

Re-Engineered Discharge Toolkit
Samples and Forms

Sample After Hospital Care Plan (AHCP)

****Bring This Plan to ALL Appointments****

After Hospital Care Plan for:

Oscar Sanchez

Discharge Date: August 1, 2012

TRY TO QUIT SMOKING: Call Jon Doe at (555) 555-3344 at ABC Medical Center.


Question or Problem with this Packet? Call your Discharge Educator: (555) 555-2222


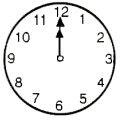
Serious health problem? Call Dr. Mark Avery: (555) 555-5555





EACH DAY follow this schedule:

MEDICINES

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many (or how much) do I take?	How do I take this medicine?
 Morning	Blood pressure	PROCARDIA XL NIFEDIPINE 90 mg	1 pill	By mouth
	Blood pressure	HYDROCHLOROTHIAZIDE 25 mg	1 pill	By mouth
	Blood pressure	CLONIDINE HCl 0.1 mg	3 pills	By mouth
	Cholesterol	LIPITOR ATORVASTATIN CALCIUM 20 mg	1 pill	By mouth
	Stomach	PROTONIX PANTOPRAZOLE SODIUM 40 mg	1 pill	By mouth
	Heart	ASPIRIN EC 325 mg	1 pill	By mouth
	To stop smoking	NICOTINE 14 mg/24 hour	1 patch	On skin
	Then, after 4 weeks use →	NICOTINE 7 mg/24 hour	1 patch	On skin

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many (or how much) do I take?	How do I take this medicine?
	Blood pressure	COZAAR LOSARTAN POTASSIUM 50 mg	1 pill	By mouth
	Infection in eye	VIGAMOX MOXIFLOXACIN HCl 0.5% solution	1 drop	In your left eye
 Noon	Blood pressure	ATENOLOL 75 mg	1 pill	By mouth
	Blood pressure	LISINOPRIL 40 m	1 pill	By mouth
	Infection in eye	VIGAMOX MOXIFLOXACIN HCl 0.5% solution	1 drop	In your left eye

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many (or how much) do I take?	How do I take this medicine?
 Evening	Infection in eye	VIGAMOX MOXIFLOXACIN HCl 0.5 % solution	1 drop	In your left eye
 Bedtime	Blood pressure	CLONIDINE HCl 0.1 mg	3 pills	By mouth
If you need it for headache	Headache	TRAMADOL HCl 50 mg	1-2 pills Every 6 hours If you need it	By mouth
If you need it for chest pain	Chest pain	NITROGLYCERIN 0.4 mg	1 pill every 5 minutes (if need more than 3 pills, call 911)	Under your tongue
If you need it to stop smoking	To stop smoking	NICORELIEF NICOTINE POLACRILEX 4 mg gum	Gum	Chew

**** Bring this Plan to ALL Appointments****

Oscar Sanchez

What is my main medical problem?

Chest Pain

When are my appointments?

Wednesday, August 8 at 11:30 a.m.	Thursday, August 16 at 3:20 p.m.	Wednesday September 12 at 9:00 a.m.
Dr. Mark Avery Primary Care Provider (Doctor)	Dr. Anita Jones Rheumatologist	Dr. Lin Wu Cardiologist
100 Main St, 2 nd Floor Anytown, ST	100 Pleasant Rd, Suite 105 Anytown, ST	100 Park Rd, Suite 504 Anytown, ST
For a Followup appointment	For your arthritis	To check your heart
Office Phone #: (555) 555-5555	Office Phone #: (555) 555-6666	Office Phone #: (555) 555-4444

What exercises are good for me?

Walk for at least 20 minutes each day.

What should I eat?

Eating food that is low in fat and low in cholesterol will help you stay healthy.

What are my medicine allergies?

REMEMBER you are **ALLERGIC** to **MOTRIN**.

Where is my pharmacy?

Joe's Pharmacy
1234 Summertime Ave.
Anytown, ST 55555
(555) 555-7777

Questions for

Dr. Avery

For my appointment on

Check the box and write notes to remember what to talk about with Dr. Avery.

I have questions about:

My medicines _____

My pain _____

Feeling stressed _____

What other questions do you have? _____

Dr. Avery: When I left the hospital, results from some tests were not available. Please check for results of these tests.

August 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Delivery of Bed by Martin, Inc. 555-555-5555	2 N.E. VNA to visit 555-555-5555	3 Pharmacist will call	4
5	6	7	8 Dr. Avery at 11:30am 100 Main St, 2 nd Floor, Anytown, ST	9	10	11
12	13	14	15	16 Dr. Jones at 3:20 pm 100 Pleasant Rd, Suite 105, Anytown, ST	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Labor Day	4	5	6	7	8
9	10	11	12 Dr. Wu at 9:00 am at 100 Park Rd, Suite 504, Anytown, ST	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Noncardiac Chest Pain

Noncardiac chest pain is pain that is not caused by a heart problem.

- If your chest pain gets different or worse, call your doctor.
- Take your medicines as prescribed.
- See your doctor and ask questions.



My Medical Problem:

High Blood Pressure

High blood pressure is also called hypertension.

- Avoid salty foods.
- Take your medicines as prescribed.
- See your doctor and ask questions.



Source: National Institute of Diabetes and Digestive and Kidney Diseases

AHCP Template for Manual Creation: English-Speaking Patients

**** Bring this Plan to ALL Appointments****

After Hospital Care Plan for: [patient name]


Discharge Date: [discharge date]


Question or Problem about this Packet? Call your Discharge Educator: (xxx) xxx-xxxx DE PHOTO HERE


Serious health problem? Call Dr. _____: (xxx) xxx-xxxx PCP PHOTO HERE

EACH DAY follow this schedule:

MEDICINES

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many do I take?	How do I take this medicine?
 Morning				

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many do I take?	How do I take this medicine?
 Morning				
 Noon				
 Evening				

What time of day do I take this medicine?	Why am I taking this medicine?	Medicine name Amount	How many do I take?	How do I take this medicine?
 Bedtime				
Only if you need it for				
Only if you need it for				

**** Bring this Plan to ALL Appointments****

[Insert Patient Name]

What is my main medical problem?

[Insert Primary diagnosis]

When are my appointments?

Date/time of appt		
Provider name		
Provider site information		
Reason for appt		
Provider phone number		

What exercises are good for me?

Default (if applicable):

[Walking is a very healthy form of exercise. Please do your best to walk for at least 20 minutes everyday.]

What should I eat?

Default (if applicable):

[Eating food that is low in fat and low in cholesterol will help you stay healthy.]

What are my medicine allergies?

REMEMBER you are allergic to [list medicine allergies].

Where is my pharmacy?

