LACE Index for Hospital Readmission

Length of Stay **(L)**

- Hospital **length of stay** is defined as the number of days spent in hospital, including the day of admission and discharge.

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

Acuity of Admission **(A)**

- **Acuity of admission** is a categorical score (coded either as "0" or "3") based on whether the atient was admitted via the emergency department.

Comorbidities **(C)**

- **Comorbidities** are coded based on the disease definitions of the tool. The Charlson Comorbidity Index is a predictive tool, built into the LACE score.

<table>
<tr><th>Condition
(definitions and notes on reverse)</th><th>Score
(circle as appropriate)</th><td rowspan="16">If the TOTAL score is between 0 -3
enter the actual score into box C.
If the score is 4 or higher enter 5 into box C.</td></tr>
<tr><td>Previous myocardial infarction</td><td>+1</td></tr>
<tr><td>Cerebrovascular disease</td><td>+1</td></tr>
<tr><td>Peripheral vascular disease</td><td>+1</td></tr>
<tr><td>Diabetes without complications</td><td>+1</td></tr>
<tr><td>Congestive heart failure</td><td>+2</td></tr>
<tr><td>Diabetes with end organ damage</td><td>+2</td></tr>
<tr><td>Chronic pulmonary disease</td><td>+2</td></tr>
<tr><td>Mild liver or renal disease</td><td>+2</td></tr>
<tr><td>Any tumor (including lymphoma or leukemia)</td><td>+2</td></tr>
<tr><td>Dementia</td><td>+3</td></tr>
<tr><td>Connective tissue disease</td><td>+3</td></tr>
<tr><td>AIDS</td><td>+4</td></tr>
<tr><td>Moderate or severe liver or renal disease</td><td>+4</td></tr>
<tr><td>Metastatic solid tumor</td><td>+6</td></tr>
<tr><td>TOTAL</td><td></td></tr>
</table>

Emergency Department Use **(E)**

- **Emergency department visits** can provide up to 4 additional points on the score. One point would be accumulated for every emergency department admission in the 6 months piror to admission, **not** including the emergency department visit immediatelyl precedint the current admission.
- Based on the above factors, the risk of readmission is categorized via the **LACE** score.

LACE Score	Risk of Readmission
0-6	Low
7-10	Medium
11-19	High

Recognizing limited resources to coordinate care for all patients in a timely fashion, the ToC protocol classifies all patients into either **Low**, **Medium** or **High** risk groups in part to vary the intensity of follow-up.

Interventions Based on LACE Risk Stratification

	Low (0-6)	Medium (7-10)	High (11+)
Risk Stratification (LACE)	✓	✓	✓
Medication Reconciliation		✓	✓
Post-hospital visit w/ physician		≤ 14 days	≤ 7 days
Phone call interview w/ RN at clinic ≤ 72 hrs after discharge			✓
Complex-case conference(MDT involvement in clinic follow up)			✓

Patients identified as a **low risk** for hospital readmission do not require any further follow-up under the protocol. They are expected to self-refer to clinic based on their hospital discharge plan. That said, patients identified as low risk for readmission may be treated as a higher risk category if you have clinical or safety concerns not otherwise reflected in their risk classification.

Medium risk patient groups require some care coordination under the protocol. It is expected the clinic would recall them to visit with their family physician within two (2) weeks of hospital discharge. When possible it is suggested that the RN is also included in this visit. A medication reconciliation can also be conducted by the nurse during a follow-up phone call or during the clinic visit with the patient.

Finally, the patient identified at a **high risk** of readmission would receive the full bundle of post-discharge interventions - *see Table 1.* This would include having a phone interview with a PCN nurse within three (3) days of hospital discharge, and seeing their family physician within seven (7) days. When possible it is suggested that the RN is also included in this visit.

There are a few tips for managing patients identified at high risk of readmission:

- **Phone interviews are an important part of the intervention**
  A lot of things can happen that delay follow-up. The project still counts a late phone interview as being completed. That said, there is evidence to suggest a phone interview is most effective in preventing hospital readmission if conducted within 3 days of discharge.
- **Encourage patients to bring in copies of all discharge documentation**
  Often patients are unsure about their discharge plan or medication changes. When you call a patient to return to clinic, ask them to bring in all documentation they received. Some information may be delayed or inaccessible via Netcare.

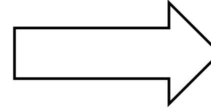
LACE INDEX SCORING TOOL – on following page

LACE INDEX SCORING TOOL

STEP 1. LENGTH OF STAY

Length of stay (including 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 !, other 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 -3 enter the actual 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?
times________ Enter this number or 4 (whichever is smaller)

E

LACE