How to Conduct a Post-discharge Follow-up Phone Call

Contract HHSA290200600012i

New tool (deliverable 2.4)

April 15, 2011

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A note to users: We would greatly appreciate any feedback that you might have on how to improve this toolkit. This information should be directed to Project RED on Boston University's website, www.bu.edu/fammed/projectred/, and leave your comments or questions in the "contact us" section.

OMB Control Number 0935-0173
Expiration Date 12/31/12

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1. Objectives

- Understand the importance and purpose of the follow-up telephone call.
- Identify the patient population that the call is designed to reach.
- Learn to conduct the preparation steps of the telephone call.
- Become proficient in completing a post-discharge patient follow-up phone call.
- Learn to conduct appropriate post-call actions.

2. Post-discharge re-enforcement call overview

The RED encompasses 11 mutually reinforcing components believed necessary to improve discharge outcomes and aid in a smooth transition at discharge.

The RED components are to:

1) Educate the patient (and designated support person(s)) about his/her diagnosis throughout the hospital stay;
2) Make appointments for follow-up and post discharge testing, with input from the patient about time and date (PCP appointment within 14 days after discharge);
3) Discuss with the patient any tests not completed in the hospital;
4) Organize post-discharge services;
5) Confirm the medication plan;
6) Reconcile the discharge plan with national guidelines and critical pathways;
7) Review with the patient and designated support person appropriate steps of what to do if a problem arises;
8) Give the patient a written discharge plan;
9) Assess the patient's understanding of this plan;
10) Expedite transmission of the discharge summary to the patient's primary care physician;
11) **Call the patient within 3 days after discharge to reinforce the discharge plan, invite concerns/ questions from patient and designated support person and help with problem-solving.**

This manual explains how to complete Component 11, the post-discharge re-enforcement telephone call. The purpose of the RED process is to support patients from the time they leave the hospital until the first scheduled primary care provider appointment. The phone call supports a patient's transition from the time of discharge until his/her first follow-up primary care appointment. It is important to include a patient's support person(s) in the process, if the patient agrees to his/her participation. We encourage informing and engaging a support person of the patient's choice throughout the hospital stay as well as in the post-discharge period.

Your hospital may choose to use the same clinician(s) to complete the first 10 in-hospital RED components and the 11th RED component, the re-enforcement phone call. If this is the case, you should be familiar with the in-hospital RED components, having trained and reviewed the RED Tool, "Manual for Clinician Responsible for Discharge." You know the patient well and can bring continuity to the call. An interaction with a person in the hospital may vary compared to home, as he/she has fewer competing demands on his/her time while in the hospital; the patient may be willing to spend more time speaking to a clinician in the hospital than at home. These phone calls will require flexibility and creativity in 1) finding a mutually convenient time for the call and 2) working efficiently to review all necessary, and often lengthy, components of discharge by phone. If a person expresses a limited time, try to prioritize and tailor the call to meet the needs of that person.

If your hospital has chosen to use different clinical staff for the in-hospital and post-discharge components, it is important for you (the caller) to have a clear understanding of what was completed in the hospital and to be informed about the patient and his/her situation prior to making the call. It is also important for you to know and be comfortable with the Discharge Educators that you will be working with. You are a team; the DE has spent valuable time with the patient, collected valuable information, and can also assist you with making pre- or post-call interventions.

3. Purpose

The ReEngineered Discharge aims to effectively prepare patients and families for discharge from the hospital, improve patient and family satisfaction, and decrease hospital readmission rates. The post-discharge re-enforcement phone call is an integral component of the RED discharge. This post-discharge follow-up allows for patient's actions, questions, misunderstandings, and discrepancies in the discharge plan to be identified and addressed, as well as any concerns from caregivers or family members. The first call attempt is preferably made within 72 hours of the discharge, and completed by a member of the clinical staff. It is recommended that a pharmacist or a nurse complete the call as a basic knowledge of medications and medical problems is necessary.

The objectives of the call are to review each patient's:
a) appointments;
b) medications;
c) medical issues; and
d) what to do if a non-emergent problem arises.

3.1. Targeted patient population

This phone call is designed to reach those people discharged to home or other non-institutionalized setting. You will reinforce the health care plan and problem-solve medical care issues in settings where a patient (and/or caregiver) manages his/her own health care and medication adherence. Families and caregivers of the patient's choice are included in the aftercare plan and we encourage information-sharing as much as is feasible to increase the support and assistance they can offer the patient. Sometimes it can be difficult to determine if a patient is appropriate for this phone call so you may need to create a set of well-defined criteria for your institution and patient population.

3.2 Clinical staff considerations

The clinical staff chosen to make the follow-up telephone call will require a medical education background, specifically disease state management and medication therapy. You will need to establish an open communication with the patients so they share their hesitations or problems they are having with the plan. You will problem-solve with the patients and caregivers, and triage any issues to the appropriate clinical team member.

Your institution may choose to use the same person to provide the in-hospital RED components and to complete the call. Given this person's familiarity with the patient, this will help maintain the continuity/relationship between the inpatient stay and the follow-up call. Still, you need to recognize that your patient is now in a different setting and you may need to tailor your communication style to the person's needs.

If your institution has chosen to use a different clinician to provide the in-hospital RED components and to complete the call, there are several things to consider:

- Focus on communication with in-hospital DE in order to have a smooth hand-off and obtain important information about the patient and family that the DE has learned while working with him/her.
- Be sure to review the information about the hospital stay.
- Familiarize yourself with the patient, his/her health literacy level, usual daily routines, relevant cultural practices, involvement of family and relevant stressors and supports.

Appropriate clinicians to conduct the call

Medical professionals considered to have sufficient medical background to perform the follow-up call with the greatest competence include: nurses, pharmacists, nurse practitioners, physician assistants, or physicians. It is important to utilize support staff if possible, such as administrative support, for example changing primary care appointments or checking if a prescription has been sent to the pharmacy. In addition, a nurse may need to utilize the expertise of the pharmacist or PCP in the case of a complex medication issue. It is important to set up the process so that this assistance is available as needed.