[Insert pharmacy name, location, contact information]

{If applicable, include:}

TRY TO QUIT SMOKING: call [contact information]

Questions / Concerns

For my appointment with
[PCP Name]

Check the box and write notes to remember what to talk about with Dr. [PCP name]

I have questions about:

- My medicines _____
- My pain _____
- Feeling stressed _____

What other questions do you have? _____

Dr. [PCP Name]:

When I left the hospital, results from some tests were not available. Please check for results of these tests: **[List tests done]**

- I am having trouble with the stairs in my house.
- Someone I live with smokes.
- I feel stressed or overwhelmed.
- I am having trouble getting food.
- There are other things going on in my life that are affecting my health.

Template for Manual Creation of the AHCP: Spanish-Speaking Patients

**** Triaga este plan a TODAS sus citas ****

Plan de Cuidado Para:

[Patient name]

Dia de Alta: [discharge date]

¿Preguntas o problemas sobre este paquete?


Llame a su transición a la portada enfermera: (xxx) xxx-xxxx DE PHOTO HERE


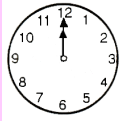
¿Problemas serios de su salud?



Llame a su doctor de cabazera, Dr. [Name]: (xxx) xxx-xxxx PCP PHOTO HERE

Cada día sigue este horario:

Medicinas

¿A qué hora del día debo tomar este?	¿Por qué estoy tomando esta medicina?	Nombre de la medicina y cantidad	¿Cuántas debo tomar?	¿Cómo debo tomar esta medicina?
 Mañana				

¿A qué hora del día debo tomar este?	¿Por qué estoy tomando esta medicina?	Nombre de la medicina y cantidad	¿Cuántas debo tomar?	¿Cómo debo tomar esta medicina?
 <p>Mañana</p>				
 <p>Mediodía</p>				

¿A qué hora del día debo tomar este?	¿Por qué estoy tomando esta medicina?	Nombre de la medicina y cantidad	¿Cuántas debo tomar?	¿Cómo debo tomar esta medicina?
 Tarde				
 Hora de acostarse				
Sólo si usted lo necesita para				
Sólo si usted lo necesita para				

**** Triaga este plan a todas sus citas****

[Insert Patient Name]

¿Cuál es mi problema principal médico?

[Insert Primary diagnosis]

¿Cuándo son mis citas?

Day, date, and time of appt. (in Spanish)		
Provider name		
Provider site information		
Reason for appt		
Provider phone number		

Agosto 2012

Domingo	Lunes	Martes	Miércoles	Jueves	Vierno	Sabado
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16 Information of the appointment	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

¿Cuales ejercicios son mejores para mi?

¿Que debo comer?

¿Cuáles son mis alergias a las medicinas?
[list medicine allergies].

¿Donde esta mi farmacia?
[Insert pharmacy name, location, contact information]

{If applicable, include:}

Trate de dejar de fumar: Llame [contact information]

Preguntas para [provider name]

Para mi cita en
Day, date, and time of appointment (in Spanish)

Marque esta caja y escriba notas para recordarse cuando hable con [provider name]

Tengo preguntas acerca de:

- Mis medicinas _____
- Mi dolor _____
- Se siente estresado _____

¿Qué otras preguntas tienes? _____

RED Discharge Preparation Workbook

Patient Name _____ MRN _____ DOB _____

Room # _____

Date of admission _____

	Language preference	Interpreter/Translation Needed (Y/N)
Spoken communication		
Written materials		
Phone communication		

Fill out Contact Sheet for patient, proxy, and caregiver contact information.

MEDICAL TEAM _____

Attending: _____
 Pager # _____

 Pager # _____

 Pager # _____

Case Manager: _____
 Pager # _____

Language Services: _____
 Pager # _____

Family worker: _____
 Pager # _____

Pages to Team:

Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N
Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N
Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N
Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N	Pager: _____ Time: _____ C/B?: Y N

DE Time: (Record time spent on patient's case)

Date: _____ DE: ____ Total: _____	Date: _____ DE: ____ Total: _____	Date: _____ DE: ____ Total: _____
Date: _____ DE: ____ Total: _____	Date: _____ DE: ____ Total: _____	Date: _____ DE: ____ Total: _____
Date: _____ DE: ____ Total: _____	Date: _____ DE: ____ Total: _____	Date: _____ DE: ____ Total: _____

Floor Nurse: (Name of patient's nurse)

Date: _____ Nurse: _____	Date: _____ Nurse: _____	Date: _____ Nurse: _____
Date: _____ Nurse: _____	Date: _____ Nurse: _____	Date: _____ Nurse: _____
Date: _____ Nurse: _____	Date: _____ Nurse: _____	Date: _____ Nurse: _____

Contacts with family/caregiver

Date: _____ Nurse: _____	Date: _____ Nurse: _____	Date: _____ Nurse: _____
Date: _____ Nurse: _____	Date: _____ Nurse: _____	Date: _____ Nurse: _____
Date: _____ Nurse: _____	Date: _____ Nurse: _____	Date: _____ Nurse: _____

Date	Outstanding Patient Teaching/Information	Date Addressed

1. Diagnoses

Admitting Dx: _____

Comorbidities: _____

Discharge Dx _____

2. Followup Appointments

PCP Appointment

____ Patient has PCP? If NO, Preferences (gender, location)? _____

Patient requests for PCP appt (weekdays, time of day): _____

PCP Name	Day / Date / Time
Clinician to see at appt (if not PCP)	Location
	Address/Floor: Phone #: Fax #:

Does patient have transportation to PCP appt?

____ Yes ____ No ____ Transportation options discussed:

Team appt. requests: _____

Additional Appointments, Tests, or Lab Work to be done POSTDISCHARGE

****Attach Additional Appointment Sheet if Needed****

Day / Date / Time	Phone and Fax #	Reason / Test / Lab
	Ph: Fax:	
Provider	Location (Address, floor)	
How patient will get to appointment		

Day / Date / Time	Phone and Fax #	Reason / Test / Lab
	Ph: Fax:	
Provider	Location (Address, floor)	
How patient will get to appointment		

Day / Date / Time	Phone and Fax #	Reason / Test / Lab
	Ph: Fax:	
Provider	Location (Address, floor)	
How patient will get to appointment		

Day / Date / Time	Phone and Fax #	Reason / Test / Lab
	Ph: Fax:	
Provider	Location (Address, floor)	
How patient will get to appointment		

Day / Date / Time	Phone and Fax #	Reason / Test / Lab
	Ph: Fax:	
Provider	Location (Address, floor)	
How patient will get to appointment		

3. Medicine

Allergies ____ No known allergies ____

Allergy	Patient Confirm (Y/N)	If No, Explain	Allergy	Patient Confirm (Y/N)	If No, Explain

