

Master - Inpatient (016)

December 2016



Sets: 1

Call Details

Sample Hospital 1 - Discharge Follow-Up Call (5128)

Survey 16 12 016	Area Master - Inpatient Acute Care Areas	Campus Main	Floor ALL	Building Hospital	
Due Date Dec 2016	Medical Record #	Name: Last, First	Reviewer First Name	Reviewer Last Name	Date / /

Call Attempt (check all that apply)

First
 Second
 Third

Call Result (check one)

Call Completed
 No Answer
 Wrong #
 Does Not Wish to Talk
 Left Voicemail

Respondent (check one)

Patient
 Spouse
 Son
 Daughter
 Other Family Member

Other Responder

Language Preference (check one)

English
 Spanish
 Other

Phone Number:

Phone Number:

Notes:



Survey 16 12 016	Area Master - Inpatient Acute Care Areas	Campus Main	Floor ALL	Building Hospital
Due Date Dec 2016	Reviewer First Name	Reviewer Last Name	Date / /	

DISCHARGE CALL

<p>0101 Introduction - Inpatient Follow-Up: Department</p> <p>Before commencing: A - Acknowledge - Good Morning/Afternoon I - Introduce - I am _____ from _____ hospital. D - Duration - I have a few questions about your recent stay with us. It will take about 5 minutes of your time. Is that OK? E - Explanation - We want to be sure we are providing excellent service and quality care so we talk to a lot of our patients about their stay. We particularly want to be sure that you have all the information and support you need since leaving the hospital. Instructions Complete AIDE process with patient and score yes when completed.</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0102 Discharge Instructions-Covered Follow-Up: Department</p> <p>Did we go over your discharge instructions with you before you left the hospital? Do you have a copy? Lets review together. Std: PC.02.03.01 EP25, PC.04.01.05 EP8 Instructions If No: "I will get your discharge instructions and call you to review what you need to know." If Yes: "Can you tell me your main health problem?" "Are the instructions easy to read and understand?"</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0113 Condition Improving Follow-Up: Directable</p> <p>Do you feel that your condition has improved since you left the hospital? Std: PC.01.03.01 EP22 Instructions If No: "Do you have new or worsening symptoms?" Do you have fever? (Arrange for follow up with Primary Care Physician or other as needed) If Yes: "Do you have any additional concerns about your condition?"</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0121 Daily Living Support Follow-Up: Directable</p> <p>Do you have the help you need with bathing, food and transport? Std: PC.02.01.19 EP4, PC.02.02.01 EP3 Instructions If Yes: Any difficulty with toileting? How are you organizing transportation? If No: What specific issues do you have and lets see if we can find a way to get you help (arrange for follow up/home assistance)</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0125 Home Care Agency Visit Follow-Up: Directable</p> <p>Has the home care agency called you to schedule their first visit? (Note: The discharge instruction sheet will show if home health is needed. If not needed, mark question NA) Instructions If No: What help do you need to get that scheduled? (assist with scheduling) If Yes: When is the visit scheduled?</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0126 Medical Equipment Delivered Follow-Up: Directable</p> <p>Do you have all of your medical equipment set up and is it working properly? (Note: The discharge instruction sheet will show if medical equipment was ordered. If not needed, mark question NA) Instructions If No: What help do you need to get it set up? (assist with arranging/scheduling) If Yes: Is it helpful? Is there anything else you need?</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0108 Watch For Problems Follow-Up: Department</p> <p>Do you know what problems to watch for and what you should do if they occur? Std: PC.04.01.05 EP7 Instructions If No: Review problems/danger signs If Yes: "What signs are you watching for?" "What should you do if they occur?"</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>



Survey 16 12 016	Area Master - Inpatient Acute Care Areas	Campus Main	Floor ALL	Building Hospital
Due Date Dec 2016	Reviewer First Name	Reviewer Last Name	Date / /	

DISCHARGE CALL

<p>0111 Medication List Follow-Up: Directable</p> <p>Do you have a list of your medications? Can you get the list so we can review? Std: NPSG.03.06.01 EP4</p> <p>Instructions If No: Arrange for medication list and follow up call. If Yes: "Do you have any problems with the medications?" "What is your schedule?" "Have any medications been added or taken off?"</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0104 Prescriptions Filled Follow-Up: Directable</p> <p>Have you filled all of your prescriptions? Std: NPSG.03.06.01 EP5</p> <p>Instructions If No: "What is preventing you from getting that done?" What can we do to get those filled? (make arrangement for follow up if needed) If Yes: "Do you have any questions about how to take them?"</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0106 Medications-Taken Follow-Up: Directable</p> <p>Have we explained how important it is for you to take the medications as prescribed? Std: NPSG.03.06.01 EP5</p> <p>Instructions If Yes or No: "It is very important for you to take the medications as prescribed. Will you make sure that this happens?"</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0105 Medications-Understood Follow-Up: Directable</p> <p>Have all of your questions about your medication been answered? Std: NPSG.03.06.01 EP5, PC.04.01.05 EP8</p> <p>Instructions If No: "What questions do you have?" (note feedback in comments and arrange for follow up with pharmacy if needed)</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0107 Follow-Up Doctors Appointments Follow-Up: Directable</p> <p>Have your follow-up appointments been scheduled? Std: PC.02.02.01 EP3</p> <p>Instructions If No: "How can we make sure this happens?" Do you have what you need in order to make the appointments? If Yes: "When are your appointments scheduled?" Do you have transportation?</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0112 Pain Follow-Up: Directable</p> <p>Are you comfortable? Is your pain (if any) under control? Std: PC.01.02.07 EP4</p> <p>Instructions If No: "What are you doing to handle that?" (Review compliance with prescribed pain medications, arrange for follow up with physician if needed) If Yes: Are you able to eat, drink, and move around your house?</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0127 Food Follow-Up: Directable</p> <p>Was the food good?</p> <p>Instructions If No: Tell me how we can improve. If Yes: What did you like about it?</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>
<p>0128 Room Cleaning Follow-Up: Directable</p> <p>Was your room and your bathroom kept clean? Std: EC.02.06.01 EP20</p> <p>Instructions If No: How could that have been improved? If Yes: Was there anything we could do to improve?</p>	<p><input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="radio"/> No <input type="radio"/> Not Scored</p> <p><input type="radio"/> Follow-Up Completed</p>



Survey 16 12 016	Area Master - Inpatient Acute Care Areas	Campus Main	Floor ALL	Building Hospital
Due Date Dec 2016	Reviewer First Name	Reviewer Last Name	Date / /	

DISCHARGE CALL

<p>0110 Thank You</p> <p>Thank you for taking the time with me today. Is there anything I can do for you before we finish? (If yes, note any requests that you carried out.)</p> <p>Instructions "You may receive a survey in the mail. Please return within 4 weeks as your opinions are important to us." Score yes when completed.</p>	Follow-Up: Department	<input type="radio"/> Yes	<input type="radio"/> N/A
		<input type="radio"/> No	<input type="radio"/> Not Scored
		<input type="radio"/> Follow-Up Completed	

