

**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: \_\_\_\_\_

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**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

### 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

### 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

## 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:

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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: \_\_\_\_\_