4. Pharmacy

Uses hospital pharmacy? Yes ____ No ____

Community Pharmacy Name	Phone #, Street Address, City

Pt. plan to pick up meds upon d/c: _____

Pt. requests pill box? Yes ____ No ____ Pill box given? Yes ____ No ____

5. Diet and Exercise

Discharge diet	
----------------	--

Pt. needs diet info. _____

Exercise/Activity Restrictions	
--------------------------------	--

6. Substance use

Substance	Stage of Change	Patient Report	Current Treatment or Interested in Treatment?
Alcohol			
Tobacco			

7. Durable medical equipment needed at home?: No ____ Yes ____

If pt. checks blood sugar with glucometer, how many times daily? _____

New durable medical equipment ordered: Yes ____ No ____

Type _____

Company name: _____ Contact: _____

Address: _____ Phone: _____

Delivery date: _____

Type _____
 Company name: _____ Contact: _____
 Address: _____ Phone: _____
 Delivery date: _____

8. Current or New Outpatient Services (ex. VNA, PT)? _____

Service _____
 Company name: _____ Contact: _____
 Address: _____ Phone: _____
 Date scheduled: _____

Service _____
 Company name: _____ Contact: _____
 Address: _____ Phone: _____
 Date scheduled: _____

Service _____
 Company name: _____ Contact: _____
 Address: _____ Phone: _____
 Date scheduled: _____

9. Outstanding Tests/Labs

Tests /Labs Pending	Date Conducted	Results Expected	Who Will Follow Up on the Result

Final teaching completed? Yes ___ Done by: DE ___ Other _____ No ___

Reviewed what to do about problems? Yes ___ No ___

Patient understanding confirmed? Yes ___ No ___

Medicines reconciled with patient and medical team prior to final teaching? Yes ___ No ___

National guidelines checked prior to final teaching? Yes ___ Date: _____ No ___

AHCP given and reviewed by DE with patient? Yes ___ Time spent: ___minutes DE ___
 No ___ Date mailed: _____

If mailed, was patient called by DE to review AHCP? Yes ___ Date: _____ DE ___ No ___

Communication/Notes

Contact Sheet

If possible, pull information from patient's medical record. Confirm correct information with patient. Identify the best time of day or days to reach the patient and other contacts.

Patient Name: _____	
OK to send letter (Y / N)	
Address	
Street _____	Apt # _____
City, State _____	ZIP Code _____
Email address _____	
Preferred spoken language: _____	
Interpreter needed? (Y/N) _____	
Preferred phone number: __ home __ cell phone __ work	
Home Phone: () _____	OK to leave message? (Y/N) ____
Best time to call: _____	
Cell Phone: () _____	OK to leave message? (Y/N) ____
Best time to call: _____	
Work Phone: () _____	OK to leave message? (Y/N) ____
Best time to call: _____	

Contacts

Name of Contact 1: _____

Relationship: _____

Caregiver? (Y/N) ___

Proxy? (Y/N) ___

Designated to receive followup phone call? (Y/N) ___

Notes: _____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: ___ home ___ cell phone ___ work

Home Phone: () _____ OK to leave message? (Y/N) ___

Best time to call: _____

Cell Phone: () _____ OK to leave message? (Y/N) ___

Best time to call: _____

Work Phone: () _____ OK to leave message? (Y/N) ___

Best time to call: _____

Contacts

Name of Contact 2: _____

Relationship: _____

Caregiver? (Y/N) ___

Proxy? (Y/N) ___

Designated to receive followup phone call? (Y/N) ___

Notes: _____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: ___ home ___ cell phone ___ work

Home Phone: () _____ OK to leave message? (Y/N) ___

Best time to call: _____

Cell Phone: () _____ OK to leave message? (Y/N) ___

Best time to call: _____

Work Phone: () _____ OK to leave message? (Y/N) ___

Best time to call: _____

Examples of Diagnosis Pages

Congestive Heart Failure.

Heart failure, also called Congestive Heart Failure is a serious condition in which the heart can no longer pump enough blood to the rest of the body.

Things you need to do:

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Rest as needed.

Weigh yourself daily and write it down.

Call your doctor right away if you have:

- Weight change by ___ pounds for ___ days
- Sudden weakness
- Trouble breathing
- Serious cough

Do not smoke. Avoid other's smoke.

Keep all of your follow-up appointments.



Pneumonia.

Pneumonia is an infection of the lungs.

Things you need to do:

Drink plenty of fluid, such as water, each day.

Get plenty of rest. When you no longer have a fever or trouble breathing, you can go back to your regular activity.

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Don't smoke. Avoid other's smoke.

Call your doctor if your breathing worsens or you develop frequent or loose stool that lasts more than a few days.



Chronic Obstructive Pulmonary Disease.

Chronic Obstructive Pulmonary Disease (also called COPD) is a condition in which some of your airways are blocked, making it hard for you to breathe.

Things you need to do:

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Do not smoke. Avoid smoke, pollution, and extreme changes in temperature and humidity.

Rest as needed.

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Keep all of your follow-up appointments.



Acute Myocardial Infarction.

Acute myocardial infarction (also called heart attack or AMI) occurs when blood cannot reach a part of your heart. This causes heart damage.

Things you need to do:

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Call your doctor if:

- You have unexplained and lasting trouble breathing.*
- Your heart symptoms change or get worse.*

Ask your doctor what other symptoms to watch out for.

Do not smoke. Avoid other's smoke.

Limit the amount of alcohol you drink.



Diarrhea.

Diarrhea is loose, watery, and frequent stool.

Things you need to do:

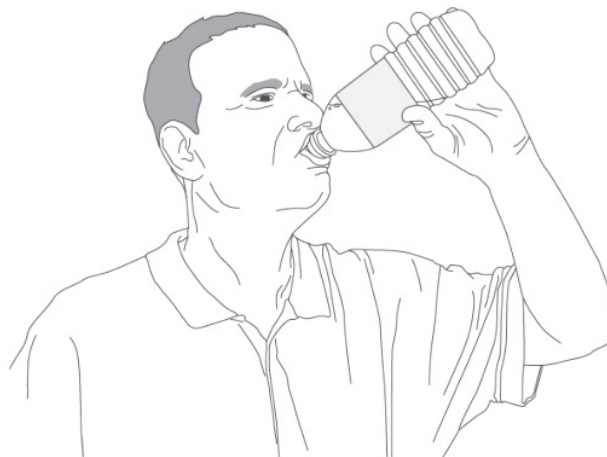
Drink plenty of fluids, such as water.

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Wash your hands before eating, preparing food, touching others, and after you visit the bathroom.

Weigh yourself each day and write down the results. Call your doctor if you lose more than 3 pounds over several days.

Call your doctor if you are still having frequent diarrhea after 5 to 7 days.



Noncardiac Chest Pain

Noncardiac chest pain is pain that is not caused by a heart problem.

- If your chest pain gets different or worse, call your doctor.
- Take your medicines as prescribed.
- See your doctor and ask questions.



