Monthly Hospitalizations Tracker

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| Facility: |  | | CMS Certification Number (CCN) #: | |  | |
| Form completed by: | |  | Month/Year: |  | Census: |  |

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| **Patient Name** | **Hospital Admission Date** | **Hospital Discharge Date** | **Hospital**  **Records Obtained & Reviewed?** | **Hospital Name & Contact Information** | **Admission Type** | **Admitting Diagnosis** |
|  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | ☐ Yes  ☐ No |  | ☐ Hospitalization  ☐ ER visit | ☐ Anemia ☐ BSI due to CVC  ☐ Fluid overload ☐ Hemorrhage of vascular access  ☐ Hyperkalemia ☐ Hypertension  ☐ Stenosis of vascular access  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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CMS = Centers for Medicare & Medicaid Services; BSI = Bloodstream Infections; CVC = Central Venous Catheter; SSN = Social Security Number; DOB = Date of Birth; ESRD = End Stage Renal Disease; EQRS = ESRD Quality Reporting System; UPI = Unique Patient Identifier

**Do not send patient sensitive information (patient names/initials, SSN, DOB, medical record #) to the ESRD Network. Only use patients’ EQRS UPI numbers. The sharing of patient sensitive information will result in a security breech reportable to CMS.**

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| Primary Diagnosis Category Total |
| **\_\_\_\_\_\_\_** Anemia |
| **\_\_\_\_\_\_\_** BSI due to CVC |
| **\_\_\_\_\_\_\_** Fluid Overload |
| **\_\_\_\_\_\_\_** Hemorrhage of vascular device |
| **\_\_\_\_\_\_\_** Hyperkalemia |
| **\_\_\_\_\_\_\_** Hypertension |
| **\_\_\_\_\_\_\_** Stenosis of vascular device |

**Monthly Totals & Rates**

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| --- | --- | --- |
| Hospitalization and Emergency Room (ER) Totals & Rates | | |
| **1** | Total # of patients treated at the facility during the month (ending month census) | **\_\_\_\_\_\_\_\_** |
| **2** | Total # of patients hospitalized during the month (including readmissions) | **\_\_\_\_\_\_\_\_** |
| **3** | Hospitalization rate for month (#2 **÷** #1) | **\_\_\_\_\_\_\_%** |
|  | | |
| **4** | Total # of patient ER visits during the month | **\_\_\_\_\_\_\_\_** |
| **5** | ER visit rate for month (#4 **÷** #1) | **\_\_\_\_\_\_\_%** |

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| --- | --- |
| Facility Rates & Goals | |
| Hospitalization rate for month (#3 in table above) | **\_\_\_\_\_\_\_\_ %** |
| Hospitalization goal (# of patients) and goal rate (percentage) | **\_\_\_\_\_\_\_\_** patients  **\_\_\_\_\_\_\_\_%** |
|  | |
| ER visit rate for month (#5 in table above) | **\_\_\_\_\_\_\_\_ %** |
| ER visit goal (# of patients) and goal rate (percentage) | **\_\_\_\_\_\_\_\_** patients  **\_\_\_\_\_\_\_\_%** |