

Intervention Activities

Name: _____

Hospital Visits				
1 st visit date ____/____/____		2 nd visit date ____/____/____		3 rd visit date ____/____/____
Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<u>Visit No.</u> ____ ____ ____ Review pre-hospital medications ____ ____ ____ Review hospital medications ____ ____ ____ Construct complete medication list ____ ____ ____ Discuss medication management ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Explain PHR ____ ____ ____ Update PHR ____ ____ ____ Reinforce the importance of bringing PHR to appointments ____ ____ ____ Prepare for discharge ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Advise on making follow up appointment with PCP or Specialist ____ ____ ____ Clarify whether patient will need to obtain follow up tests and/or results ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Discuss self management of condition(s) ____ ____ ____ Alert to potential adverse drug reaction(s) ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Discuss patient's personal goal and possible steps for achieving ____ ____ ____ Discuss post-hosp care options ____ ____ ____ Review past hospital stays ____ ____ ____ Review discharge plan w/ patient ____ ____ ____ Review discharge plan with family/caregiver ____ ____ ____ Talk to patient about perceived support at home ____ ____ ____ Other
Notes:				

Name: _____

Nursing Home Visits/Calls

1st visit date ____/____/____

2nd visit date ____/____/____

3rd visit date ____/____/____

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<u>Visit No.</u> ____ ____ ____ Check on medication administration ____ ____ ____ Discuss medication management ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Prepare patient for discharge ____ ____ ____ Update PHR as needed ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Advise on making follow up appointment with PCP or Specialist ____ ____ ____ Clarify whether patient will need to obtain follow up tests and/or results ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Discuss self management of condition(s) ____ ____ ____ Alert to potential adverse drug reaction(s) ____ ____ ____ Other	<u>Visit No.</u> ____ ____ ____ Monitor clinical progress ____ ____ ____ Find out discharge date ____ ____ ____ Talk to nursing or case manager about care plan ____ ____ ____ Talk to family caregiver ____ ____ ____ Review discharge plan w/patient ____ ____ ____ Review discharge plan with family/caregiver ____ ____ ____ Other

Notes:

Name: _____

Home Visit ____/____/____				
Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<input type="checkbox"/> Compare pre-hospital medications with medications on hospital or skilled nursing facility discharge list <input type="checkbox"/> Identify medications that were prescribed but not obtained <input type="checkbox"/> Identify medication discrepancies <input type="checkbox"/> Develop a plan to resolve discrepancies <input type="checkbox"/> Answer questions about medications <input type="checkbox"/> Encourage or observe use of patient's medication management "system" (e.g., Mediset ® or paper chart or alarm clock) <input type="checkbox"/> Identify medications needing refills and/or barriers to refill <input type="checkbox"/> Other	<input type="checkbox"/> Update PHR <input type="checkbox"/> Reinforce need for patient to bring PHR to all future health care encounters and show it to health care professionals <input type="checkbox"/> Other	<input type="checkbox"/> Encourage patient to set up follow-up appointment <input type="checkbox"/> Role-play appointment scheduling and encounter <input type="checkbox"/> Identify problems that require immediate PCP or specialist visit <input type="checkbox"/> Develop questions with patient for PCP or specialist <input type="checkbox"/> Teach skill of writing questions to ask at PCP or specialist follow up <input type="checkbox"/> Clarify whether patient will need to obtain follow up tests and/or results <input type="checkbox"/> Provide teaching for how to obtain follow-up tests and results <input type="checkbox"/> Other	<input type="checkbox"/> Review discharge instructions <input type="checkbox"/> Discuss & teach self management of condition(s) <input type="checkbox"/> Discuss target symptoms / side effects to monitor and what to do should they arise <input type="checkbox"/> Discuss when PCP should be called <input type="checkbox"/> Discuss pain management <input type="checkbox"/> Discuss constipation <input type="checkbox"/> Alert patient to potential adverse drug reaction(s) <input type="checkbox"/> Other	<input type="checkbox"/> Discuss patient's personal goal and possible steps for achieving <input type="checkbox"/> Ensure Durable Medical Equipment is delivered <input type="checkbox"/> Assess adequacy of support system and need for ongoing case management <input type="checkbox"/> Prepare patient to interact home health team (RN, PT, OT) <input type="checkbox"/> Connect patient to necessary community resources <input type="checkbox"/> Other