High Blood Pressure

High blood pressure is also called hypertension.

- Avoid salty foods.
- Take your medicines as prescribed.
- See your doctor and ask questions.



Source: National Institute of Diabetes and Digestive and Kidney Diseases

Postdischarge Followup Phone Call Script (Patient Version)

This form reinforces the information provided to the patient at discharge. The patient's discharge information should be available to the interviewer at the time of this call.

CALLER: Hello Mr./Ms. _____. I am [caller's name], a [type of clinician] from [name of hospital]. You may remember that when you left, the [hospital name] discharge educator, [DE name], mentioned you'd receive a call checking in on things. I am hoping to talk to you about your medical issues, see how you are doing, and see if there is anything I can do to help you. Do you mind if I ask you a few questions so I can see if there is anything I can help you with?

Is this a good time to talk? It will probably take about 15 to 20 minutes, depending on the number of medicines you are taking.

If yes, continue.

If no, CALLER: Is there a better time that I can call you back?

A. Health Status Diagnosis

CALLER: Before you left the hospital, [DE name] spoke to you about your main problem during your hospital stay. This is also called your "primary discharge diagnosis." Using your own words, can you explain to me what your main problem or diagnosis is?

If yes, confirm the patient's knowledge of the discharge diagnosis using the "teach-back" method. After the patient describes his or her diagnosis, clarify any misconceptions or misunderstandings using a question and answer format to keep the patient engaged.

If no, use this opportunity to provide patient education about the discharge diagnosis. Then conduct teach-back to confirm the patient understood.

CALLER: What did the medical team at the hospital tell you to watch out for to make sure you're o.k.?

Review specific symptoms to watch out for/things to do for this diagnosis (e.g., weigh self, check blood sugar, check blood pressure, create peak flow chart).

Measure patient's understanding of disease-related symptoms or symptoms of relapse (e.g., review diagnosis pages from AHCP).

CALLER: Do you have any questions for me about your main problem [diagnosis]? Is there anything I can better explain for you?

If yes, explain, using plain language (no jargon or medical terms).

If no, continue.

CALLER: Since you left the hospital, do *you* feel your main problem, [diagnosis], has improved, worsened, or not changed? What does your family or caregiver think?

If improved or no change, continue below.

If primary condition has worsened,

- **CALLER:** I'm sorry to hear that. How has it gotten worse? Have you spoken to or seen any doctors or nurses about this since you left the hospital?
- **If yes, CALLER:** Who have you spoken with/seen? And what did they suggest you do? Have you done that?
- Using clinical judgment, use this conversation to determine if further recommendations, teaching, or interventions are necessary.
- Record any action patient/caregiver has taken and your recommendations on the documentation sheet.

CALLER: Have any new medical problems come up since you left the hospital?

If yes:

CALLER: What has happened?

CALLER: Is there anyone else involved in your care that I should talk to?

- **If yes,** Name: _____
Phone number: _____

CALLER: Have you spoken to anyone about this problem? Prompt if necessary: Has anyone:

- Contacted or seen PCP?
- Gone to the ER/urgent care?
- Gone to another hospital/provider?
- Spoken with visiting nurse?
- Other?
- Following the conversation about the current state of the patient's medical condition, consider recommendations to make to the caregiver, such as calling PCP, going to emergency department, etc. Record any actions and recommendations on documentation sheet.

B. Medicines

High Alert Medicines

Use the guide below to help monitor medicines with significant risk for adverse events.

Drug Category	What To Look For
Anticoagulants	Bleeding; who is managing INR
Antibiotics	Diarrhea; backup method of birth control Should not taken at same time as calcium and multivitamin
Antiretrovirals	Review profile for drug interactions
Insulin	Inquire about fasting blood sugar
Antihypertensives	Dizziness If yes, suggest patient space out medicines (keep diuretic in a.m.)

Medicines related to primary diagnosis	Focus on acquisition and medication adherence
--	---

Can you bring all of your medicines to the phone, please? We will review them during this call. Bring both prescription medicines and over-the-counter medicines, the ones you can buy at a drugstore without a prescription. Also, bring any supplements or traditional medicines, such as herbs, you are taking. Finally, could you also please bring to the phone the care plan that we gave you before you left the hospital?

CALLER: Do you have all of your medicines in front of you now?

CALLER: I'm going to ask you a few questions about each one of your medicines to see if there is anything I can help you with. We will go through your medicines one by one.

First of all, I want to make sure that the medicines you were given were the right ones. Then we'll discuss how often you've been able to take them and any problems or questions you might have about any of them.

Choose one of your medicines to start with.

What is the name of this medicine? The name of it should be on the label. **If the patient is using a generic**, check that he or she understands that the brand and generic names are two names for the same medicine.

- At what times during the day do you take this medicine?
- How much do you take each time?

If the patient answers in terms of how many pills, lozenges, suppositories, etc. What is the strength of the medicine? It should say a number and a unit such as mg or mcg.

- How do you take this medicine? **If there are special instructions** (e.g., take with food), probe as to whether the patient knows the instructions and whether he or she is taking the medicine as instructed.
- What do you take this medicine for?
- Have you had any concerns or problems taking this medicine? Has anything gotten in the way of your being able to take it? Have you ever missed taking this medicine when you were supposed to? Why?
- Do you think you are experiencing any side effects from the medicine?

If yes, Could you please describe these side effects?

- Are you taking any other medicines? Repeat list of questions for each medicine.
- After patient has described all medicines, ask: Are you taking any additional medicines that you haven't already told me about, including other prescription medicines, over-the-counter medicines, that is, medicines you can get without a prescription, or herbal medicines, vitamins, or supplements?

If patient has been prescribed medicines that the patient hasn't mentioned, ask whether he or she is taking that medicine.

- **If yes,** go through the list of medicine questions.
- **If not,** probe as to why not. **If patient is unaware of the medicine,** make a note to check with discharge physician as to whether patient is supposed to be taking it, whether a prescription was issued, etc.

CALLER: Have you been using the medicine calendar (in your care plan) that was given to you when you left the hospital?

If yes, provide positive reinforcement of this tool.

If no, suggest using this tool to help remember to take the medicines as directed. **If patient has lost care plan,** offer to send a new copy of AHCP by mail or email.

CALLER: Do you use a pill box?

If yes, provide positive reinforcement of using this tool.

If no, suggest using a pill box to help remember to take the medicines as ordered.

CALLER: What questions do you have today regarding your medicines and medicine calendar (if using)?

CALLER: Does your family or caregiver have any questions or concerns about your medicines?

****Please note on the documentation sheet any recommendation you made to the patient and followup actions you took.****

C. Clarification of Appointments

CALLER: Now, I'm going to make sure you and I have the same information about your appointments and tests that are coming up. You were given appointments with your doctors [and for lab tests] when you left the hospital. Can you please tell me:

What is the next appointment you have scheduled?

Who is your appointment with?

What is your appointment for?

When is this appointment?

What is your plan for getting to your appointment?

Are you going to be able to make it to your appointment? Is there anything that might get in the way of your getting to this appointment?

- **If yes,** Let's talk about how we can work around these difficulties.
- **If patient plans to keep appointment, ask,** Do you have the phone number to call if something unexpectedly comes up and you can't make the appointment?
- **If patient can't keep appointment,** get the patient to reschedule: As soon as we hang up, can you call to reschedule your appointment? **If patient is unable or unwilling to make the call to reschedule,** offer to make the call: I can reschedule

that appointment for you. What days and times would you be able to make an appointment? **After you get several times, say,** Thanks. I'll call you back when I've been able to set up the appointment. **If patient refuses to cooperate,** consult the DE and hospital team.

- Do you have any other appointments scheduled? **If yes,** repeat the set of questions. **If no,** but other appointments are scheduled, ask, Are you looking at the care plan? Are there any other appointments listed there? Review these appointments.

D. Coordination of Postdischarge Home Services (if applicable):

CALLER: Have you been visited by [name of service, e.g., visiting nurse, respiratory therapist] since you came home?

If no, CALLER: I will call to make sure they are coming soon.

CALLER: Have you received the [name of equipment] that was supposed to be delivered?

If no, CALLER: I will call to make sure it is coming soon.

CALLER: I understand that [name of caregiver] was going to help you out at home. Has [name of caregiver] been able to provide the help you need?

If no, CALLER: Are you going to call [name of caregiver] to see if she [or he] is going to be able to help you?

- **If no,** Is there anyone else that could help you out? Can you call [her/him] to see when [she/he] could come?

E. What To Do If a Problem Arises

CALLER: Before we hang up, I want to make sure that if a medical problem arises, you know what to do. If you're having an emergency, for example [give disease-specific examples, e.g., chest pain, trouble breathing], what would you do?

If patient does not say, "Call 911," explain the need to get an ambulance so he or she can see a doctor right away, and confirm patient understanding.

CALLER: And what about if you [give example of urgent but not emergent problem] in the evening? What would you do then? Check if patient knows how to reach the doctor after hours. **If DE help line operates after hours,** check that the patient knows that and can find the number on the AHCP. Confirm understanding.

CALLER: And what about if you are having a medical problem that is not an emergency, such as [give disease-specific examples] and want to be seen by your doctor before your next scheduled appointment, what would you do?

If patient does not know, instruct: You can call your doctor's office directly and ask for an earlier appointment. Sometimes your doctor is very busy, so if you are having difficulty

obtaining an appointment, ask if you can be seen by someone else in the office, such as a nurse, nurse practitioner, or physician's assistant. Confirm understanding.

CALLER: Just to make sure we're on the same page, can you tell me what you'd do if [create nonemergent scenario]?

If patient answers incorrectly, ask: Do you have your doctor's phone number handy? It should be on the care plan on the appointments page. **If patient can't tell you the number, say,** Let me give you the phone number for your primary care doctor just in case. Do you have a pen and paper to write this down? Do you need me to mail or email you another copy of your care plan?

- **If yes,** confirm address or email.

CALLER: Do your caregivers have these numbers also?

If no, ask: Would you like me to email or mail a copy of your care plan to them?

If yes, confirm address or email.

CALLER: That's all I needed to talk to you about. We've covered a lot of information. What questions can I answer for you?

If none, CALLER: Thank you and have a good day. If you have to follow up with patient on anything, remind him or her that you will be calling back.

If the patient has questions, answer them.

Postdischarge Followup Phone Call Documentation Form

Patient name: _____

Caregiver(s) name(s): _____

Relationship to patient: _____

Notes: _____

Discharge date: _____

Principal discharge diagnosis: _____

Interpreter needed? Y N Language/Dialect: _____

.....

Prior to phone call:

Review:

- Health history
- Medicine lists for consistency
- Medicine list for appropriate dosing, drug-drug and drug-food interactions, and major side effects
- Contact sheet
- DE notes
- Discharge summary and AHCP

Call Completed: Y N

With whom (patient, caregiver, both): _____

Number of hours between discharge and phone call: _____

Consultations (if any) made prior to phone call:

- None
- Called MD
- Called DE
- Called outpatient pharmacy
- Other: _____

If any consultations, note to whom you spoke, regarding what, and with what outcome:

Phone Call Attempts

Patient/Proxy

Phone Call #1: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #2: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #3: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #4: Date & Time: _____ Reached: Yes/No

Alternate Contact 1

Phone Call #1: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #2: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #3: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #4: Date & Time: _____ Reached: Yes/No

Alternate Contact 2

Phone Call #1: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #2: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #3: Date & Time: _____ Reached: Yes/No

If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #4: Date & Time: _____ Reached: Yes/No

A. Diagnosis and Health Status

Ask patient about his or her diagnosis and comorbidities

- Patient confirmed understanding
- Further instruction was needed before patient confirmed understanding

If primary condition has worsened:

- What, if any, actions had the patient taken?
 - Returned to see his/her PCP (name): _____
 - Called/contacted his/her PCP (name): _____
 - Gone to the ED/urgent care (specify): _____
 - Gone to another hospital/MD (name): _____
 - Spoken with visiting nurse (name): _____
 - Other: _____
 - What, if any, recommendations, teaching, or interventions did you provide?

If new problem since discharge:

- Had the patient:
 - Contacted or seen PCP? (name): _____
 - Gone to the ED/urgent care? (specify): _____
 - Gone to another hospital/MD? (name): _____
 - Spoken with visiting nurse? (name): _____
 - Other?: _____
- Following the conversation about the current state of the patient's medical status:
 - What recommendations did you make?
 - Advised to call PCP (name): _____
 - Advised to go to the ED (specify): _____
 - Advised to call DE (name): _____
 - Advised to call specialist physician (name): _____
 - Other: _____
 - What followup actions did you take?
 - Called PCP and called patient/caregiver back
 - Called DE and called patient/caregiver back
 - Other:

B. Medicines

- Document any medicines patient is taking that are **NOT** on AHCP and discharge summary:

- Document **problems** with medicines that are on the AHCP and discharge summary (e.g., has not obtained, is not taking correctly, has concerns, including side effects):

Medicine 1: _____

Problem: _____

- Intentional nonadherence
- Inadvertent nonadherence
- System/provider error

- What recommendation did you make to the patient/caregiver?

- No change needed in discharge plan as it relates to the drug therapy
- Educated patient/caregiver on proper administration, what to do about side effects, etc.
- Advised to call PCP (name): _____
- Advised to go to the ED (specify): _____
- Advised to call DE (name): _____
- Advised to call specialist physician (name): _____
- Other: _____

- What followup action did you take?

