# SafeMed Inpatient Screening Form

**MRN:** _____ **FIN:**_____
**Utilization: ED** ____ **INP** _____ **Days** _____
**Name:** _____ **Zip code:** _____
**Social Security #:** _____**DOB:** _____
**Date of Selection / Non-selection:** _____ **Gender:** ☐ M ☐ F
**Date of Admission:** _____
**Discharge Date*:**_____ **Discharge Time:**
**Primary Care Practice/Provider:** _____
**Insurance:** ☐ **Medicare** ☐ **Medicaid** ☐ **Medicare/Medicaid**
***If Medicare, rx drug coverage?*** ☐ Yes ☐ No
**Insurance Provider:** _____
**Health Insurance Member ID#**: _____

**Patient appears on daily eligible report.** ☐ Yes (continue) ☐ No (Stop)

**Part I: (Inclusion Criteria) In the past 6 months:**

1. Has the patient had 2 or more admissions? ☐ Yes (continue) ☐ No (Continue to Q#2)
2. Has the patient had at least 1 inpatient admission and 2 ED visits?
   ☐ Yes (continue) ☐ No (Stop)
3. Does the patient have any two diagnoses of CHF, CAD, HTN, CLD, or DM?
   ☐ Yes (continue) ☐ No (Stop)
4. Does the patient have 6 or more medications or presence of a *high-risk medication?
   ☐ Yes (continue) ☐ No (Stop)

---

**Part 1a.** The following questions do not determine eligibility. Administer for all patients screened who meet inclusion criteria. These questions must be verified by chart review.
*If CAD, does patient have history of prior myocardial infarction?* ☐ Yes ☐ No
*If CAD or CHF, does patient have left ventricular ejection fraction (LVEF) <40% according to most recent echocardiogram?* ☐ Yes ☐ No

---

**Part 2: (Exclusion Criteria)**

1. Is the primary reason for admissions oncology related? ☐ Yes (stop) ☐ No
2. Is the primary reason for admissions due to pregnancy? ☐ Yes (stop) ☐ No
3. Is the primary reason for admissions due to a surgical procedure for an acute problem? ☐ Yes (stop) ☐ No
4. Is the patient currently experiencing or at risk for psychosis*? ☐ Yes (stop) ☐ No
   *If yes, refer for psychiatric/behavioral consult/follow up.*

*Current psychosis operationalized as: Prior admission in Cerner with primary dx of psychosis past 6 months; self report of admission to psychiatric hospital/facility past 6 months, evidence of psychosis on current admission, or self report of history of serious and persistent mental illness with current medication non-compliance, no contact with case manager, or no psychiatric provider

5. Does the patient have an end stage condition*? ☐ Yes (stop) ☐ No

*End stage condition is determined by attending or admitting physician estimate of life expectancy less than 6 months

*If yes, refer to attending for hospice evaluation or referral*

**Karnofsky Score:**

| | | | |
|---|---|---|---|
| Able to carry on normal activity and to work; no special care needed. | 100 | Normal no complaints; no evidence of disease. |
| | 90 | Able to carry on normal activity; minor signs or symptoms of disease. |
| | 80 | Normal activity with effort; some signs or symptoms of disease. |
| Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed. | 70 | Cares for self; unable to carry on normal activity or to do active work. |
| | 60 | Requires occasional assistance, but is able to care for most of his personal needs. |
| | 50 | Requires considerable assistance and frequent medical care. |
| Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly. | 40 | Disabled; requires special care and assistance. |
| | 30 | Severely disabled; hospital admission is indicated although death not imminent. |
| | 20 | Very sick; hospital admission necessary; active supportive treatment necessary. |
| | 10 | Moribund; fatal processes progressing rapidly. |
| | 0 | Dead |

***If patient has an end stage/life limiting condition and any of the following, consider a HOSPICE evaluation or referral.**

- ☐ Recent impaired nutritional status, as evidence by
  a) unintentional weight loss of ≥ 10% over last 6 months
  or
  b) serum albumin < 2.5
- ☐ Recent decline of functional status (Karnofsky score < 50)
- ☐ Unrelieved physical symptoms and/or
- ☐ Symptoms proving difficult to manage (pain, nausea, vomiting, dyspnea, constipation, anxiety, agitation)
- ☐ Poor response to optimal treatment
- ☐ Frequent ER visits and/or hospitalizations