Name: _____

Home Visit __/__/__				
Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
Notes:				

Name: _____

Follow-up Phone Calls					
A = 2-day call ____/____/____		B = 7-day call ____/____/____		C = 14-day call ____/____/____	D = Other calls ____/____/____
Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other	
<input type="checkbox"/> Compare pre-hospital medications with medications on hospital or skilled nursing facility discharge list <input type="checkbox"/> Identify medications that were prescribed but not obtained <input type="checkbox"/> Identify medication discrepancies <input type="checkbox"/> Develop a plan to resolve discrepancies <input type="checkbox"/> Answer questions about medications <input type="checkbox"/> Encourage or observe use of patient's medication management "system" (e.g., Mediset ® or paper chart or alarm clock) <input type="checkbox"/> Identify medications needing refills and/or barriers to refill <input type="checkbox"/> Other	<input type="checkbox"/> Update PHR <input type="checkbox"/> Reinforce need for patient to bring PHR to all future health care encounters and show it to health care professionals <input type="checkbox"/> Other	<input type="checkbox"/> Encourage patient to set up follow-up appointment <input type="checkbox"/> Role-play appointment scheduling and encounter <input type="checkbox"/> Identify problems that require immediate PCP or specialist visit <input type="checkbox"/> Develop questions with patient for PCP or specialist <input type="checkbox"/> Teach skill of writing questions to ask at PCP or specialist follow up <input type="checkbox"/> Clarify whether patient will need to obtain follow up tests and/or results <input type="checkbox"/> Provide teaching for how to obtain follow-up tests and results <input type="checkbox"/> Other	<input type="checkbox"/> Review discharge instructions <input type="checkbox"/> Discuss & teach self management of condition(s) <input type="checkbox"/> Discuss target symptoms / side effects to monitor and what to do should they arise <input type="checkbox"/> Discuss when PCP should be called <input type="checkbox"/> Discuss pain management <input type="checkbox"/> Discuss constipation <input type="checkbox"/> Alert patient to potential adverse drug reaction(s) <input type="checkbox"/> Other	<input type="checkbox"/> Discuss patient's personal goal and possible steps for achieving <input type="checkbox"/> Ensure Durable Medical Equipment is delivered <input type="checkbox"/> Assess adequacy of support system and need for ongoing case management <input type="checkbox"/> Prepare patient to interact home health team (RN, PT, OT) <input type="checkbox"/> Connect patient to necessary community resources <input type="checkbox"/> Other	

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B = 7-day call ____/____/____

C = 14-day call ____/____/____

D = Other calls ____/____/____

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
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Notes:

Name: _____

Patient/Caregiver Response

Level of Performance (Please rate)

L = Low

M = Medium

H = High

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<p>___ Demonstrates ability to accurately update medication record</p> <p>___ For each medication, understands the purpose, when and how to take, and possible side effects</p> <p>___ Demonstrates effective use of Medication Management System</p> <p>___ Agrees to confirm medication list with PCP and/or Specialist</p> <p>___ Agrees to keep updated complete & current written list of medications.</p>	<p>___ Understands the purpose of PHR and the importance of updating PHR</p> <p>___ Demonstrates ability to update PHR independently</p> <p>___ Agrees to bring PHR to every health encounter</p>	<p>___ Can schedule and follow through on appointment(s).</p> <p>___ Writes a list of questions for PCP and/or specialist and brings to appointment</p> <p>___ Demonstrates ability to overcome barriers commonly presented at follow-up visit through effective role-playing</p>	<p>___ States understanding about Red Flags to watch out for</p> <p>___ Reacts appropriately to Red Flags per education given</p>	<p>___ Reports increased feeling of being in control of own health</p> <p>___ Reports satisfactory outcome at follow-up health encounters</p> <p>___ Appropriately identifies education needs and demonstrates ability to effectively find answers</p> <p>___ Achievement of in-hospital personal goal for one month post discharge of " _____ "</p>

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