- Called hospital physician and called patient/caregiver back
- Called DE and called patient/caregiver back
- Called outpatient pharmacy and called patient/caregiver back
- Other: _____

Medicine 2: _____

Problem: _____

- Intentional nonadherence
- Inadvertent nonadherence
- System/provider error

- What recommendation did you make to the patient/caregiver?

- No change needed in discharge plan as it relates to the drug therapy
- Educated patient/caregiver on proper administration, what to do about side effects, etc.
- Advised to call PCP (name): _____
- Advised to go to the ED (specify): _____
- Advised to call DE (name): _____
- Advised to call specialist physician (name): _____
- Other: _____

- What followup action did you take?
 - Called hospital physician and called patient/caregiver back
 - Called DE and called patient/caregiver back
 - Called outpatient pharmacy and called patient/caregiver back
 - Other: _____

Medicine 3: _____

Problem: _____

- Intentional nonadherence
- Inadvertent nonadherence
- System/provider error

- What recommendation did you make to the patient/caregiver?
 - No change needed in discharge plan as it relates to the drug therapy
 - Educated patient/caregiver on proper administration, what to do about side effects, etc.
 - Advised to call PCP (name): _____
 - Advised to go to the ED (specify): _____
 - Advised to call DE (name): _____
 - Advised to call specialist physician (name): _____
 - Other: _____

- What followup action did you take?
 - Called hospital physician and called patient/caregiver back
 - Called DE and called patient/caregiver back
 - Called outpatient pharmacy and called patient/caregiver back
 - Other: _____

C. Clarification of Appointments

Potential barriers to attendance identified: Y N

List: _____

Potential solutions/resources identified: Y N

List: _____

Alternative plan made: Y N Details: _____

Clinician/DE informed: Y N Details: _____

D. Coordination of Postdischarge Home Services (if applicable)

Document any postdischarge services that need to be checked on and who will be doing that (caller/patient/caregiver).

E. Problems

Did patient/caregiver know what constituted an emergency and what to do if a nonemergent problem arose?

Yes No

If no, document source of confusion:

F. Additional Notes

G. Time

Time for reviewing information prior to phone call: _____

Time for missed calls/attempts: _____

Time for initial phone call: _____

Time for talking to other health care providers: _____

Time for followup/subsequent phone calls to patient: _____

Time for speaking with family or caregivers: _____

Total time spent: _____

Caller's Signature: _____

Phone Call Role Play

CALLER: Hello Ms. Smith, I am Brian, a nurse from [Hospital]. When you left the hospital, Lynn, your discharge educator, mentioned you'd receive a call checking in on things and I'm glad to help with this call. I am hoping to talk to you about your medical issues, see how you are doing, and see if there is anything I can do to help you.

PATIENT: How nice to hear from you.

CALLER: Do you mind if I ask you a few questions so I can see if there is anything I can help you with?

PATIENT: O.k.

CALLER: Is this a good time to talk?

PATIENT: Yes.

CALLER: It will probably take about 15 to 20 minutes, depending on the number of medicines you are taking.

PATIENT: That's o.k., it might help as I want to do the best I can to get better. Did you know my granddaughter is getting married this year? She is just the love of my life.

CALLER: Before you left the hospital, Lynn, the discharge educator spoke to you about your main problem during your hospital stay. Using your own words, can you explain to me what your main problem or diagnosis is?

PATIENT: Yes, I was admitted with congestive heart failure. It was the *second* time this year.

CALLER: Could you tell me your understanding of congestive heart failure?

PATIENT: It means my heart isn't pumping blood as good as it used to.

CALLER: What did the medical team tell you to watch out for to make sure you're o.k.?

PATIENT: Yes, they told me to take my medicine, weigh myself daily, eat a low-fat and low-salt diet...and if my weight increases by 2 pounds compared to what it was when I left the hospital then call the nurse in my doctor's office.

CALLER: Have you been able to do those things?

PATIENT: Yes, I try to stick to it as best I can, except at Easter when I always have ham. But my weight is 142, 2 pounds more than when I left the hospital.

CALLER: Have you called and told your doctor's office that?

PATIENT: Not yet, but I should, shouldn't I?

CALLER: Yes, I will remind you before we get off the phone. Since you left the hospital, do *you* feel your congestive heart failure has improved, worsened, or not changed?

PATIENT: I think I am about the same.

CALLER: What does your family think?

PATIENT: My son tells me I look much better than when I was in the hospital! He says I've been breathing easier too.

CALLER: Have any new medical problems come up since you left the hospital?

PATIENT: No, I don't think so.

CALLER: Can you bring all of your medicines to the phone, please? I'd like you to bring everything you are taking, even medicine that you get without a prescription, including vitamins, supplements, herbal remedies—everything. We will review them during this call. And can you also please bring the care plan you got before leaving the hospital?

PATIENT: O.k., give me a minute.

CALLER: Do you have all of your medicines in front of you now?

PATIENT: Yes, I have them now.

CALLER: I'm going to ask you a few questions about each one of your medicines to see if there is anything I can help you with. We will go through your medicines one by one.

First of all, I want to make sure that the medicines you were given were the right ones. Then we'll discuss how often you've been able to take them and any problems or questions you might have about any of them. Is that o.k.?

PATIENT: Yes.

CALLER: Choose one of your medications to start with.

PATIENT: This one is my small white pill. Do you know it? I have taken it for a long time, but now the name is different.

CALLER: What is the name of this medication? The name should be on the label.

PATIENT: FUR-O-SI-MIDE. That is hard for me to say. I used to take something that looked just like this called Lasix.

CALLER: Yes, furosimide and Lasix are the same thing.

PATIENT: That is confusing!

CALLER: Yes, it can be very confusing for people. What is the strength of the medication? It should say a number and a unit, such as mg, mcg, etc.

PATIENT: 20 mg.

CALLER: Great.

CALLER: How do you take this medicine? And at what times during the day?

PATIENT: I take it in the morning because it causes me to pee a lot, but not so much lately.

CALLER: You take it only in the morning?

PATIENT: Yes.

CALLER: And how many pills do you take in the morning?

PATIENT: One.

CALLER: I notice here in the records that the doctors in the hospital increased your medicine so that you are supposed to take one pill in the morning and another in the evening. Were you aware of that?

PATIENT: No, it was really rushed when I left the hospital. A nurse gave me a form to sign that has my medicines on it but I can't understand it. So, I'm taking what I took before I went to the hospital, the ones my doctor told me to take.

CALLER: Do you know the reason you are taking Lasix?

PATIENT: I know it makes me pee.

CALLER: Yes, it helps you to remove the extra fluid from your lungs. Are you o.k. with taking a second pill in the evening until you see your doctor next week?

PATIENT: I'd rather not, because I don't like having to get up at night to pee.

