical alerts to determine the severity of their values to the risks associated with the resident's length of stay, prior hospitalization and comorbidities.

- Why is this resident at risk?
- What nursing interventions would you do now?

8. Repeat the above steps with all High-Risk residents. We strongly encourage that each unit manager/supervisor embraces this daily as a best practice to reduce the likelihood of readmissions and to provide a proactive assessment of those residents

9. It is also recommended to assess the high-medium residents (scoring 8 and 9). These residents may become high tomorrow based on new data from your EMR.

10. Keep in mind, this score is based on data from your EMR. If your census, diagnoses and clinical documentation is lapse, the score will not be accurate.

11. The colored dots are also visible on the Clinical Alert Report and on the ProACT Dashboard

12. It is best practice to add and update diagnoses as they occur. Plan to have all active diagnoses added to the ICD-10 library within 24 hours of admission and remove any inactive as soon as possible.

## Real Time CARD Scoring Tool for Hospital Readmission Predictability

**Step 1.** Clinical alerts in Real Time from the last 72 hours or since admission Enter this number in the Box C

Number of Alerts	Score
1-2	1
3-4	2
5-6	3
7 or more	4



C

**Step 2.** Admission Day (Length of Stay) Days since Admission to Post-Acute Care Facility: Enter the score in Box A

Days Since Admitted	Score
1	7
2	6
3	5
4-6	4
7-13	3
14 or more	1



A

**Step 3.** Readmission Scoring Was the resident readmitted to the hospital or ER in the last 180 days?

If yes, enter "3", otherwise enter "0" in Box R



R

**Step 4.** Diagnoses/Comorbidities (Active)- Using the values below add the total for each current active diagnosis listed, enter that score in the box. If the score is 10 or greater, enter 10 in the Box D

Active Diagnoses/Comorbidities	Score
COPD	+2
Covid19	+2
AMI – Acute MI	+1
CHF – Heart Failure	+2
Pneumonia	+2
Stroke/CVA	+1
Post CABG	+1
Sepsis/Septicemia	+2
UTI	+1
Hip Surgery	+1
Knee Surgery	+1
Renal Failure	+1
Diabetes	+1
Cardiac Dysrhythmias	+1
Schizophrenia	+1



D

CARD Risk Assessment for Readmission:  $\leq 5$  Low Risk

CARD Risk Assessment for Readmission : 6-9 Medium Risk

CARD Risk Assessment for Readmission :  $\geq 10$  High Risk



Total