ED Utilization Tracking Document D:

For ED Measures 5 & 6 (Process)

**Step 1:** List the names of the residents who were re-admitted to the LTC home from an ED visit or hospitalization in the month in Column 1

**Step 2:** Using “Yes” or “No”,indicate if a record of care and services received was included in the discharge package (Column 2)

**Step 3:** Using “Yes” or “No”,indicate if discharge diagnosis was included in the discharge package (Column 3)

**Step 4:** Using “Yes” or “No”,indicate if the medications administered was included in the discharge package (Column 4)

**Step 5:** Using “Yes” or “No”,indicate if the diagnostic test results were included in the discharge package (Column 5)

**Step 6:** Using “Yes” or “No”,indicate if the resident response to ED/ hospital treatment was included in the discharge package (Column 6)

**Step 7:** Using “Yes” or “No”,indicate if the discharge package was complete (Column 7) Complete = 3/5, 4/5, or 5/5 elements included

**Data for the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization/Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Column 1** | **Column 2**  | **Column 3** | **Column 4** | **Column 5** | **Column 6** | **Column 7** |
| **Name of each LTC home resident who was re-admitted to the LTC home from an ED visit or hospitalization in the month** | **Record of care and services received included in package****Yes/No** | **Discharge diagnosis****included in package****Yes/No** | **Medications administered****included in package****Yes/No** | **Diagnostic test results****included in package****Yes/No** | **Resident response to treatments****Included in package****Yes/No** | **Discharge package complete****Yes/No** |
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| **Column 1** | **Column 2**  | **Column 3** | **Column 4** | **Column 5** | **Column 6** | **Column 7** |
| **Name of each LTC home resident who was re-admitted to the LTC home from an ED visit or hospitalization in the month** | **Record of care and services received included in package****Yes/No** | **Discharge diagnosis****included in package****Yes/No** | **Medications administered****included in package****Yes/No** | **Diagnostic test results****included in package****Yes/No** | **Resident response to treatments****Included in package****Yes/No** | **Discharge package complete****Yes/No** |
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| Total residents re-admitted to the LTC home: | Total: | Total: | Total: | Total: | Total: | Total: |