## Postdischarge Followup Phone Call Documentation Form

Patient name:

Caregiver(s) name(s):

Relationship to patient:

Notes:

Discharge date:

Principal discharge diagnosis:

Interpreter needed? Y N Language/Dialect:

***Prior to phone call:***

Review:

Health history

Medicine lists for consistency

Medicine list for appropriate dosing, drug-drug and drug-food interactions, and major side effects

Contact sheet

DE notes

Discharge summary and AHCP

**Call Completed:** Y N

With whom (patient, caregiver, both):

Number of hours between discharge and phone call:

**Consultations (if any) made prior to phone call:**

* None
* Called MD
* Called DE
* Called outpatient pharmacy
* Other:

**If any consultations, note to whom you spoke, regarding what, and with what outcome:**

**Phone Call Attempts**

Patient/Proxy

Phone Call #1: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #2: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #3: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #4: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #5: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined/busy/rescheduled/other:

Phone Call #6: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined/busy/rescheduled/other:

Alternate Contact 1

Phone Call #1: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #2: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #3: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #4: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined to provide information /busy/other:

Phone Call #5: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #6: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined to provide information/busy/other:

Alternate Contact 2

Phone Call #1: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #2: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #3: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): ans. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #4: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined to provide information /busy/other:

Phone Call #5: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined to provide information/busy/other:

Phone Call #6: Date & Time:\_\_\_\_\_\_\_\_ Reached: Yes/No

 If No (circle one): answ. machine/no answer/not home/declined to provide information/busy/other:

### A. Diagnosis and Health Status

Ask patient about his or her diagnosis and comorbidities

* Patient confirmed understanding
* Further instruction was needed

**If primary condition has worsened:**

What, if any, actions had the patient taken?

* Returned to see his/her clinician (name):
* Called/contacted his/her clinician (name):
* Gone to the ER/urgent care (specify):
* Gone to another hospital/MD (name):
* Spoken with visiting nurse (name):
* Other:
* What, if any, recommendations, teaching, or interventions did you provide?

**If new problem since discharge:**

Had the patient:

* Contacted or seen clinician? (name):
* Gone to the ER/urgent care? (specify):
* Gone to another hospital/MD? (name):
* Spoken with visiting nurse? (name):
* Other?:

Following the conversation about the current state of the patient’s medical status:

What recommendations did you make?

* Advised to call clinician (name):
* Advised to go to the ED
* Advised to call DE (name):
* Advised to call specialist physician (name):
* Other:

What followup actions did you take?

* Called clinician and called patient/caregiver back
* Called DE and called patient/caregiver back
* Other:

### B. Medicines

Document any medicines patient is taking that are **NOT** on AHCP and discharge summary:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document **problems** with medicines that are on the AHCP and discharge summary (e.g., has not obtained, is not taking correctly, has concerns, including side effects):

**Medicine 1:**

Problem:

* Intentional nonadherence
* Inadvertent nonadherence
* System/provider error

What recommendation did you make to the patient/caregiver?

* No change needed in discharge plan as it relates to the drug therapy
* Educated patient/caregiver on proper administration, what to do about side effects, etc.
* Advised to call PCP
* Advised to go to the ED
* Advised to call DE
* Advised to call specialist physician
* Other:

What followup action did you take?

* Called hospital physician and called patient/caregiver back
* Called DE and called patient/caregiver back
* Called outpatient pharmacy and called patient/caregiver back
* Other:

**Medicine 2**:

Problem:

* Intentional nonadherence
* Inadvertent nonadherence
* System/provider error

What recommendation did you make to the patient/caregiver?

* No change needed in discharge plan as it relates to the drug therapy
* Educated patient/caregiver on proper administration, what to do about side effects, etc.
* Advised to call PCP
* Advised to go to the ED
* Advised to call DE
* Advised to call specialist physician
* Other:

What followup action did you take?

* Called hospital physician and called patient/caregiver back
* Called DE and called patient/caregiver back
* Called outpatient pharmacy and called patient/caregiver back
* Other:

**Medicine 3**:

Problem:

* Intentional nonadherence
* Inadvertent nonadherence
* System/provider error

What recommendation did you make to the patient/caregiver?

* No change needed in discharge plan as it relates to the drug therapy
* Educated patient/caregiver on proper administration, what to do about side effects, etc.
* Advised to call PCP
* Advised to go to the ED
* Advised to call DE
* Advised to call specialist physician
* Other:

What followup action did you take?

* Called hospital physician and called patient/caregiver back
* Called DE and called patient/caregiver back
* Called outpatient pharmacy and called patient/caregiver back
* Other:

### C. Clarification of Appointments

Potential barriers to attendance identified: ❑ Y ❑ N

List:

Potential solutions/resources identified: ❑ Y ❑ N

List:

Alternative plan made: ❑ Y ❑ N Details:

Clinician/DE informed: ❑ Y ❑ N Details:

### D. Coordination of Postdischarge Home Services (if applicable)

Document any postdischarge services that need to be checked on and who will be doing that (caller/patient/caregiver).

### E. Problems

Did patient/caregiver know what constituted an emergency and what to do if a nonemergent problem arose?

❑ Yes ❑ No

If no, document source of confusion:

### F. Additional Notes

### G. Time

Time for reviewing information prior to phone call:

Time for missed calls/attempts:

Time for initial phone call:

Time for talking to other health care providers:

Time for followup/subsequent phone calls to patient:

Time for speaking with family or caregivers:

Total time spent:

Caller’s Signature: