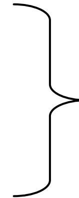
LACE Index Scoring Tool for Risk Assessment of Hospital Readmission

Step 1. Length of Stay

Length of stay (including day of admission and discharge): __________ days

Length of stay (days)	Score (circle as appropriate)
1	1
2	2
3	3
4-6	4
7-13	5
14 or more	7



L

Step 2. Acuity of Admission

Was the patient admitted to hospital via the emergency department?
If yes, enter “3” in Box A, otherwise enter “0” in Box A

A

Step 3. Comorbidities

Condition (definitions and notes on reverse)	Score (circle as appropriate)
Previous myocardial infarction	+1
Cerebrovascular disease	+1
Peripheral vascular disease	+1
Diabetes without complications	+1
Congestive heart failure	+2
Diabetes with end organ damage	+2
Chronic pulmonary disease	+2
Mild liver or renal disease	+2
Any tumor (including lymphoma or leukemia)	+2
Dementia	+3
Connective tissue disease	+3
AIDS	+4
Moderate or severe liver or renal disease	+4
Metastatic solid tumor	+6
TOTAL	

If the TOTAL score is between 0 and 3 enter the score into Box C. If the score is 4 or higher, enter 5 into Box C

C

Step 4. Emergency department visits

How many times has the patient visited an emergency department in the six months prior to admission (not including the emergency department visit immediately preceding the current admission)? ____________
Enter this number or 4 (whichever is smaller) in Box E

E

Add numbers in Box L, Box A, Box C, Box E to generate LACE score and enter into box below.

LACE

LACE Score Risk of Readmission: ≥ 10 High Risk

Condition	Definition and/or notes
Previous myocardial infarction	Any previous definite or probable myocardial infarction
Cerebrovascular disease	Any previous stroke or transient ischemic attack (TIA)
Peripheral vascular disease	Intermittent claudication, previous surgery or stenting, gangrene or acute ischemia, untreated abdominal or thoracic aortic aneurysm
Diabetes without microvascular complications	No retinopathy, nephropathy or neuropathy
Congestive heart failure	Any patient with symptomatic CHF whose symptoms have responded to appropriate medications
Diabetes with end organ damage	Diabetes with retinopathy, nephropathy or neuropathy
Chronic pulmonary disease	??
Mild liver or renal disease	Cirrhosis but no portal hypertension (i.e., no varices, no ascites) OR chronic hepatitis Chronic Renal Disease
Any tumor (including lymphoma or leukemia)	Solid tumors must have been treated within the last 5 years; includes chronic lymphocytic leukemia (CLL) and polycythemia vera (PV)_
Dementia	Any cognitive deficit??
Connective tissue disease	Systemic lupus erythematosus (SLE), polymyositis, mixed connective tissue disease, moderate to severe rheumatoid arthritis, and polymyalgia rheumatica
AIDS	AIDS-defining opportunistic infection or CD4 < 200
Moderate or severe liver or renal disease	Cirrhosis with portal hypertension (e.g., ascites or variceal bleeding) Endstage Renal Disease, Hemodialysis or Peritoneal Dialysis
Metastatic solid tumor	Any metastatic tumour

Transitions of Care Note

LACE Score — if score 10 or greater have nurse do weekly status calls x 4

Name:

DOB:

MRN:

Patient phone:

Alternate contact Name/Phone/ Relationship:

Name of person spoke with if other than patient and relationship to patient:

Primary Care Physician (PCP) contact information:

Care Manager Name

Type of visit: Phone Face-to-face

Duration of visit in minutes: 5-10 11-20 21-30 31-60 >60

Date of Admission:

Date of Discharge:

Today's Date: **Face to face within 7 days Y N 14 days Y N**

Discharged from:

- Hospital
- SNF
- LTAC
- Inpatient Rehab
- Community Mental Health
- Other:

Discharge Diagnosis:

Summary of Admission:

Diagnostic tests performed

Patient/Caregiver self reported problems/concerns:

ASSESSMENT

Patient Medical Status:

Active Diagnoses:

Surgical History:

Does the patient have the support of a caregiver?	Yes No
If yes, name of caregiver:	
Describe level of support the caregiver provides:	
Are there signs/ symptoms present for caregiver distress/anxiety problems?	No caregiver involved Yes No Referred to care team social worker Reviewed with social worker Other:
Confidence of patient and/or caregiver to carry out care at home:	

Comments:

Marital status:	Married	Single
	Divorced	Separated
	Widowed	Significant Other
Does patient live alone?	Yes No	
If no, who does patient live with:		
Does patient/ caregiver have concerns about access to food?	Yes No	
If yes, describe:		
Are there stairs in the home?	Yes No	
Is the home dwelling safe?	Yes No	
If not safe, indicate concerns:	Heat Water Electrical Other:	

Comments:

Psychosocial Issues:

Functional Status:

Cognitive and Mental Health Status:

Social/Community Support:

Fall Risk Assessment:

MEDICATIONS Meds prescribed at Discharge

Medication Reconciliation conducted with patient or caregiver:	Yes No
New medications prescribed upon discharge:	Yes No

Comments:

Medication changed or discontinued upon discharge:	Yes No

Comments:

Describe how patient takes medication:	As prescribed Taking medication not indicated on discharge summary or medical record Discrepancy not explained by the current care plan Discrepancy not explained by the patient's clinical status Discrepancy not explained by formulary substitution

Comments:

Barriers identified related to medications:	No identified barriers Financial Unable to obtain medications No refills Complexity of medications Does not understand purpose of medication Side effects Ineffective per patient Too many medications Unable to open bottles Other:		
Comments related to barriers:			
Advised to bring medications to follow up appointment:	Yes No		

HOME CARE SERVICES

DME Ordered:	Yes	No	
If ordered, describe:			
Needed equipment in home is present:	Yes	No	NA
Comments:			
Home Health ordered at discharge:	Yes	No	
If Yes:	Home Health Nurse Social Work OT PT Respiratory Therapy Pharmacist Other:		
Did Home Care Services contact patient:	Yes	No	

If No, was Home Care Services contacted? Describe follow up:

PATIENT EDUCATION

Recalls how and when to recognize worsening symptoms:	Yes No
Reviewed with patient action steps if symptoms worsen or other change in status:	Practice phone number provided Practice daytime and after hours number provided Ask to speak with Care Manager Patient knows when and whom to call for help
Comments:	
Patient's level of understanding:	
Readiness for change:	
Patient agrees with plan:	Yes No

TRANSITION OF CARE SELF-MANAGEMENT PRIORITIZED GOALS

Short term goal and Target date:

Long term goal and Target date:

IDENTIFIED NEEDS MANAGED DURING TRANSITION CALL

Describe identified needs:	Home Visit Needed No needs identified Acute care visit facilitated Urgent care evaluation facilitated Re-education on disease process/condition Re-education on plan of care Home care services ordered, but patient has not been contacted Transportation Unable to contact patient, called 3 times Other:
Comments:	
Identified needs require physician follow up:	Yes No
Follow-up planned, specify with whom, and time frame:	
Care Manager Signature and Date:	
Provider Signature and Date	

Level of Complexity of TOC visit	**Moderate**	**High**
Transition Of Care Code	**99495**	**99496**

Medical Decision Making

DIAGNOSIS and MANAGEMENT	QTY	POINTS	TOTAL
Self-limited or minor — stable, improv, or prog as expected		1	=
Established prob — stable, improving		1	=
Established prob — worsening		2	=
New prob — no further workup planned		3	=
New prob — additional workup planned		4	=
DIAGNOSIS and MANAGEMENT TOTALS			=

DATA REVIEWED	
Review/order of clinical lab tests (80000 code series)	1
Review/order of radiology tests (70000 code series)	1
Review/order of medicine tests (90000 code series)	1
Discuss test w/performing or interpreting physician	1
Decision to obtain old records or history from someone other than patient	1
Review and summary of old records and/or ***obtaining*** history from someone other than pt and/or discussion w/another provider **with documentation of findings**	2
Independent visualization of actual image, tracing, or specimen **(not simply review of report)**	2
DATA REVIEWED TOTAL	

TABLE OF RISK

Level	Element	Examples
Moderate	Presenting Problem	1+ chronic illness w/mild exac, progression, or tx side effects, or 2+ stable chronic ill, Undx new prob with uncertain prog (lump in breast), Acute ill w/systemic symptoms (pyeloephritis, Pneumonitis, colitis), Acute complicated injury (head inj w/brief loss of consciousness)
	Diag Procedure Ordered	Physiologic tests under stress, Diag endos w/**no identified risk**, Deep needle or inc bx, Cardio imag w/cont, **no identified risk**, Obtain fluid from body cavity (lumbar puncture, thoracentesis)
	Mgmt Options	Minor sx **w identified risk**, Elec major sx (open, perc, endos) **w/no identified risk**, Rx drug mgmt, Therapeutic nuclear medicine, IV fluids w/additives, Closed treatment of fx or dislocation w/o manipulation
High	Presenting Problem	1+ chr ill w/severe exac, progression, tx side effects Acute/chr ill or inj posing threat to life/ bodily func (trauma, MI, pulm emb, sev respiratory distress, prog sev rheum arth, psych ill w/ potential threat to self or others, renal failure); Seizure, TIA, weakness, sensory loss
	Diag Procedure Ordered	Cardio img w/cont **and risk**; Cardio electrophysiological tests; Diag endosco-pies w/identified **risk** factors; Discography
	Mgmt Options	Elective major sx (open, perc, endo **w/risk)**; Emerg major sx; Parenteral cont subs; Rx therapy w/intensive monitoring for toxicity; Decision not to resusci-tate or to de-escalate care because of poor prognosis

(2 of 3 elements must be met or exceeded for a level of decision making)

DX MGMT Options	3	4+
Data Reviewed	3	4+
Table of Risk	Moderate	High
Medical Decision Making Level	Moderate	High

NOTES: