

Appendix K: 8P Tool

Risk Assessment: 8P Screening Tool (Check all that apply.)	Risk Specific Intervention	Signature of individual responsible for insuring intervention administered
Problems with medications (polypharmacy – i.e. ≥10 routine meds – or high risk medication including: anticoagulants, insulin, oral hypoglycemic agents, aspirin & clopidogrel dual therapy, digoxin, narcotics)	<ul style="list-style-type: none"> <input type="checkbox"/> Medication specific education using Teach Back provided to patient and caregiver <input type="checkbox"/> Monitoring plan developed and communicated to patient and aftercare providers, where relevant (e.g. warfarin, digoxin and insulin) <input type="checkbox"/> Specific strategies for managing adverse drug events reviewed with patient/caregiver <input type="checkbox"/> Elimination of unnecessary medications <input type="checkbox"/> Simplification of medication scheduling to improve adherence and complications <input type="checkbox"/> Follow-up phone call at 72 hours to assess adherence and complications 	
Psychological (depression screen positive or history of depression diagnosis)	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment of need for psychiatric care if not in place <input type="checkbox"/> Communication with primary care provider, highlighting this issue if new <input type="checkbox"/> Involvement/awareness of support network insured 	
Principal diagnosis (cancer, stroke, DMI, COPD, heart failure)	<ul style="list-style-type: none"> <input type="checkbox"/> Review of national discharge guidelines, where available <input type="checkbox"/> Disease specific education using Teach Back with patient/caregiver <input type="checkbox"/> Action plan reviewed with patient/caregivers regarding what to do and who to contact in the event of worsening or new symptoms <input type="checkbox"/> Discuss goals of care and chronic illness model discussed with patient/caregiver 	
Physical limitations (patients with deconditioning, frailty, or other physical limitations that impair their ability to participate in their own care)	<ul style="list-style-type: none"> <input type="checkbox"/> Engage family/caregivers to ensure ability to assist with post-discharge care assistance <input type="checkbox"/> Assessment of home services to address limitations and care needs <input type="checkbox"/> Follow-up phone call at 72 hours to assess ability to adhere to the care plan with services and support in place. 	
Poor health literacy (inability to do Teach Back)	<ul style="list-style-type: none"> <input type="checkbox"/> Committed caregiver involved in planning/administration of all discharge planning and general and risk specific interventions <input type="checkbox"/> Post-hospital care plan education using Teach Back provided to patient and caregiver <input type="checkbox"/> Link to community resources for additional patient/caregiver support <input type="checkbox"/> Follow-up phone call at 72 hours to assess adherence and complications 	
Patient support (social isolation, absence of support to assist with care, as well as insufficient or absent connection with primary care)	<ul style="list-style-type: none"> <input type="checkbox"/> Follow-up phone call at 72 hours to assess condition, adherence and complications <input type="checkbox"/> Follow-up appointment with appropriate medical provider within 7 days after hospitalization <input type="checkbox"/> Involvement of home care providers of services with clear communications of discharge plan to those providers <input type="checkbox"/> Engage a transition coach 	
Prior hospitalization (non-elective, in last 6 months)	<ul style="list-style-type: none"> <input type="checkbox"/> Review reasons for re-hospitalization in context of prior hospitalization <input type="checkbox"/> Follow-up phone call at 72 hours to assess condition, adherence and complications <input type="checkbox"/> Follow-up appointment with medical provider within 7 days of hospital discharge <input type="checkbox"/> Engage a transition coach 	
Palliative care (Would you be surprised if this patient died in the next year? Does this patient have an advanced or progressive serious illness? "No" to "1" or "Yes" to 2 nd positive screen)	<ul style="list-style-type: none"> <input type="checkbox"/> Assess need for palliative care services <input type="checkbox"/> Identify goals of care and therapeutic options <input type="checkbox"/> Communicate prognosis with patient/family/caregiver <input type="checkbox"/> Assess and address concerning symptoms <input type="checkbox"/> Identify services or benefits available to patients based on advanced disease status <input type="checkbox"/> Discuss with patient/caregiver role of palliative care services and the benefits and services available to the patient 	