

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

If primary condition has worsened:

What, if any, actions had the patient taken?

- Returned to see his/her clinician (name): _____
- Called/contacted his/her clinician (name): _____
- Gone to the ER/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 clinician? (name): _____
- Gone to the ER/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 clinician (name): _____
- Advised to go to the ED
- Advised to call DE (name): _____
- Advised to call specialist physician (name): _____
- Other: _____

What followup actions did you take?

- Called clinician 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
- Advised to go to the ED
- Advised to call DE
- Advised to call specialist physician
- 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

- Advised to go to the ED
- Advised to call DE
- Advised to call specialist physician
- 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
- Advised to go to the ED
- Advised to call DE
- Advised to call specialist physician
- 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: _____