There are advantages and disadvantages for each of these choices. Some of the considerations are:

- PharmD is appropriate as many of the problems identified at the telephone call relate to issues of obtaining medications, adherence to medications and adverse events related to medication.
- Nursing staff hired for this purpose might be effective, and would be able to effectively assist with other discharge needs (e.g., changing appointments, pending tests, durable equipment). It would be necessary to have a physician or pharmacist available if the nurse is faced with questions he or she cannot answer.
- The staff nurse who has discharged the patient from the hospital unit could potentially make a call to the patients he/she discharged 1-2 days previously. The advantage is that this option does not add to the human resources needed to carry out RED and that the nurses will be more efficient in this process in that they know the patient and his or her discharge plan. This option presents a challenge as it can be difficult to modify a staff nurse's duties to allow for this new duty.
- Clinicians from the health plan or insurer have the advantage that in some cases these duties could be taken on by staff already in place at the plan and could be cost saving. One implementing site is using PharmDs already employed by the plan to implement these calls.
- Primary care clinician or staff from the primary care office could implement the telephone call to the recently discharged patient followed by a weekly meeting of clinicians at the primary care site. This has been used at several sites resulting in fewer rehospitalizations. Of course this requires that the hospitals and the primary care providers receive the discharge summary and the discharge plan on their patient. Finally, some organizations have begun to incentivize the primary care physicians to both fill this role and to provide timely post-discharge appointments to recently discharged patients.

The staff that you choose to provide the post-discharge telephone call will depend on how many patients you target, how amenable the nursing and physician staffs are to providing this service, and the details of the business case between your hospital and the health plan and insurers.

4. Preparing for the phone call

4.1. Patient Contact Information

Before discharge, patient contact information will be collected from the patient in order to facilitate reaching the patient and/or caregiver via telephone within the ideal timeframe. If this information is available in the medical record, it may be advisable to confirm this with the patient thus decreasing redundant data collection. The information to be collected/confirmed includes:

- Patient's desire to have surrogate caregiver receive phone call, if applicable;
- Primary language and need for interpreter (for person receiving call);
- Other designated support persons that patient wants involved in care, and contact their information;
- Contact information for patient, caregiver(s), and alternate. This form is found in Appendix A, which is filled out by the Discharge Educator and includes:
    a) patient home phone, cell phone, work phone;
    b) caregiver phone; and
    c) alternate contacts (in case contact is lost with patient).
- Ideal time of day and day of the week to reach patient and/or caregiver.

It is important to explain the difference between the alternate contact, someone who can help reach the patient, and the caregiver, who might be involved in the follow-up call and home care. Multiple alternate contacts can be collected from the patient, if possible. Patients will be queried about which telephone number they would prefer to receive a call and the best time of day to be reached by telephone. You will then use this information to make several call attempts to reach the patient and/or caregiver at a time that is convenient for him/her in order to have the most success in reaching the patient and/or caregiver at a time that they will be available. An example Patient Contact Form is included in Appendix A.

4.2. Utilizing Interpreter Services

If the RED for a given patient was delivered in a language other than English or a patient expresses the need or desire to complete the call in another language, language appropriate services should also be arranged in advance for the delivery of the re-enforcement phone call. It should not be assumed that because a patient is able to have a conversation in English in person that they will be able to comfortably complete a phone call in English. A telephone presents another hurdle as it removes context, body language, lip movement. A patient should be asked in the hospital if he/she is able and wants to speak over the telephone in English. If not, trained medical interpreter services should be arranged. Additionally, if the clinician conducting the call feels that the patient does not understand the content of the call in English, an interpreter should be arranged to complete the call. This could entail trained bilingual clinical staff or conducting the call with the assistance of trained medical interpreter services. The caller can either conduct the call using a speaker phone in a

secure location with the trained medical interpreter or the caller can conduct the call using a three way phone system with the interpreter and patient. Advance preparation may be required to ensure language concordant services are available.

More detailed information about using an interpreter, cultural and language competency and reducing disparities in healthcare communication is described in the RED Toolkit, "How to Deliver the RED To Diverse Populations at Your Hospital."

4.3. Gather necessary documentation

Prior to the phone call, obtain the patient's hospital discharge summary and After Hospital Care Plan (AHCP). If the discharge summary is not complete or if an After Hospital Care Plan was not generated for the patient, you will need to collect this data from other sources. These may include the hospital medical record, notes from the Discharge Educator, notes from the clinician who discharged the patient, inpatient clinicians who cared for the patient, or the ambulatory medical record.

4.4. Review Health History and Patient Medication Lists

This call preparation step involves three components. It is recommended that a caller should:

- Review medical records for relevant health history information;
- Compare medication lists to ensure consistency; and
- Review final medication list for appropriate dosing, drug-drug and food interactions, as well as be aware of major side effects for prescribed medications.

4.3.1. Review the discharge summary for important health information about the patient.

It is important for the caller to review the hospital's discharge summary, the AHCP that was given to the patient at discharge and any notes the Discharge Educators may have included in the patient's file about details needed for patient-centered care. See the "How to Deliver the RED to Diverse Populations at Your Hospital" within the RED Tool Kit for the types of social support, cultural, and personal details that DEs may have included.

4.3.2. Compare the list of medications on the hospital discharge summary with the AHCP.

While in the hospital, medication reconciliation should have been completed by the Discharge Educator. However, in certain instances, this may not have happened (patient leaves AMA or sooner than expected, patient is discharged at a time when a DE was not available). To complete medication reconciliation, the DE speaks with the patient to understand what medicines the patient is prescribed and how often he/she is taking them. If the DE is not able to obtain reliable information from the patient or caregiver(s), the DE may confer with the primary care clinician, pharmacy, or ambulatory medical record. The goal of inpatient

medication reconciliation is to produce a correct and consistent list for the patient and clinicians, where the medication lists are identical in the discharge summary, inpatient medical record, AHCP, and if possible the ambulatory medical record. If medication reconciliation was done correctly at discharge, these lists should match. If they do not match, resolve the issue with the patient during the call, hospital team, and/or PCP depending on the nature of the inconsistencies or errors identified.

The names of the treating physicians in the hospital should be in the discharge summary and they may need to be contacted through the hospital paging system. The name and contact information for the primary care physician are on the front of the AHCP.

4.3.3. Review the medication list for appropriate dosing, drug-drug and drug-food interactions, as well as major side effects.

5. Conducting the Phone Call

In order to begin the call, you will need to have the completed patient contact sheet (Appendix A) and the telephone call script (Appendix B). The telephone call script provides the language that should accompany the call as well as guidance for completing the call. It is also designed as a data collection form.

Hospital management may choose to monitor the information collected in this call in order to assist in continuous quality improvement. One example of this is to identify common patient errors from the patient during the phone call; this information can be used to provide additional patient teaching to other patients with similar regimens or conditions prior to their discharges to try and prevent further errors. More detail for this process is included in the RED toolkit, "*How to Monitor RED Implementation and Outcomes*."

