

Date:

Patient Name:

Age:

Health Plan/ ID #:

Phone Number:

- Letter Sent
- CM Module

Facility:

Address:

Admit Date:

Discharge Date:

Diagnosis:

Attending MD:

PCP:

Notes

Action

**I. Introduction**

A. Identify who you are speaking to:

1. Hello, my name is XX and I am a case management coordinator (or nurse case manager) from Mills-Peninsula Medical Group.

2. Is Mr. X or Ms. X in? (If not, ask to speak w/ spouse, family member or caregiver).

3. If no answer, okay to leave name, title, & number as voicemail.

B. I'm calling regarding your recent discharge/(visit if ER) from \_\_\_\_\_. Your physician(s) is a part of Mills-Peninsula Medical Group. We want to make sure that your recovery goes smoothly.

**II. ER Questions**

- A. When did the problem start (days, weeks)?
- B. Has it been worsening over days, weeks? Or was it a sudden onset (minutes, hours)?
- C. When did you last see your doctor for this problem?
- D. Did you call your PCP before going to the ER?
- E. If yes, with whom did you speak with (your doctor, nurse, answering service, Intellicare)?
- F. Did you try to make an appointment?
- G. Was an appointment available? When?
- H. Were you told to go to the ER or Extended Hours Clinic?
- I. How did you get to the ER (self, friend, ambulance)?
- J.

**I. Have things gone smoothly since you were discharged from the hospital or SNF?**

- A. Yes
- B. No
- 1. Explain \_\_\_\_\_
- 2. Refer to case manager

**IV. Discharge Instruction:**

- A. Did you understand your discharge instruction?
  - 1. Yes
  - 2. No
    - a. Can you explain? \_\_\_\_\_

**V. Medications:**

- A. Do you have all the medication you are suppose to take?
  - 1. Yes, go to E
  - 2. No, go to C
- B. What meds do you not have?
  - 1. List
- C. Will you pick up your medication today?
  - 1. Yes
  - 2. No, get reason, refer to case manager
- D. Do you understand how to take you medications?
  - 1. Yes
  - 2. No,(goes to case manager)

**VI. Research in MIDAS, d/c summary or out of network log to see if patient had home health ordered**

A. Were you told if home health was ordered?

1. Yes

2. No, forward to case manager

B. Did the home health services arrive? (question only for patients who had home health ordered)

1. Visiting Nurse

a. Visiting nurse was here on \_\_\_\_\_

b. Visiting nurse is scheduled to visit on \_\_\_\_\_

c. Visiting nurse has NOT made contact

2. Social Worker

a. Social worker was here on \_\_\_\_\_

b. Social worker is scheduled to visit on \_\_\_\_\_

c. Social worker has NOT made contact

3. P.T.

a. P.T. was here on \_\_\_\_\_

b. P.T. is scheduled to visit on \_\_\_\_\_

c. P.T. has NOT made contact

d. Outpatient P.T.

e. Patient did not meet criteria for home P.T.

4. O.T.

a. O.T. was here on \_\_\_\_\_

b. O.T. is scheduled to visit on \_\_\_\_\_

c. O.T. has NOT made contact

5. Speech Therapy

a. Speech therapist. was here on \_\_\_\_\_

b. Speech therapist. is scheduled to visit on \_\_\_\_\_

c. Speech therapist has NOT made contact

6. Oxygen

a. O2 has arrived

b. O2 is scheduled to arrive

c. O2 has not arrived

d. Pt previously on O2

7. Other

a. No Home Health was ordered

b. Patient declined Home Health Services

c. Agency has made contact but no visit was scheduled

**VII. Follow-up Appointments:**

**A. Physician**

1. Have you made an appointment with your physician(s)
  - a. Yes, Go to #4
  - b. No, Go to #2
2. Do you know who to follow-up with?
  - a. Yes, Go to #3
  - b. No, Go to #5??
3. Do you need to help in making the appointment
  - a. Yes, assist in scheduling appointment.
  - b. No, when is your appointment scheduled? \_\_\_\_\_  
Go to #4 if appointment >=7 days.  
Will you be calling today?
4. Physician appointment is >= 7 days from discharge
  - a. Yes, (forward to nurse case manager to call if appointment can be scheduled sooner
5. Did you call your PCP prior to your admission to the hospital?
  - a. Yes
  - b. No
- B. If you should develop any problems, do you know what to do?
  1. Yes
  2. No
    - a. Review tips for contacting your physician

**VIII. Closing:**

- A. Have all your questions or concerns been handled?
  1. Yes
  2. No
- B. Thank patient/designee. If you have any questions about this hospitalization, you can call me at \_\_\_\_\_.

**Criteria for referral to case management by the coordinator included:**

- Appointment problems
- Change in condition since discharge
- Problems with medication or DME or home care
- Any observation that led the coordinator to believe the care in the home was medically or socially complex that the hospital nurse was not aware of it upon discharge
- Discharge dx of dizziness or fall - ? fall prevention program
- If diagnosis is dizziness, fall, or fracture related to fall, then refer to case manager for fall prevention program evaluation