

TRANSITIONS OF CARE

STANDARD 1.0 Identify Patients at Risk for Ineffective Transitions

Processes are in place to identify individuals at risk for ineffective transitions so that appropriate measures can be taken by care team members at any location on the continuum to ensure optimum patient health outcomes.

Health care entities can meet this standard through evidence of the following essential health risk identification elements:

	Consistently Performing (3)	Frequently Performing (2)	Inconsistently Performing (1)	Not Performing (0)	Score
Use of a validated health risk assessment tool that meets regulatory requirements for the care delivery setting and assigns a quantifiable risk score that can be measured.					
Communication of health risk assessment findings to known care coordinators across the continuum.					
Reassessment at each episode of care or transition to a new care setting for those identified as at-risk.					
Implementation of performance improvement processes to identify root causes for failed transition or readmission.					

<p>Screen for medical, behavioral, and social factors associated with high-risk for ineffective transitions, including social determinants of health.</p> <ul style="list-style-type: none"> • Frequent facility admissions and/or inappropriate utilization of health care resources • Polypharmacy and/or inadequate medication adherence by using the medication adherence scale (educate staff) • Multiple co-morbidities and/or 2+ chronic conditions • Cognitive or functional impairments • Behavioral health issues • Social determinants of health assessment tool 					
<p>Incorporation of predictive-risk modeling of specific patient populations > 18 years of age through the analysis of internal and external information, such as state, community, institutional, or payor data sets.</p>					
<p>Develop action plan in conjunction with the payor if possible.</p>					
<p>Optimization of available technologies to deliver the services associated with the standard.</p>					
Standard 1.0 Organization Score:					
<p>Consensus Measures Process: Notification of inpatient admission (HEDIS)</p>					
<p>Outcome: Evidence of completion of a health risk assessment (CMS: IQR/OQR 262)</p>					
<p>Consistently is defined as performance of service/task 80% of greater</p>	<p>Frequently is defined as performance of service/task 50% - 79%</p>	<p>Inconsistently is defined as performance of service/task 20% - 49%</p>	<p>Not performing is defined as performance of service/task less than 20%</p>		