UNMC High Value Care Chart Stimulated Recall & Assessment Tool

Resident			Faculty	
HOI	HOII	HOIII	Date	
Please bi	riefly summariz	e the case:		
Diagnost	ic Testing: Plea	ase review the diagnos	tic tests (lab, imaging, procedures) that were ordered.	
-		rily repeated (i.e. A10 ast hospital stay)?	C, genetic testing, CT scans, etc) that had been done previously	
Were rec	urring orders dis	continued when approp	priate (i.e. daily CBCs or BMPs)?	
	re any tests orde h suspicion for I		e changed the care of the patient (i.e. ammonia level, d-dimer	
Did you o	order any tests p	rimarily because the pa	atient wanted it, to reassure the patient, or to reassure yourself?	
-	look at the cost of the patient?	of any of the tests you	ordered? Did the benefit outweigh the cost? If so, what was the	
Manager	nent: Please rev	view the medications a	nd other therapies ordered inpatient and at discharge.	
antiemeti			d have cost less (i.e. PO rather than IV, less expensive time value to the patient? (www.goodrx.com is a good resource	
Were the treatment		entially unnecessary the	erapies provided (i.e. foley, telemetry, scheduled nebulizer	

Did you order any therapies primarily because the patient wanted it?
Patient Factors
What effect might the patient's insurance status, socioeconomic status or literacy have on the overall cost of their health care?
Do you think the patient could afford their medications at discharge? If not, was social work consulted to assist?
Readmission: Has the patient been admitted for the same principal diagnosis in the past? If so, what could have been done to prevent it?
Length of stay: Do you think the patient stayed in the hospital longer than necessary? If so, why? What co have shortened the length of stay?
System Improvement: Name at least one example of a system-level improvement that could have decreased the cost of the hospital stay(s)?