



## SAFEMED 2<sup>nd</sup> HOME VISIT CHECKLIST

Patient Name: \_\_\_\_\_ FIN: \_\_\_\_\_ MRN: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Start Time: \_\_\_\_\_ am:pm End Time: \_\_\_\_\_ am:pm

Was home visit completed?  Yes  No If no, why? \_\_\_\_\_

### Home-based Medication Reconciliation

1. Do the medications the patient reports taking exactly match the discharge medication list?

Yes  No

*[If yes, skip sequence for 2, 3, & 4]*

2. Do the medications the patient reports taking include all essential acute and chronic disease medications (not including prn medications)?

3. Is the patient taking any prescription medications that are not on the medication list?  Yes  No

*If yes, how many? \_\_\_\_\_*

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

*\*Notify CHP of discrepancies*

4. Are there medications on the discharge medication list that the patient is not taking?  Yes  No

*If yes, how many? \_\_\_\_\_*

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

*\*Notify CHP*

5. Was the CHP available during the home visit for on-site consultation if needed?  Yes  No

6. If the medications the patient reports taking does not match the discharge medication list, document the reasons why using the following answer choices. Please select all answer choices that apply"

Could not afford co-pays at this time

Lack of transportation/no one available to pick up yet

Prior authorization required and authorization not obtained

Patient was not given all of the necessary prescriptions before discharge from hospital

Patient wants to see PCP before filing new prescriptions

PCP changed the medications

Patient does not want to take the medication

Other

If other, please describe reasons:

### Drug Disposal

1. Has the patient identified any unused or expired medications that are not on the current discharge medication list?  Yes  No



2. Has the patient been warned of dangers associated with keeping unused or expired medications on hand?

Yes  No

3. The patient has given permission for in home drug disposal.  Yes  No

If yes, the patient was assisted with in-home drug disposal today.  Yes  No

If no, all old or expired medications have been properly separated and marked.  Yes  No

4. The patient has been given a flyer on appropriate drug disposal.  Yes  No