

Diagnosing Potentially Preventable Hospitalisations (DaPPHne)

Preventability Assessment Tool

The Mid North Coast Local Health District, the North Coast NSW Medicare Local, the Agency for Clinical Innovation and the University Centre for Rural Health - North Coast (University of Sydney) are researching the preventability of unplanned admissions in a group of older people with chronic disease. Ultimately we hope this research will guide interventions that could reduce potentially preventable hospitalisations in this patient group and improve their quality of life.

This patient has consented to participate in our research, including this assessment.

The information you provide is **strictly confidential**. Data will be reported only in aggregate form. No participant in this study will be individually identifiable from any data that are reported.

This research is approved by the NSW Population and Health Services Research Ethics Committee. **By completing this form you are giving your consent for inclusion in this study.**

Definition of Preventable Admission

when an unplanned admission could have been prevented if:

1. appropriate, adequate, accessible and good quality support in the community* had been available and accessed in the preceding 3 months, and/or
2. appropriate individual health behaviours e.g. disease self-management, had occurred in the 3 months prior to admission.

*Support in the community might include primary health care, family/neighbour/friend/social support, health or non-health community services.

AFFIX PATIENT LABEL HERE

Please note, this page is to be removed and destroyed following data entry.

Diagnosing Potentially Preventable Hospitalisations (DaPPHne)

Preventability Assessment Tool

Today's date //

Date of this admission //

Please indicate if you are:

1. Consultant/VMO under whom this patient was admitted
- OR 2. Registrar/Advanced Trainee caring for this patient
- OR 3. Nurse on the ward caring for this patient

A. PRIMARY REASON FOR ADMISSION

Please select **ONE** choice as the primary reason for this admission:

Please tick
ONE box only

1. **PRIMARY reason for admission is related to clinical condition.**
For example: - undiagnosed or newly diagnosed condition
- new manifestation of known condition
- recurrence or relapse of known condition
- unremitting progression of known condition
- terminal care
2. **PRIMARY reason for admission is related to the provision or delivery of medical therapy or follow-up in the previous 3 months.**
For example: - complication of recent procedure or therapy
- inadequate follow up provided for patient
3. **PRIMARY reason for admission is to have diagnostic test or procedure performed.**
For example: - MRI
- angiogram
- biopsy
4. **PRIMARY reason for admission is to have therapeutic procedure performed.**
For example: - dialysis
5. **PRIMARY reason for admission is due to social support circumstances or logistics.**
For example: - loss of primary caregiver at home
- patient lives too far away to make outpatient management or work-up feasible
6. **PRIMARY reason for admission is not previously listed**
(please list reason):

Admission ID

Considering all that you know about this patient, and the nature of their home care, community based clinical care and support systems, please indicate the **extent to which you think any of these factors in the preceding 3 months may have been related to this patient's unplanned admission**. The response options are:

Don't Know

Not Applicable

1 = Did not contribute

2 = Contributed very little

3 = Contributed somewhat

4 = Contributed to a great extent

Please **tick** the appropriate response options below:

FACTOR	Don't know	Not applicable	Contributing to admission				Please specify where possible
B. PATIENT FACTORS							
1. Poor mobility or physical functional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Poor cognitive function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Lack of social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Support from existing carer inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Support needed for the carer or carer illness/death etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Any other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. SELF-CARE							
1. Poor adherence to medication regimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Medication change causing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Self-care is guided by an alternative therapy or illness belief that takes priority over standard medical advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Poor adherence to other aspects of disease self-management (e.g. diet, fluid restriction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Inadequate self-management skills (e.g. patient doesn't understand or have monitoring or managing skills related to their chronic condition such as self-testing of blood glucose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Inadequate self-management of health risk factors (lifestyle factors) by patient (e.g. smoking, inadequate physical activity, alcohol or drug abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Any other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FACTOR	Don't know	Not applicable	Contributing to admission				Please specify where possible
D. PRIMARY CARE FACTORS							
1. Inadequate medical management of existing chronic condition	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
2. Inadequate medical management of known conditions predisposing to admission (e.g. malnutrition, co-morbidities, poor mobility, alcohol, mental health problems)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
3. No GP	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
4. Has a GP but insufficient or inadequate connection with GP	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
5. No Community Nursing/Allied Health services	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
6. Has Community Nursing/Allied Health services but inadequate/insufficient	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
7. Any other (please specify)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

E. COORDINATION OF CARE

1. Poor communication and/or coordination between care providers - e.g. hospital, GP, allied health staff, and NGOs	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
---	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-------

F. ACCESS TO CARE (clinical and non-clinical care)

1. Unable to see specialist when required	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
2. Needed social/welfare community-based services not available when required	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
3. Physical/logistics barriers (e.g. remoteness, transport, carer availability)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
4. Cost barriers (e.g. cost of pharmaceuticals, investigations, cost of food, cost of seeing GP, specialist)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
5. Any other (please specify)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

G. HOSPITAL ADMISSION CHARACTERISTICS

1. Admission policy/practice specific to this hospital (e.g. policies/practices that support admissions for non-medical reasons)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
2. The admitting doctor not confident enough to send patient home when a more experienced doctor would have	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
3. The general tendency for the admitting doctor to admit patients readily	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
4. Admission decision was influenced by the time of day or day of the week the patient presented to the hospital	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
5. Complication from a previous hospital admission	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
6. Poor discharge practices from most recent admission causing lack of appropriate follow up	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
7. Any other (please specify)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

H. OTHER FACTORS

1. Other factors (not included above please identify)	<input type="checkbox"/> D	<input type="checkbox"/> N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

PLEASE TURN OVER →

Definition of Preventable Admission

when an unplanned admission could have been prevented if:

1. appropriate, adequate, accessible and good quality support in the community* had been available and accessed in the preceding 3 months, and/or
2. appropriate individual health behaviours e.g. disease self-management, had occurred in the 3 months prior to admission.

*Support in the community might include primary health care, family/neighbour/friend/social support, health or non-health community services.

1. Given the **currently available services and social support**, do you think there is any action that could have been taken in the past 3 months which could have prevented this patient's admission?

Yes (please specify) _____

No

2. Considering all that has happened to this patient in the last three months, how preventable do you think this admission was **given currently available services and social support**?

Please mark on a scale of 1 to 10 (where 1 is not preventable, and 10 is preventable)?

1

2

3

4

5

6

7

8

9

10

Not preventable

Preventable

3. Can you suggest any **improved or additional services or social support**, which, if available, could have helped prevent this patient's admission?

Yes (please specify) _____

No

Thank you very much for your participation in the study.

Admission ID

--	--	--	--	--