***If questions 1-5 in Part 2 are all 'no', complete all remaining questions #6-9.***

6. Has the patient been homeless or at imminent risk of homelessness*in the past 30 days?
*If yes, refer to case management.* ☐ Yes ☐ No

*Homeless defined as residing in abandoned building, vehicle, on the street, emergency shelter/drop in center, or other outdoor/public place not meant for habitation; Imminent risk defined as being evicted from a private dwelling unit (including housing provided by family or friends), being discharged from an institution in which person has been a resident for more than 30 consecutive days, living in condemned housing, or fleeing a domestic violence situation

7. Has the patient used any illicit drugs including crack/cocaine, methamphetamines, hallucinogens or opioids multiple times per any week during the past 30 days?
   *If yes, refer to case management.* ☐Yes ☐ No

8. Is the patient experiencing severe* alcohol misuse/dependency?
   ☐ Yes ☐ No

9. Is the patient experiencing severe* depression or anxiety without mental health provider?
   ☐ Yes ☐ No

*If yes and patient is not currently under care of mental health provider, refer for behavioral consult/follow up.*

Any answers of Yes in Part 2 exclude the patient from the intervention.

## DRIVING DIAGNOSIS

**Current Admitting Diagnosis**: _____
**Prior Primary Discharge Diagnoses (last 6 months):**_____,_____
_____,_____

**Comorbidities:** (check all that apply)

□ Anxiety
□ Asthma
□ Bipolar disorder
□ Cancer
□ Chronic Kidney Disease
□ COPD/Emphysema
□ Dementia
□ Depression
□ Diabetes
□ End Stage Renal Disease
□ Coronary Artery Disease
□ High Blood Pressure
□ HIV/AIDS
□ Obesity
□ Peripheral Vascular Disease
□ Schizophrenia
□ Seizure Disorder
□ Sickle Cell Disease
□ Stroke
□ Substance Abuse
□ Thyroid Disease
□ Other: _____

**Driving Diagnosis:** (diagnosis that has caused the majority of admissions as determined by the APN

_____

## PROVIDER INFORMATION

PRIMARY CARE PROVIDER*: YES NO

**Name:** _____
**Address**:_____
_____

**Phone Number**: _____
**Date Last Seen*:** _____(only for those with a reported PCP)

SPECIALTY CARE PROVIDER (including psychology/psychiatry):

**Name:**_____

**Specialty:** _____

**Address**: _____
_____

**Phone Number**: _____
**Date Last Seen:** _____

**Name:**_____

**Specialty:** _____

**Address**: _____
_____

**Phone Number**: _____
**Date Last Seen:** _____

**Name:**_____

**Specialty:** _____

**Address**: _____
_____

**Phone Number:** _____
**Date Last Seen:** _____

**Name:**_____

**Specialty:** _____

**Address**: _____
_____

**Phone Number**: _____
**Date Last Seen:** _____

**Pharmacy #1**: _____
**Pharmacy #2**: _____

## EDUCATION/LITERACY

**What language do you prefer?***

☐ English

☐ Spanish

☐ Other Language:_____

**How do you learn new information best? (Check All That Apply)**

☐ Reading it in English

☐ Reading it in Spanish

☐ Reading it in another language

☐ Looking at pictures with words

☐ Looking at pictures while someone explains it

☐ Listening to someone explain new information

☐ Other: _____

**What is the highest level of school you have completed?**

☐ Grades 6 to 8

☐ Grades 9 to 12

☐ GED

☐ High School Diploma

☐ Some College

☐ Associates Degree

☐ Bachelors Degree

☐ Graduate Degree

☐ Other: _____

☐ Prefer not to say

*Comments:*

**Does the patient have low health literacy*?** ☐ Yes ☐No

*Yes is somewhat, often, or always on following question

| |
|---|
| "How confident are you filling out medical forms by yourself?" (always, often, sometimes, occasionally, or never) |