

# **Master - Emergency (005)**

**December 2016**



**Sets: 1**

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

Survey <b>16 12 005</b>	Area <b>Master - Emergency Services (005)</b>	Campus <b>Main</b>	Floor <b>ALL</b>	Building <b>Hospital</b>	
Due Date <b>Dec 2016</b>	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:



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**DISCHARGE CALL**

<b>0119</b>	<b>Introduction - Outpt/ER/Outpt surg</b>	Follow-Up: Department	<input type="radio"/> Yes	<input type="radio"/> N/A
Before commencing: A - Acknowledge - Good Morning/Afternoon I - Introduce - I am _____ from _____ hospital. D - Duration - I have a few questions about your recent visit 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 visit. We particularly want to be sure that you have all the information and support you need since leaving the hospital or Emergency Room. <b>Instructions</b> Complete AIDE process with patient and score yes when completed.			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				
<b>0103</b>	<b>Discharge Instructions-Questions</b>	Follow-Up: Department	<input type="radio"/> Yes	<input type="radio"/> N/A
Have all of your questions about your discharge been answered? Std: PC.04.01.05 EP8 <b>Instructions</b> If No: "What questions do you have?" (note questions in comments and arrange for follow up) If Yes: "Do you have any concerns?"			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				
<b>0113</b>	<b>Condition Improving</b>	Follow-Up: Directable	<input type="radio"/> Yes	<input type="radio"/> N/A
Do you feel that your condition has improved since you left the hospital? Std: PC.01.03.01 EP22 <b>Instructions</b> 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?"			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				
<b>0108</b>	<b>Watch For Problems</b>	Follow-Up: Department	<input type="radio"/> Yes	<input type="radio"/> N/A
Do you know what problems to watch for and what you should do if they occur? Std: PC.04.01.05 EP7 <b>Instructions</b> If No: Review problems/danger signs If Yes: "What signs are you watching for?" "What should you do if they occur?"			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				
<b>0111</b>	<b>Medication List</b>	Follow-Up: Directable	<input type="radio"/> Yes	<input type="radio"/> N/A
Do you have a list of your medications? Can you get the list so we can review? Std: NPSG.03.06.01 EP4 <b>Instructions</b> 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?"			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				
<b>0104</b>	<b>Prescriptions Filled</b>	Follow-Up: Directable	<input type="radio"/> Yes	<input type="radio"/> N/A
Have you filled all of your prescriptions? Std: NPSG.03.06.01 EP5 <b>Instructions</b> 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?"			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				
<b>0106</b>	<b>Medications-Taken</b>	Follow-Up: Directable	<input type="radio"/> Yes	<input type="radio"/> N/A
Have we explained how important it is for you to take the medications as prescribed? Std: NPSG.03.06.01 EP5 <b>Instructions</b> If Yes or No: "It is very important for you to take the medications as prescribed. Will you make sure that this happens?"			<input type="radio"/> No <input type="radio"/> Not Scored	
<input type="radio"/> Follow-Up Completed				



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**DISCHARGE CALL**

<p><b>0105 Medications-Understood</b> 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><b>Instructions</b> 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><b>0107 Follow-Up Doctors Appointments</b> Follow-Up: Directable</p> <p>Have your follow-up appointments been scheduled? Std: PC.02.02.01 EP3</p> <p><b>Instructions</b> If No: "How can we make sure this happens?" Do you have what you need in order to make the appointments?</p> <p>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><b>0112 Pain</b> Follow-Up: Directable</p> <p>Are you comfortable? Is your pain (if any) under control? Std: PC.01.02.07 EP4</p> <p><b>Instructions</b> If No: "What are you doing to handle that?" (Review compliance with prescribed pain medications, arrange for follow up with physician if needed)</p> <p>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><b>0127 Food</b> Follow-Up: Directable</p> <p>Was the food good?</p> <p><b>Instructions</b> If No: Tell me how we can improve.</p> <p>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><b>0110 Thank You</b> Follow-Up: Department</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><b>Instructions</b> "You may receive a survey in the mail. Please return within 4 weeks as your opinions are important to us."</p> <p>Score yes when completed.</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>

