

June is: M1033 Risk for Hospitalization

What is M1033 Risk for Hospitalization?

- Screening tool to determine which patients are at risk of returning to or being admitted to the hospital
- ▶ We want to be sure we are identifying our high risk for hospitalization patients
- Patient's at higher risk for hospitalization are generally more acute and require more skilled services
- Under PDGM if the pt scores 4 or more points from options 1-7 this provides 11 points towards their PDGM overall score
- This identifies the patient at high risk and justifies an increase in services that are reimbursable
- Please take care in answering this screening tool to capture any and all risk of your patient
- Be sure to add applicable interventions to the POC

M1033 Risk for Hospitalization

PATIENT HISTORY AND DIAGNOSES, continued

(M1033)			for Hospitalization: Which of the following signs or symptoms characterize this patient as at rislitalization? (Mark all that apply.)	k fo
		1 -	- History of falls (2 or more falls – or any fall with an injury – in the past 12 months)	
		2 .	- Unintentional weight loss of a total of 10 pounds or more in the past 12 months	
	;	3 .	- Multiple hospitalizations (2 or more) in the past 6 months	
		4 -	- Multiple emergency department visits (2 or more) in the past 6 months	
		5 .	- Decline in mental, emotional, or behavioral status in the past 3 months	
		6 ·	 Reported or observed history of difficulty complying with any medical instructions (for exampl medications, diet, exercise) in the past 3 months 	le,
		7	- Currently taking 5 or more medications	
		8	- Currently reports exhaustion	
		9	- Other risk(s) not listed in 1 - 8	
Ιп		10	- None of the above	

M1033 Risk for Hospitalization

- ▶ Intent: Identifies patient characteristics that may indicate the patient is at risk for hospitalization.
- ► Time Period: SOC, ROC, F/U

Select all responses that apply

Response 1-History of falls

- Includes witnessed or unwitnessed falls
- Information can be gathered from the scan documents, patient or caregiver report
- Note − 1 fall with an injury counts

Response 2-Unintentional weight loss

- Unintentional weight loss of 10 or more pounds
- Information can be gathered from the scanned documents, patient or caregiver report

Response 3-Multiple hospitalizations

- Refers to acute care hospital. Patient admitted for 24 hours or longer to inpatient acute bed for more than just diagnostic testing.
- Observation stays are not included
- Skilled nursing home and long term care facilities do not count

Response 4-Multiple emergency department visits

- Only includes Emergency Department
- Urgent care centers do not count

Response 5- Decline in mental, emotional, or behavior status

- ▶ Refers to **significant** changes occurring within the past 3 months that may impact the patient's ability to remain safely in the home and increase the likelihood of hospitalization.
- The decline may be temporary or permanent

Response 6- History of difficulty complying with ANY medical instructions

Examples: not taking medication, not following cardiac or diabetic diet as instructed, not performing the exercise program they were given in the hospital

Response 7 - Taking 5 or more medications

- Includes over the counter and prescription medication
- Included in medications are TPN and oxygen
- Includes all meds prescribed even if the pt is non-compliant with the medication

Response 8 - Reported exhaustion

- Can be physical and or mental exhaustion
- Obtained by reports or as noted by the patient's current day of assessment status

Response 9 -Other risk

May be selected if the assessing clinician finds characteristics other than those listed in 1-8 that may indicate risk for hospitalization (for example, slower movements during sit to stand and walking, lack of caregiver, trip hazards in the home, no heat/ac, lack of food

Response 10-None of the above

If none of the above apply after interview of the patient, caregivers and a complete review of the scanned documents