CALLER: For right now it's really important that you take that second pill in the evening to keep the fluid from building up in your lungs. You can talk with your doctor when you see her about cutting back, but for now we really need you to take a second pill in the evening. How about if you take it at 6 p.m.?

PATIENT: I guess I can do that.

CALLER: So tell me, how are you going to take your Lasix tomorrow?

PATIENT: I'll take one when I first get up, and one after dinner, around 5:30 or 6 p.m.

CALLER: That sounds great.

[ALL MEDS ARE REVIEWED AND IT WAS ALSO DISCOVERED THAT THE ASPIRIN THAT SHE IS SUPPOSED TO TAKE WAS LEFT OFF HER DISCHARGE LIST. SHE AGREES TO BEGIN TAKING IT.]

CALLER: Have you been using the calendar in your care plan that was given to you when you left the hospital?

PATIENT: Yes, I love it. It helps me a lot to keep track of my appointments.

CALLER: Now, I'm going to make sure you and I have the same information about your appointments and tests that are coming up. You were given appointments with your doctors and for lab tests when you left the hospital. Can you please tell me what appointments you have scheduled?

PATIENT: Yes, I have an appointment with my cardiologist next Tuesday at 3 p.m. in his office on Main Street.

CALLER: Great. How are you going to get there?

PATIENT: My sister is going to take me. She has an appointment in the same building that afternoon.

CALLER: And what about the appointment at the lab to have your Coumadin checked? Did you keep that appointment?

PATIENT: Oh yeah, my son has been out of work and just got a job so he couldn't take me that day.

CALLER: Let's talk about how we can work around these difficulties. Would it be o.k. if I called the home care service and asked if they could go to your house to draw your blood?

PATIENT: That would be wonderful. You are so nice.

CALLER: O.k., Mrs. Smith, those are all the questions I had for you. What questions do you have for me?

PATIENT: You know, I think you answered all my questions, even ones I didn't know I had! I could've ended up in the hospital again if it weren't for this call. [Hospital] provides wonderful care, don't they? It seems as if they really care about me.

CALLER: Thank you so much for your time, Mrs. Smith, take care.

Patient Outcome Survey (mailed version)

For hospitals needing translation services, a helpful reference to a national translation service is available at: www.atanet.org/onlinedirectories/.

HOSPITAL DISCHARGE SURVEY

SURVEY INSTRUCTIONS

You should fill out this survey only if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.

Answer all the questions by checking the box next to your response.

.....

HOSPITAL USE

1. Have you stayed in a hospital overnight since you left the hospital on {discharge date}? This means being admitted to a hospital floor (not just the emergency room).

¹ Yes ² No

If YES, please fill out the table below for each hospital visit. List the hospital, date of arrival, and reason for each hospitalization.

Hospital	Date You Arrived	Reason
1.		
2.		
3.		
4.		
5.		

2. Have you been to an emergency room since you left the hospital on {discharge date}? These would be emergency room visits that did not cause you to be admitted to the hospital (so you stayed in the emergency room the entire time and went home from the emergency room).

¹ Yes ² No

If YES, please fill out the table below for each emergency room visit. List the hospital, date of arrival, and reason for each visit.

Hospital	Date You Arrived	Reason
1.		
2.		
3.		
4.		
5.		

APPOINTMENTS

These next questions are about any appointments you had after you left the hospital on {discharge date}.

3. Do you have a particular doctor's office, clinic, health center, or other place that you usually go to if you are sick or need advice about your health?

¹ Yes ² No

4. Since you left the hospital on {discharge date}, have you seen your medical provider, sometimes called a primary care provider (or someone in their office)?

¹ Yes ² No

If YES, What date did you see this person? _____

DIAGNOSIS

5. During your hospital stay, the doctors and nurses may have told you the name of your primary diagnosis or main problem. Do you know what your main problem was?

¹ Yes ² No ³ N/A, reason: _____

If YES, Can you please list the name of your primary diagnosis or main problem? _____

These next questions ask about your visit at {hospital name} from {admit date} to {discharge date}.

YOUR HOSPITAL STAY

6. During this hospital stay, how often did nurses treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

7. During this hospital stay, how often did nurses listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

8. During this hospital stay, how often did nurses explain things in a way you could understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

9. During this hospital stay, how often did doctors treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

10. During this hospital stay, how often did doctors listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

11. During this hospital stay, how often did doctors explain things in a way you could understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

12. During this hospital stay, how often were your questions answered to your satisfaction?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

13. How often did hospital staff listen to you when they decided the plan for your care?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

MEDICINES

14. During this hospital stay, were you told to take any medicine after you left the hospital? Include prescription and nonprescription medicines as well as any medicines you were already taking before your hospital stay.

- ¹ Yes ² No → If No, Go to Question 21

15. During this hospital stay, did hospital staff explain the purpose of each of the medicines you were to take at home?

¹ Yes ² No → If No, Go to Question 17

16. Was the explanation of each medicine's purpose easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

17. During this hospital stay, did hospital staff explain how much to take of each medicine and when to take it when you were at home?

¹ Yes ² No → If No, Go to Question 19

18. How often was their explanation of how and when to take each medicine easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

19. During this hospital stay, did hospital staff ask you to describe how much you would take of each medicine and when you would take it when you were at home?

¹ Yes ² No

20. During this hospital stay, did hospital staff tell you whom to call after you left the hospital if you had questions about your medicines?

¹ Yes ² No

21. During this hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

¹ Yes ² No

22. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

¹ Yes ² No → If No, Go to Question 24

23. Were these written instructions easy to understand?

¹ Yes ² No

WHEN YOU LEFT THE HOSPITAL

24. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

¹ Own home

² Someone else's home

³ Another health facility

25. After you left the hospital, did someone from the hospital call you to check how you were doing?

¹ Yes ² No → If No, Go to Question 27

If YES, please tell me how much you agree with the following statement:

26. After the call, all of my questions about my medical care were answered.

Strongly disagree

Disagree

Agree

Strongly Agree

OVERALL RATING OF HOSPITAL

27. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

_____ (0-10)

28. Would you recommend this hospital to your friends and family?

Definitely no

Probably no

Probably yes

Definitely yes

29. Did you feel that your family and you were treated with respect?

¹ Yes ² No

ABOUT YOU

There are only a few remaining items left.

30. What is your age?

¹ 18-30 years

² 31-50 years

³ 51-70 years

⁴ 71-above years

31. In general, how would you rate your overall health?

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

32. What is the highest grade or level of school that you have completed?

¹ Some elementary or high school but did not graduate

² High school graduate or GED

³ Some college or 2-year degree

⁴ 4-year college graduate

33. Are you of Spanish, Hispanic, or Latino origin or descent?

¹ No, not Spanish/Hispanic/Latino

² Yes

34. How would you describe your race? Please choose one or more.

¹ White

² Black or African American

³ Asian

⁴ Native Hawaiian or Other Pacific Islander

⁵ American Indian or Alaska Native

35. What language do you mainly speak at home?

¹ English

² Spanish

³ Some other language (please print): _____

THANK YOU

Please return the completed survey in the postage-paid envelope.