Make the first call attempt within 3 days after the patient's hospital discharge. We recommend making a minimum of three call attempts at the day and time patients report they are available. You will need to determine if you have the time and resources to make additional attempts to reach each patient to complete the phone call. Review the caregivers/family members that patients have listed on the Contact Sheet (Appendix A) to clarify who the patient wants involved in his/her care and what information you can communicate about.

5.1. Phone Call Components

The re-enforcement phone call consists of five components:

- Assessment of health status.
- Medication check.
- Clarification of clinician appointments and lab tests.
- Coordination of post-discharge home services.
- Review of what to do if a health or medical problem arises.

5.1.1. Assess Health Status

The health status assessment is to assess the patient's:

- Comprehension of the reason for his/her hospital visit.
- Perception of any change since discharge.
- Understanding of how to manage any medical changes or whether he/she needs to seek medical care for any concerns (either relating to the primary discharge diagnosis or any new problems).

A plan of action may be needed and this may need to be communicated to the primary care provider.

Interventions for patients stating that their primary discharge diagnosis has *worsened* since discharge or for patients who report a new medical problem since discharge may include:

- Provide patient education;
- Review patient medication adherence for correct administration;
- Check labs and review medication list for cause of complaint;
- Advise the patient to attend an upcoming scheduled appointment with his/her PCP;
- Recommend patient action (e.g., to take a PRN medication).
- Advise the patient to call his/her PCP;
- Advise the patient to go to urgent care;
- Advise the patient to go to the emergency department;
- Call the DE for assistance;
- Call the inpatient physician;
- Call the PCP;
- Arrange a same-day sick appointment;
- Determine the family's perception of the patient's status;

5.1.2. Medication Check

The medication check involves making sure patients understand what their medicines are for and how to take them. This part of the phone call can be lengthy, since each medication needs to be reviewed: name, dose, when they take it, and why. You will ask patients to locate their medication bottles and bring them to the phone for review. Patient education should be provided to fill in patient knowledge gaps. Any discrepancies between the discharge summary/After Hospital Care Plan and what the patient reports he/she has and is taking may require communication with the patient's pharmacy, primary care physician, or hospital physician who discharged the patient. You may then be required to follow-up with the patient with an additional phone call.

5.1.3. Clarification of Physician Appointments and Lab Tests

Appointment and test dates and locations should be confirmed with the patient. Confirm that the patient can make it to the appointment. Also confirm that the patient has the correct phone numbers in case he/she needs to reschedule any appointments. If the patient reports he/she can no longer make it to an appointment, ask the patient to reschedule and confirm that the patient knows how to do this. Reassess the patient's understanding of the purpose of the visit, and the nature of the barriers to attendance. For example, if the patient has identified a support person to assist with transportation and other logistics, find out if the patient has sought and is receiving help from that person. If the patient appears completely unable or unwilling to reschedule the appointment, then you may choose to do this for the patient if the patient reports still wanting to attend. Otherwise, open exploration of the patient's alternative perspective, priorities, and other barriers may be warranted along with a consultation with the DE, healthcare team or PCP.

5.1.4. Coordination of Post-Discharge Home Services

Review with the patient and identified support person(s) home services and contact numbers that are scheduled and listed on the AHCP.

5.1.5. What to do if a Problem Arises

Always end the call by reviewing what the patient and identified support person(s) should do if a problem arises at any time (any hour and day of the week).

6. Post-call Actions

6.1. Sample communication with outpatient clinician

After you have completed a call, you may need to communicate with the patient's primary care provider (PCP). There are many ways to do this, such as via email, flag in the electronic medical record, fax, or telephone. If unable to speak directly to a medical staff person within the PCP's office, you will need to follow up with another form of communication. Commonly, secure electronic communication is the most efficient means to transmit patient information.

Communication 1: Email to provider

Dr. Jones,

Your patient, Donna Johnson, was recently admitted to Healthy Hospital and provided the comprehensive RED (Re-Engineered Discharge). A hospital nurse practitioner called your patient after she was discharged in order to reconcile medications. Ms. Johnson was discharged on February 26, 2010 and I reached your patient on March 3, 2010.

Ms. Johnson reports taking fluticasone 2 puffs bid and not using her fluticasone/salmeterol discus inhaler. She states that she is doing this because she wants to take a higher dose to get her over the "hump." She states she will switch back to her fluticasone/salmeterol discus inhaler and not use her fluticasone inhaler in a couple of days. Of note, fluticasone inhaler is not listed on the discharge summary or in the outpatient medication list.

Your patient is scheduled to see you on March 9, 2010. We hope this helps to keep you informed and you are able to better reconcile the medications with your patient. Please update the electronic medication list if any medications are changed following your appointment. Please feel free to contact me with any questions.

Thank you,
Gail Smith, NP
Gail.smith@healthyhospital.org
Healthy Hospital
Phone: 555-897-1234

Communication 2: Email to provider

Dr. Jones,

Your patient, Aaron Smith, was recently admitted to GoodCare Hospital and provided the RED (Re-Engineered Discharge). I spoke to your patient after he left the hospital in order to reconcile his medications.

Your patient is using two eye drops, which are not listed in the discharge summary or in the outpatient medication list. They are:

Cosopt (Dorzolamide-Timolol): 1 eye drop twice daily
Xalatan (Latanoprost): 1 drop into the left eye qhs

Your patient is scheduled to see you on September 27th, 2007. We hope this helps to keep you informed and you are able to better reconcile the medications with your patient. Please update the Logician medication list if any medications are changed following your appointment. Please feel free to contact me with any questions.

Thank you,
Barbara Sanchez, Pharm D

Dr. Doe,

Your patient, Martin Suarez, was recently admitted to University Hospital and provided the comprehensive RED (Re-Engineered Discharge). During his admission, the patient revealed (through a medical interpreter) the use of a healer who considers hypertensive medication to be harmful. A family meeting was held and the patient and his brother agreed to pass along the doctor's recommendation to continue his use of atenolol to the healer.

A hospital nurse practitioner called your patient after he was discharged in order to reconcile medications. Mr. Suarez was discharged on October 19, 2010 and a nurse practitioner reached him on October 22, 2010.

During the call the patient reported that he had stopped taking atenolol due to experiencing side effects, which to him confirmed the healer's warnings. The patient reported experiencing fatigue.

Your patient is scheduled to see you on November 3, 2010. We hope this helps to keep you informed and you are able to better reconcile the medications with your patient. Please update the electronic medication list if any medications are changed following your appointment. Please feel free to contact me with any questions.

