

Documentation Form: 2 Day Follow-up Phone Call

2 days post SNF discharge

Name: _____ Patient or Caregiver

Admit Date _____ Discharge Date _____ Date of Call _____ Refused Unable to Reach

Instructions: Using open-ended questions, assess patient's understanding of each element of the After Care Plan provided at discharge (have copy available if possible).

1. Confirms they have a copy of the ACP provided by the Nursing Home.
 Yes No
2. Understanding of their diagnosis
 Patient confirmed Further instruction needed Not assessed
3. Correctly identifies PCP and when appointment is scheduled
 Patient confirmed Further clarification needed Not assessed
4. Understanding of other clinician appointments and lab tests
 Patient confirmed Further clarification needed Not assessed
5. Understanding of what to do if a health or medical problem arises
 Patient confirmed Further instruction needed Not assessed
6. Medicine check – Does patient have a supply of each medication?
 Patient confirmed Further info/supply needed Not assessed
7. Medicine check – Understanding of how to use the medication list included in the After Care Plan.
 Patient confirmed Further instruction needed Not assessed
8. Coordination of post-discharge home services
 Home health visit ASAP visit Follow-up required Not assessed
9. Does patient have required DME in the home?
 Yes No Follow-up required