Patient Outcome Survey (phone version)

If contact sheet indicates patient needs an interpreter for phone communication, arrange for interpreter services before the call.

Overview

This phone interview script is provided to assist interviewers while attempting to reach the respondent. The script explains the purpose of the survey and confirms necessary information about the respondent. Interviewers must not conduct the survey with a proxy respondent.

General Interviewing Instructions

- Survey is administered to patients beginning 30 days after the date of index hospital discharge.
- Patients are called up to 60 days after the date of index hospital discharge.
- All questions and all answer categories must be read exactly as they are worded.
- No changes are permitted to the order of the answer categories.
- All transitional statements must be read.

Index admission date: ____ / ____ / ____

Index discharge date: ____ / ____ / ____

Date initial call attempt: ____ / ____ / ____

Caller records the call attempts and time talking with patient:

#1: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#2: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#3: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#4: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#5: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#6: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#7: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#8: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

INTRODUCTION

Hello. may I please speak to [patient name]?

This is [name of caller] from [hospital name]. We are conducting a survey about the hospital discharge process. I am calling to talk to you about your recent stay at the hospital.

Our records show that you were recently a patient at {name of hospital} and discharged on {date of discharge}. Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing effort at {name of hospital} to improve the way they get patients ready to return home from the hospital. These results will help this hospital to understand if its improvements are helping patients.

Your participation is voluntary and will not affect your health benefits. You do not need to answer these questions. Your answers will only be shared with people who are trying to improve the hospital and the care that is given to patients.

If you have any questions about this survey, please call {hospital project manager name} at {project manager phone number}. Thank you for helping to improve health care for all patients.

This survey will take approximately 10 minutes. Are you willing to complete the survey now?
With acknowledgment, caller continues.

.....
According to our records, you stayed in {hospital name} from {start date} to {discharge date}. Most of the questions on this survey are about this stay in the hospital.

Please tell me which response most closely matches your answer.

HOSPITAL USE

1. Have you stayed in a hospital overnight since you left the hospital on {discharge date}? This means being admitted to a hospital floor (not just the emergency room).

¹ Yes ² No

If YES, fill out the table below for each hospital visit. Ask for the hospital, date of arrival, and reason for each hospitalization.

Hospital	Date Arrived	Reason
1.		
2.		
3.		
4.		
5.		

2. Have you been to the emergency room since you left the hospital on {discharge date}? These would be emergency room visits that did not cause you to be admitted to the hospital (so you stayed in the emergency room the entire time and went home from the emergency room).

¹ Yes ² No

If YES, fill out the table below for each emergency room visit. Ask for the hospital, date of arrival, and reason for each visit.

Hospital	Date Arrived	Reason
1.		
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APPOINTMENTS

These next questions are about any appointments you had after you left the hospital on {discharge date}.

3. Do you have a particular doctor's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health?

¹ Yes ² No

4. Since you left the hospital on {discharge date}, have you seen your medical provider, sometimes called a primary care provider (or someone in their office)?

¹ Yes ² No

If YES, What date did you see this person? _____

DIAGNOSIS

5. During your hospital stay, the doctors and nurses may have told you the name of your primary diagnosis or main problem. Do you know what your main problem was?

¹ Yes ² No ³ N/A, reason: _____

If YES, Can you please tell me the name of your primary diagnosis or main problem? _____

These next questions ask about your visit at {hospital name} from {admit date} to {discharge date}.

YOUR HOSPITAL STAY

6. During this hospital stay, how often did nurses treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

7. During this hospital stay, how often did nurses listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

8. During this hospital, stay, how often did nurses explain things in a way you could understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

9. During this hospital stay, how often did doctors treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

10. During this hospital stay, how often did doctors listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

11. During this hospital stay, how often did doctors explain things in a way you could understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

12. During this hospital stay, how often were your questions answered to your satisfaction?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

13. How often did hospital staff listen to you when they decided the plan for your care?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

MEDICINES

14. During this hospital stay, were you told to take any medicine after you left the hospital? Include prescription and nonprescription medicines as well as any medicines you were already taking before your hospital stay.

- ¹ Yes ² No ➔ If No, Go to Question 21

15. During this hospital stay, did hospital staff explain the purpose of each of the medicines you were to take at home?

¹ Yes ² No → If No, Go to Question 17

16. Was the explanation of each medicine's purpose easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

17. During this hospital stay, did hospital staff explain how much to take of each medicine and when to take it when you were at home?

¹ Yes ² No → If No, Go to Question 19

18. How often was their explanation of how and when to take each medicine easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

19. During this hospital stay, did hospital staff ask you to describe how much you would take of each medicine and when you would take it when you were at home?

¹ Yes ² No

20. During this hospital stay, did hospital staff tell you whom to call after you left the hospital if you had questions about your medicines?

¹ Yes ² No

21. During this hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

¹ Yes ² No

22. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

¹ Yes ² No → If No, Go to Question 24

23. Were these written instructions easy to understand?

¹ Yes ² No

WHEN YOU LEFT THE HOSPITAL

24. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

¹ Own home

² Someone else's home

³ Another health facility

25. After you left the hospital, did someone from the hospital call you to check how you were doing?

¹ Yes ² No → If No, Go to Question 27

If YES, please tell me how much you agree with the following statement:

26. After the call, all of my questions about my medical care were answered.

¹ Strongly disagree

² Disagree

³ Agree

⁴ Strongly Agree

OVERALL RATING OF HOSPITAL

27. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

_____ (0-10)

28. Would you recommend this hospital to your friends and family?

¹ Definitely no

² Probably no

³ Probably yes

⁴ Definitely yes

ABOUT YOU

There are only a few remaining items left.

29. What is your age?

¹ 18-30 years

² 31-50 years

³ 51-70 years

⁴ 71-above years

30. In general, how would you rate your overall health?

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

31. What is the highest grade or level of school that you have completed?

¹ Some elementary or high school but did not graduate

² High school graduate or GED

³ Some college or 2-year degree

⁴ 4-year college graduate

32. Are you of Spanish, Hispanic, or Latino origin or descent?

¹ No, not Spanish/Hispanic/Latino

² Yes

33. How would you describe your race? Please choose one or more.

¹ White

² Black or African American

³ Asian

⁴ Native Hawaiian or Other Pacific Islander

⁵ American Indian or Alaska Native

34. What language do you mainly speak at home?

¹ English

² Spanish

³ Some other language (please print): _____

Those are all the questions I have. Thank you for your time. Have a good (day/evening).