Thank you,

7. Example Patient Scenarios

Specific examples for each of the three categories of medication discrepancies are presented below. Review of these examples can assist correct classification in Table 3 of Appendix D. This is important as the data can be used to provide feedback to providers and to improve systems.

7.1. Patient Factors

7.1.1. Intentional patient non-adherence

Intentional non-adherence should be flagged when a patient has chosen to not take a medication that is part of the clinicians' plan. For example, consider the case of a patient not taking her isosorbide mononitrate, which was prescribed on discharge. The patient reports to the pharmacist in the post-discharge call that she had stopped taking it three days post-discharge due to a headache. The patient also states that she did not get a prescription on discharge. The pharmacist spoke to the outpatient pharmacist to confirm that no prescription was waiting to be picked up and then spoke to the inpatient physician who clarified that patient was supposed to be taking the medication. A new prescription was faxed and the pharmacist educated the patient about the importance of taking the medication and expected side effects. The patient was advised to resume taking the medication and to call her primary care provider if she still did not feel comfortable enough to do so. A note was faxed to the primary care provider.

There are many potential barriers to adherence and your job is to encourage the patient to be willing to share the most accurate information regarding what interferes with the patient's willingness or ability to take the medicine.

Reasons for patient's intentional non-adherence include:

- Personal, family or cultural concerns regarding medication;
- Concern regarding actual or feared side-effects; and
- Difficulty filling prescriptions, including getting to the pharmacy, insurance issues or financial problems

7.1.2. Non-intentional patient non-adherence

Non-intentional non-adherence should be flagged when a patient is not following the treatment plan as a result of not understanding the plan. For example, consider the case of a patient taking fluticasone and salmeterol inhaler as needed instead of around-the-clock. The pharmacist intervention is to educate the patient. Another example would be a patient who had been taking a medication (e.g., lisinopril) prior to admission, then the medication was stopped on discharge, but the patient failed to remove the medication from the pillbox. The pharmacist intervention is to instruct the patient to remove it from the pillbox.

7.2. System/clinician factors

In terms of system/clinician factors, an example of conflicting information is a 63-year-old patient discharged after a COPD exacerbation. When reviewing the medication list prior to making the follow-up telephone call, it was noted that the discharge summary and the outpatient electronic medical record, which was supposed to be updated based on the medication list at the time of discharge, listed two different antibiotic regimens. The discharge summary stated the patient should be on azithromycin and the ambulatory medical record stated amoxicillin. The pharmacist called the inpatient physician to clarify the regimen and discovered that the patient was given an incorrect prescription on discharge. A new prescription was faxed to the outpatient pharmacy and the patient was notified.

Another type of system/clinician factor is when no prescription is given at discharge. For example, a patient with CHF exacerbation should have been discharged on furosemide. Upon telephone interview, it was found the patient had been using his mother's diuretic as the patient claimed not to have gotten a prescription on discharge. The pharmacist spoke with the inpatient physician who faxed a new prescription to the outpatient pharmacy. Also, a written note was sent to the ambulatory care provider.

Appendix A

Patient/Caregiver Contact Sheet

Patient Name _____

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.

Primary language spoken: _____
Interpreter needed (circle): Yes No

Health Care Proxy / Legally Authorized Representative designated to complete call (circle): Yes No
Name:_____Phone: _____

Caregivers designated to receive information/ask about understanding (circle): Yes No
Name:_____ Phone: _____
Name:_____ Phone: _____

Address 1: OK to send letter (Y / N)
Street _____ Apt # _____

City, State _____ Zip _____

Email address _____

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: _____

Other Contacts:

Name of Contact 1: _____

Relationship:_____ _____
Caregiver? Y N
Surrogate? Y N

Phone Number: _(_____)_____OK to leave message (Y/N) _____

Notes:_____

Please involve in my care: Y N
Please inform re the following topics:

1) Who to contact in case of medical concerns/ questions: Y N
2) Dietary needs: Y N
3) Medications: Y N
4) Appointments: Y N
5) Diagnosis and treatment plan: Y N
6) Limitations on activities: Y N

Name of Contact 2: _____

Relationship:_____ _____
Caregiver? Y N
Surrogate? Y N

Phone Number: _(_____)_____OK to leave message (Y/N) _____

Notes:_____

Please involve in my care: Y N
Please inform re the following topics:

1) Who to contact in case of medical concerns/ questions: Y N
2) Dietary needs: Y N
3) Medications: Y N
4) Appointments: Y N
5) Diagnosis and treatment plan: Y N
6) Limitations on activities: Y N

Appendix B
Script and information collection form for post-discharge re-enforcement phone call (patient version)

This manual provides a step-by-step training of the two day phone caller's responsibilities and how to perform the phone call at your hospital. Any patient/caller interaction with suggested or scripted dialogue is highlighted using **red text**. The **blue text** is variable information that changes from patient to patient. This form reinforces the information provided at discharge. The patient's discharge information should be available to the interviewer at the time of this call.

Patient name: _____ Health literacy level (if assessed): _____
Caregiver name: _____Health literacy level (if assessed):_____
Notes:_____
_____
Discharge Date: _____
Principal discharge diagnosis: _____
Interpreter needed? Y N Language/Dialect: _____
****

Prior to phone call:

Review:

- Health history
- Medication lists for consistency
- Medication list for appropriate dosing, drug-drug and drug-food interactions and major side effects.
- Contact sheet for caregiver and/or surrogate preference
- DA notes & discharge summary

Completed: Y N

Interventions (if any) made prior to phone call:

- None ❑
- Called MD ❑ Yes If yes, spoke to/regarding/outcome
- Called DA ❑ Yes If yes, spoke to/regarding/outcome
- Called outpatient pharmacy ❑Yes If yes, spoke to/regarding/outcome
- Other: _____

Phone call attempts:

Patient

Phone Call #1: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #2: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #3: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #4: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #5: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #6: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:

Alternate Contact/Caregiver/Surrogate

Phone Call #1: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #2: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #3: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #4: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #5: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:
Phone Call #6: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/pt declined/busy/other:

Hello Mr/Ms. _____ I am (caller's name), a (type of clinician) from (name of hospital).
When you left the [hospital name] 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, to see how you are doing, and 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 15-20 minutes, depending on the number of medicines you are taking.

Can you bring all of your medications to the telephone, please? We will review them during this call.

A. Health Status Diagnosis

Before you left the hospital, a Discharge Educator (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. This is an example of employing the "teach back" method. After the patient describes his/her diagnosis, the caller clarifies 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.
Tailor explanation to patient's health literacy level.

