



Telephone Follow-up Checklist

Patient Name: _____ FIN: _____ MRN: _____
 Date of Visit: _____ Time Started: _____ Time Ended: _____
 Weeks from Discharge: _____ Completed by: _____

Instructions: Telephone follow-up calls should occur at least two times in the first month following discharge (in general at around 2 weeks and at 4 weeks following discharge) and then on at least a monthly basis after the first month as long as the participant remains enrolled in the program. Staff should make a minimum of three attempts to complete monthly phone follow up.

*I. Symptom Monitoring**- Prior to call, look up patient’s driving diagnosis and related clinical indicators they should be self-monitoring.

1. Have you been keeping track of your [signs and or symptoms relevant to driving diagnosis]? Yes No
If no, remind patient of importance of self-monitoring specific signs & symptom relevant to patient’s condition.

2. Have you had any new or worsening symptoms during the past 2 weeks/4 weeks? Yes No
If yes, brief description of symptoms patient reports as new or worsening:

3. Have you had any changes to your [clinical indicators relevant to driving diagnosis] in past 2 weeks/4 weeks?

Yes No NA

If yes, Blood Pressure Weight Blood Sugar Other, what? _____

*** Inform Nurse or Physician Team Leader of any new or worsening signs or symptoms reported during phone follow up.**

*II. Utilization***- Prior to call, check to see if patient has had any hospital admissions in the past 2 weeks/4 weeks.

4. Have you seen your regular doctor (or nurse) since your last admission?

Yes No NA – no ED or hospital admissions in past 2 weeks/4 weeks.

If no, ask patient what has made it difficult to see their doctor and remind patient of importance of follow up.

**** Inform Nurse or Physician Team Leader of any barriers to seeing primary care doctor.**

III. Medication Regimen⁺- Prior to call, look up any unresolved drug therapy problems documented in Outcomes database. Based on discussion of problem with patient, document whether the recommended change was accepted by the patient or provider.

In the last 2 weeks/4 weeks.

5. Have you had problems remembering to take your (driving diagnosis condition) medicine? Yes No

6. Have you had problems getting your (driving diagnosis condition) medicine? Yes No



7. When you've felt better, have you stopped taking your (driving diagnosis condition) medicine?

Yes No

8. If you've felt worse when you take your (driving diagnosis condition) medicine, have you stopped taking it?

Yes No

9. Do you have any problems with any of your other medicines? Yes No

If yes, provide brief description:

10. Has a doctor or nurse changed any of your medicines in the 2 weeks/4 weeks? Yes No

If yes, provide brief description:

⁺ Inform Pharmacist Team Leader of any changes to or problems with medication schedule.

IV. Goal Monitoring[Ⓞ] - Prior to call, look up patient's last home visit action plan or last care recommendation made by APN (during call or outpatient center visit). Discuss patient progress with any relevant self-management behaviors. If patient reports low or no success with change, ask patient what is making it difficult to [adopt specific health behavior].

Brief description of successes and/or barriers to change:

[Ⓞ] Inform Nurse or Physician Team Leader of any current self-management barriers.

V. Referral Follow Up[△] - Check referral screen to see if there are any active referrals to follow up prior to call. Initiate conversation to determine if patient followed through on referral and what the outcome of the referral was. If patient did not follow through on referral, ask patient what made it difficult to follow up. Update referral status in referral screen during each monthly phone follow up as appropriate.

Brief description of findings:

[△] Inform Nurse or Physician Team Leader of any barriers to obtaining services for which referrals were made.

VI. Upcoming Appointment Reminder - Remind patient of any SAFEMED follow up contacts within Phase I including comprehensive medication reviews or group sessions.

1. Date of next planned contact: _____