What did the medical team tell you to watch out for to make sure you're ok?
Review specific symptoms to watch out for/things to do for this diagnosis. (weigh self, blood sugar, blood pressure, peak flow chart, etc)

Measure patient's understanding of disease-related symptoms or symptoms of relapse (diagnosis pages)

Do you have any questions for me about your diagnosis? Is there anything I can better explain for you?

If yes, explain again, using language appropriate for the patient's level of understanding.
If no, continue:

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, 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, Who have you spoken with/seen? And what did they decide to do? Using clinical judgment, use this conversation to determine if further recommendations, teaching, or interventions are necessary.

If worsened since discharge, has the patient:

- ❑ Returned to see his/her PCP (name): _____
- ❑ Called/Contacted his/her PCP (name):_____
- ❑ Gone to the ER/Urgent Care (specify):_____
- ❑ Gone to another hospital/MD (name):_____
- ❑ Spoken with visiting nurse:_____
- ❑ Other (specify): _____

Have any new medical problems come up since you left the hospital?
If yes, What has happened?

Below are prompts for recommendations to give the patient as necessary. Following the conversation about the current state of the patient's medical condition, the caller recommends the appropriate action to the patient.

If new problem since discharge, has the patient:

- ❑ Returned to see his/her PCP (name): _____
- ❑ Called/Contacted his/her PCP (name):_____
- ❑ Gone to the ER/Urgent Care (specify):_____
- ❑ Gone to another hospital/MD (name):_____
- ❑ Spoken with visiting nurse:_____
- ❑ Other (specify): _____

Actions taken by clinician making call:

- ❑ No change in discharge plan as it relates to the medical diagnosis is necessary
- ❑ Patient advised to call PCP
- ❑ Patient advised to go to the ED
- ❑ Patient advised to call DA
- ❑ Patient advised to call specialist physician
- ❑ Caller to call MD and will call patient back
- ❑ Caller to call DA and will call patient back

B. Medications:

Do you have all of your medications in front of you now?

Fill in Table 1 below for all medications to facilitate your conversation and ensure that all questions were addressed and appropriate interventions provided.

I'm going to ask you a few questions about each one of your medications to see if there is anything I can help you with. We will go through your medications one by one, both prescription medications and over-the-counter medications. Over–the-counter medications are ones you can buy at a drugstore without a prescription. Also, we'll go over any herbal medications you may be taking.

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 medications to start with. What is the name of this medication? The name of it should be on the label. What is the strength of the medication? It should say a number and a unit such as, mg, mcg, etc. What is the reason/purpose you are taking this medication? Have you had any concerns or problems taking this medication? Has anything gotten in the way of you being able to take it? Do you think you are experiencing any side effects from the medication? How often have you been able to take it? How do you take this medication? And at what time(s) during the day?

Also, what does the medication look like and does this match the discharge information? If no, can you tell me/describe the medication including any numbers or letters that are on the medication, so I can verify it is correct? Are you taking any additional medications that you haven't already told me about including other prescription medications, over-the-counter medications (medications you get can without a prescription) and/or herbal medications?

Have you been using the medication calendar (in your Care Plan) that was given to you on discharge? Do you use a pill box?
If yes, provide positive reinforcement of using these tools.
If no, suggest using these tools to help remember to take the medications as ordered. If patient has lost AHCP, offer to send a new copy of AHCP by mail or email.

What questions do you have today regarding your medications and/or medication calendar (if using)?

Does your family or caregiver have any questions or concerns?

Plan regarding the drug therapy recommended to patient:
Here, please recommend the patient seek medical care with the PCP, specialist, or ED as necessary.

- ❑ No change in discharge plan as it relates to the drug therapy is necessary
- ❑ Patient advised to call PCP
- ❑ Patient advised to go to the ED
- ❑ Patient advised to call DA
- ❑ Patient advised to call specialist physician
- ❑ Caller to call MD and will call patient back
- ❑ Caller to call DA and will call patient back

- Caller to call outpatient pharmacy and will call pt back
- Other:_____

C. Clarification of Physician Appointments and Lab Tests

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 doctor(s) and for lab tests when you left the hospital. Can you please tell me what appointments you have scheduled? Who is your appointment with? (If lab/test), what is your appointment for? And 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 you getting to any of these appointments on these days and times? If yes, Let's talk about how we can work around these difficulties? (Fill in Table 4 and 5 as applicable)

D. Coordination of Post-Discharge Home Services (if applicable):

Have you been visited by any home health care services (i.e. nurses, respiratory therapist) since you were discharged?
If no, I will call to make sure they are coming soon.

E. What to do if a problem arises.

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, chest pain, trouble breathing, (other disease-specific examples) you need to call 911 to get an ambulance so you can see a doctor right away. However, if you are having a medical problem that is not an emergency (insert examples) and want to be seen by your doctor before your next scheduled appointment, you can call your doctor's office directly and ask for an earlier appointment. Sometimes your primary care 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).

Does that make sense to you?
Do you have any questions about it?

If patient understands what to do, continue.
If not, caller clarify plan for what do when a problem arises.
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? Don't forget the phone number is also listed in your Care Plan. Do you need me to mail or email you another copy of your Care Plan? If yes, confirm address or email.

Do your caregivers have these numbers also?
If no, Would you like me to email or mail a copy of your Care Plan to them?
If yes, confirm address or email.

Now that completes our call. Do you have any other questions for me?
If not, Thank you and have a good day.
If yes, answer questions.

Interviewer's Initials: _____ Estimated Length of call: _____

Time:

Time for screening information (medications, etc) prior to phone call:

Time for missed calls/attempts:
Time for initial phone call:

Time for talking to other healthcare providers:
Time for follow-up/subsequent phone calls to patient:

Time for speaking with family or caregivers:

Total time spent:

OUTCOMES

Potential barriers to attendance identified Y N List:_____

Potential solutions/ resources identified Y N List: _____

Alternative plan made Y N Details:_____

Physician/DA informed Y N Details:_____

Medication(s) with Identified Problems:

1. Medication: _____

Discrepancy:

- ❑ Intentional Non-Adherence
- ❑ Non-Intentional Non-Adherence
- ❑ System/Clinician Error

Intervention(s):

_____
_____
_____

2. Medication: _____

Discrepancy:

- ❑ Intentional Non-Adherence
- ❑ Non-Intentional Non-Adherence
- ❑ System/Clinician Error

Intervention(s):

_____
_____
_____

3. Medication: _____

Discrepancy:

- ❑ Intentional Non-Adherence
- ❑ Non-Intentional Non-Adherence
- ❑ System/Clinician Error

Intervention(s):

_____

_____

_____

Table 1: MD appointments

MD (name) appointment	Date	Time	Location	Can pt. state when appointment is? (list response)	Correct? Y/N	If not accurate, clarify, correct date/time/location	Is pt. able to make it to appointment (Y/N)	If unable, list reason	Pt given # to call & reschedule (Y/N)

Table 2: Lab Appointments/Tests

Lab/Test (name) appointment	Date	Time	Location	Can pt. state when appointment is? (list response)	Correct? Y/N	If not accurate, clarify, correct date/time/location	Is pt. able to make it to appointment (Y/N)	If unable, list reason	Pt given # to call & reschedule (Y/N)

Table 3: Green = need to answer ALL green boxes for every entry; red = if pt NOT taking med; blue = if pt IS taking med

Name, Strength, route, frequency of medication	Pt can name strength, route & freq of med?	Is pt taking med?	If no, MD knows pt not taking?	If no, pt error? (see list)	If no, system error? (see list)	Interventions Y/N if yes, note in outcomes	If pt taking, matches d/c sheet? Y/N/U	If, no reason (See list)	If *not* taking correctly, reconciled w/ pt? Y/N	Does pt know why s/he is taking medication? If pt does not know, educate the pt.	Can RPH identify any SE pt may be experiencing? Y/N	RPH educated pt on potential SE? Y/N And how to manage? Y/N	If SE identified, SE management/ Intervention: List	Any drug-drug intx? If yes, list	If yes, intervention	Any drug-food intx? If yes, list	If yes, intervention
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	

* Patient Error = Intentional Non-Adherence or Non-Intentional Non-Adherence

** System Error = EMR not updated/entered correctly, human error

Name, Strength, route, frequency of medication	Pt can name strength, route & freq of med?	Is pt taking med?	If no, MD knows pt not taking?	If no, pt error? (see list)	If no, system error? (see list)	Interventions Y/N if yes, note in outcomes	If pt taking, matches d/c sheet? Y/N/U	If, no reason (See list)	If *not* taking correctly, reconciled w/ pt? Y/N	Does pt know why s/he is taking medication? If pt does not know, educate the pt.	Can RPH identify any SE pt may be experiencing? Y/N	RPH educated pt on potential SE? Y/N And how to manage? Y/N	If SE identified, SE management/ Intervention: List	Any drug-drug intx? If yes, list	If yes, intervention	Any drug-food intx? If yes, list	If yes, intervention
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	

* Patient Error = Intentional Non-Adherence or Non-Intentional Non-Adherence

** System Error = EMR not updated/entered correctly, human error

Name, Strength, route, frequency of medication	Pt can name strength, route & freq of med?	Is pt taking med?	If no, MD knows pt not taking?	If no, pt error? (see list)	If no, system error? (see list)	Interventions Y/N if yes, note in outcomes	If pt taking, matches d/c sheet? Y/N/U	If, no reason (See list)	If *not* taking correctly, reconciled w/ pt? Y/N	Does pt know why s/he is taking medication? If pt does not know, educate the pt.	Can RPH identify any SE pt may be experiencing? Y/N	RPH educated pt on potential SE? Y/N And how to manage? Y/N	If SE identified, SE management/ Intervention: List	Any drug-drug intx? If yes, list	If yes, intervention	Any drug-food intx? If yes, list	If yes, intervention
16.																	
17.																	
18.																	
19.																	
20.																	
21.																	
22.																	

* Patient Error = Intentional Non-Adherence or Non-Intentional Non-Adherence

** System Error = EMR not updated/entered correctly, human error

MRN _____ **TABLE 1**

Allergies: _____

APPENDIX C: Modified Table 1

High Alert Medications

Address Acquisition and Adherence with all of these medications

Drug Category	What to look for
Anticoagulants	Bleeding . . . . Who is managing INR
Antibiotics	Diarrhea . . . . . Back up method for birth control Should not taken at same time as Calcium and MVI
Antiretrovirals	Review profile for drug-drug interactions
Insulin	Inquire about fasting blood sugar
Antihypertensives	Dizziness . . . If yes, suggest pt. space out antihypertensives (keep diuretic in AM)
Medications r/t primary diagnosis	Focus on acquisition and medication adherence

Medications	Filled prescription Has medication	Taking as ordered?	Identified Side Effects	Pt Concerns/Interventions / Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

MRN _____ **TABLE 1**

Allergies: _____

High Alert Medications

Address Acquisition and Adherence with all of these medications

Drug Category	What to look for
Anticoagulants	Bleeding . . . . Who is managing INR
Antibiotics	Diarrhea . . . . . Back up method for birth control Should not taken at same time as Calcium and MVI
Antiretrovirals	Review profile for drug-drug interactions
Insulin	Inquire about fasting blood sugar
Antihypertensives	Dizziness . . . If yes, suggest pt. space out antihypertensives (keep diuretic in AM)
Medications r/t primary diagnosis	Focus on acquisition and medication adherence

Medications	Filled prescription Has medication	Taking as ordered?	Identified Side Effects	Pt Concerns/ Interventions / Notes
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

MRN _____

TABLE 1

Allergies: _____

High Alert Medications

Address Acquisition and Adherence with all of these medications

Drug Category	What to look for
Anticoagulants	Bleeding . . . . Who is managing INR
Antibiotics	Diarrhea . . . . . Back up method for birth control Should not taken at same time as Calcium and MVI
Antiretrovirals	Review profile for drug-drug interactions
Insulin	Inquire about fasting blood sugar
Antihypertensives	Dizziness . . . If yes, suggest. space out antihypertensives (keep diuretic in AM)
Medications r/t primary diagnosis	Focus on acquisition and medication adherence

Medications	Filled prescription Has medication	Taking as ordered?	Identified Side Effects	Pt Concerns/ Interventions / Notes
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

Appendix D

Script and information collection form for post-discharge re-enforcement phone call (caregiver version)

This manual provides a step-by-step training of the two day phone caller's responsibilities and how to perform the phone call at your hospital. Any patient/caller interaction with suggested or scripted dialogue is highlighted using **red text**. The **blue text** is variable information that changes from patient to patient. This form reinforces the information provided at discharge. The patient's discharge information should be available to the interviewer at the time of this call.

Patient name: _____ Health Literacy Level (if assessed):_____
Surrogate or Caregiver name: _____Health Literacy Level (if assessed)_____
Relationship to patient: _____
Notes:_____
_____
Discharge Date: _____
Principal discharge diagnosis: _____
****

Prior to phone call:

Review:

- Health history
- Medication lists for consistency
- Medication list for appropriate dosing, drug-drug and drug-food interactions and major side effects.
- Contact sheet for caregiver/surrogate preference

Completed: Yes___ No ___

Interventions (if any) made prior to phone call:

- None ☐
- Called MD ☐Yes If yes, spoke to/regarding/outcome
- Called DA ☐Yes If yes, spoke to/regarding/outcome

- Called outpatient pharmacy □Yes If yes, spoke to/regarding/outcome

- Other: _____

Phone call attempts:

Phone Call #1: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #2: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #3: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #4: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #5: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #6: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #1: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #2: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #3: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other::

Phone Call #4: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #5: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Phone Call #6: Date & Time:_____ Reached: Yes/No
If No (circle one): answ. machine/no answer/not home/busy/other:

Hello Mr/Ms. _____ I am (caller's name), a (type of clinician) from (name of hospital). When (patient's name) was at [hospital name], you were designated by the patient and medical care team as the patient's caregiver. Before (patient name) left the [hospital name] I [Discharge Educator] mentioned that 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 (patient name)'s medical issues, to see how you and (patient name) are doing, and if there is anything I can do to help you in his/her care.

Is this a good time to talk?
It will probably take about 15-20 minutes, depending on the number of medicines (patient name) is taking.

IS THE (PATIENT NAME) THERE? WOULD YOU LIKE (PATIENT NAME) TO BE INVOLVED IN THIS CALL?

IF YES, CONTINUE.
IF NO, ASK, IS THERE A BETTER TIME THAT I CAN CALL YOU BACK?

Can you bring all of (patient name)'s medicines to the phone, please? We will review them during this call.

A. Health Status Diagnosis

Before (patient name) left the hospital, a Discharge Educator (DE name) spoke to (you, patient name, and/or another caregiver) about (patient name)'s main problem during his/her hospital stay. This is also called his/her "primary discharge diagnosis".

Using your own words, can you explain to me what (patient name)'s main problem or diagnosis is?

If yes, confirm the caregiver's knowledge of the discharge diagnosis.

If no, use this opportunity to provide education about the patient's discharge diagnosis.
Tailor explanation to caregiver's health literacy level.

This is an example of employing the "teach back" method. After the caregiver describes the patient's diagnosis, the caller clarifies any misconceptions or misunderstandings using a question and answer format to keep the caregiver engaged.

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

Measure caregiver's understanding of disease-related symptoms or symptoms of relapse (highlighted on diagnosis pages)

Do you have any questions for me about (patient name)'s diagnosis? Is there anything I can better explain for you?

If yes, explain again, using language appropriate for the caregiver's level of understanding.
If no, continue:

Since he/she left the hospital, do *you* feel (patient name)'s main problem, (diagnosis), has improved, worsened or not changed?

If improved or no change, continue below.
If primary condition has worsened, I'm sorry to hear that. How has it gotten worse?
Has (patient name) or you spoken to or seen any doctors or nurses about this since he/she left the hospital?
If yes, Who have you or (patient name) spoken with/seen? And what did they decide to do? Using clinical judgment, use this conversation to determine if further recommendations, teaching, or interventions are necessary.

If worsened since discharge, has the patient:

- ❑ Returned to see his/her PCP (name): _____
- ❑ Called/Contacted his/her PCP (name):_____
- ❑ Gone to the ER/Urgent Care (specify):_____
- ❑ Gone to another hospital/MD (name):_____
- ❑ Spoken with visiting nurse:_____
- ❑ Other (specify): _____

Have any new medical problems come up with (patient name) since he/she left the hospital?
If yes, What has happened?

Is there anyone else involved in his/her care that I should talk to?

If yes, Name: _____
Phone number: _____

Below are prompts for recommendations to give the caregiver and patient as necessary. Following the conversation about the current state of the patient's medical condition, the caller recommends the appropriate action to the caregiver and patient.

If new problem since discharge, has the patient and/or caregiver:

- ❑ Returned to see his/her PCP (name): _____
- ❑ Called/Contacted his/her PCP (name):_____
- ❑ Gone to the ER/Urgent Care (specify):_____
- ❑ Gone to another hospital/MD (name):_____

- Spoken with visiting nurse:_____
- Other (specify): _____

Actions taken by clinician making call:

- No change in discharge plan as it relates to the medical dx is necessary
- Caregiver advised to call PCP
- Caregiver advised to take patient to the ED
- Caregiver advised to call DA
- Caregiver advised to call specialist physician
- Pharmacist to call MD and will call caregiver back
- Pharmacist to call DA and will call caregiver back

B. Medications:

Do you have all of (patient name)'s medications in front of you now?

Fill in Table 1 below for all medications to facilitate your conversation and ensure that all questions were addressed and appropriate interventions provided.

I'm going to ask you a few questions about each one of (patient name)'s medications to see if there is anything I can help you with. We will go through his/her medications one by one, both prescription medications and over-the-counter medications. Over the counter medications are ones you can buy at a drugstore without a prescription. Also, we'll go over any herbal medicines he/she may be taking.

Choose one of (patient name)'s medicines to start with.
What is the name of this medicine? The name of it should be on the label.

What is the strength of the medicine? It should say a number and a unit such as, mg, mcg, etc.

How does (patient name) take this medicine?
How often does (patient name) take it?
And at what time(s) during the day?

What is the reason/purpose (patient name) is taking this medication?

Is he/she having any problems with the medication? (i.e. side effects, remembering to take it, etc.)

Do you think (patient name) is experiencing any side effects from the medicines?

Also, what does the medicine look like and does this match the discharge information? If no, can you tell me/describe the medication including any numbers or letters that are on the medicine, so I can verify it is correct?

REPEAT FOR ALL MEDICINES LISTED ON the hospital discharge summary

Is (patient name) taking any additional medications that you haven't already told me about including other prescription medications, over-the-counter medications (medications you get can without a prescription) and/or herbal medications?

Has the patient or you been using the medicine calendar in your Care Plan that was given at discharge?
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.

Does (patient name) use a pill box?

If yes, provide positive reinforcement.
If no, discuss the benefits.

What questions to you have today regarding (patient name)'s medicines and/or medicine calendar (if using)?

Does (patient name) have any questions or concerns?

Plan regarding the drug therapy recommended to patient:
Here, please recommend the patient seek medical care with the PCP, specialist, or ED as necessary.

- ❑ No change in discharge plan as it relates to the drug therapy is necessary
- ❑ Caregiver advised to call PCP
- ❑ Caregiver advised to take patient to the ED
- ❑ Caregiver advised to call DA
- ❑ Caregiver advised to call specialist physician
- ❑ Pharmacist to call MD and will call patient back
- ❑ Pharmacist to call DA and will call patient back
- ❑ Pharmacist to call outpatient pharmacy and will call caregiver back
- ❑ Other:_____

C. Clarification of Physician Appointments and Lab Tests

Now, I'm going to make sure you and I have the same information about (patient name)'s appointments and tests that are coming up. Appointments were made with (patient name)'s doctor(s) and for lab tests before he/she left the hospital. Can you please tell me what appointments (patient name) has scheduled? Who is the appointment with? (If lab/test), what is the appointment for? And when is this appointment? What is the plan for getting to (patient name) to the appointment? Is he/she going to be able to make it to the appointment? (Fill in Table 4 and 5 as applicable)

D. Coordination of Post-Discharge Home Services (if applicable):

Has (patient name) been visited by any home healthcare services (ie. nurses, respiratory therapist) since he/she was discharged?
If no, I will call to make sure they are coming soon.

E. What to do if a problem arises.

Before we hang up, I want to make sure that if a medical problem arises, you know what to do. If (patient name) is having an emergency, for example, chest pain, trouble breathing, to name a few, you need to call 911 to get an ambulance so he can see a doctor right away. However, if (patient name) is having a medical problem that is not an emergency and he/she wants to be seen by the doctor before his/her next scheduled appointment, you can call the doctor's office directly and ask for an earlier appointment. Sometimes primary care doctors are very busy, so if you are having difficulty obtaining an appointment, ask if (patient name) can be seen by someone else in the office (such as a nurse, nurse practitioner, or physician's assistant).

Does that make sense to you?
Do you have any questions about it?

If patient understands what to do, continue.
If not, caller clarify plan for what do when a problem arises.
Let me give you the phone number for (patient name)'s primary care doctor just in case. Do you have a pen and paper to write this down? Don't forget the phone number is also listed in his/her Care Plan. Do you need me to mail or email you another copy of your Care Plan? If yes, confirm address or email.

Now that completes our call. Do you have any other questions for me?
If not, Thank you and have a good day.
If yes, answer questions.

Interviewer's Initials: _____ Estimated Length of call: _____

Time:

Time for screening information (medications, etc) prior to phone call:

Time for missed calls/attempts:

Time for initial phone call:

Time for talking to other healthcare providers:

Time for follow-up/subsequent phone calls to patient:

Total time spent:
Potential barriers to attendance identified Y N List:_____

Potential solutions/ resources identified Y N List: _____

Alternative plan made Y N Details:_____

Physician/DA informed Y N Details:_____

Medication(s) with Identified Problems:

4. Medication: _____
Discrepancy:
- ❑ Intentional Non-Adherence
- ❑ Non-Intentional Non-Adherence
- ❑ System/Clinician Error

Intervention(s):
_____
_____
_____

5. Medication: _____
Discrepancy:
- ❑ Intentional Non-Adherence
- ❑ Non-Intentional Non-Adherence
- ❑ System/Clinician Error

Intervention(s):
_____
_____
_____

6. Medication: _____
Discrepancy:
- ❑ Intentional Non-Adherence
- ❑ Non-Intentional Non-Adherence
- ❑ System/Clinician Error

Intervention(s):
_____
_____
_____

Table 1: MD appointments

MD (name) appointment	Date	Time	Location	Can pt. state when appointment is? (list response)	Correct? Y/N	If not accurate, clarify, correct date/time/location	Is pt. able to make it to appointment (Y/N)	If unable, list reason	Pt given # to call & reschedule (Y/N)

Table 2: Lab Appointments/Tests

Lab/Test (name) appointment	Date	Time	Location	Can pt. state when appointment is? (list response)	Correct? Y/N	If not accurate, clarify, correct date/time/location	Is pt. able to make it to appointment (Y/N)	If unable, list reason	Pt given # to call & reschedule (Y/N)

Table 3: Green = need to answer ALL green boxes for every entry; red = if pt NOT taking med; blue = if pt IS taking med

Name, Strength, route, frequency of medication	Pt can name strength, route & freq of med?	Is pt taking med?	If no, MD knows pt not taking?	If no, pt error? (see list)	If no, system error? (see list)	Interventions Y/N if yes, note in outcomes	If pt taking, matches d/c sheet? Y/N/U	If, no reason (See list)	If *not* taking correctly, reconciled w/ pt? Y/N	Does pt know why s/he is taking medication? If pt does not know, educate the pt.	Can RPH identify any SE pt may be experiencing? Y/N	RPH educated pt on potential SE? Y/N And how to manage? Y/N	If SE identified, SE management/ Intervention: List	Any drug-drug intx? If yes, list	If yes, intervention	Any drug-food intx? If yes, list	If yes, intervention
1.																	
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* Patient Error = Intentional Non-Adherence or Non-Intentional Non-Adherence

** System Error = EMR not updated/entered correctly, human error

Name, Strength, route, frequency of medication	Pt can name strength, route & freq of med?	Is pt taking med?	If no, MD knows pt not taking?	If no, pt error? (see list)	If no, system error? (see list)	Interventions Y/N if yes, note in outcomes	If pt taking, matches d/c sheet? Y/N/U	If, no reason (See list)	If *not* taking correctly, reconciled w/ pt? Y/N	Does pt know why s/he is taking medication? If pt does not know, educate the pt.	Can RPH identify any SE pt may be experiencing? Y/N	RPH educated pt on potential SE? Y/N And how to manage? Y/N	If SE identified, SE management/ Intervention: List	Any drug-drug intx? If yes, list	If yes, intervention	Any drug-food intx? If yes, list	If yes, intervention
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Name, Strength, route, frequency of medication	Pt can name strength, route & freq of med?	Is pt taking med?	If no, MD knows pt not taking?	If no, pt error? (see list)	If no, system error? (see list)	Interventions Y/N if yes, note in outcomes	If pt taking, matches d/c sheet? Y/N/U	If, no reason (See list)	If *not* taking correctly, reconciled w/ pt? Y/N	Does pt know why s/he is taking medication? If pt does not know, educate the pt.	Can RPH identify any SE pt may be experiencing? Y/N	RPH educated pt on potential SE? Y/N And how to manage? Y/N	If SE identified, SE management/ Intervention: List	Any drug-drug intx? If yes, list	If yes, intervention	Any drug-food intx? If yes, list	If yes, intervention
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17.																	
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21.																	
22.																	

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