**Process Measures/Discharge Process Checklist**

**Hospital to Home with Home Care**

Patient ID #:

Hospital:

Home Care Provider:

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**GOAL #1: Build and Strengthen Relationships Across Care Settings**

|  |  |  |
| --- | --- | --- |
| “Warm” Handoff (Hospital to Home Care Provider) | Yes | No |
| Did provider-to-provider communication occur within 24 hours of the patient being discharged from the hospital? |  |  |
| If YES, select communication mechanism:   * Phone call * Secure e-mail message (e.g., direct) * Other (please specify): | | |
| The following information was discussed during the “warm” handoff (Check all that apply):   * Overview of patient’s hospital course * Vital signs * Medication list (date and time the last dose was given; date and time the next dose is due; high-risk medications; medication allergies) * Advance directive(s) * Treatment plan * High-risk conditions * Relevant lab and diagnostic testing results, pending or outstanding tests * Behavioral issues or needs * Most recent communication with family or caregiver regarding patient’s care plan * Follow-up appointment that has been or needs to be made * Special care needs and equipment (e.g., wound care, dietary, catheters, PICC Lines) * Hospital follow-up contact information (e.g., PCP or hospitalist name and phone number; specialist name and phone number) * Other (please specify): | | |

**GOAL #2: Develop Standardized Processes for Communication and Information Transfer Between Facilities**

|  |  |  |
| --- | --- | --- |
| Documentation Sent |  |  |
| Please select the documentation sent to home care provider from the hospital within 24 hours of discharge: | | |
| * Discharge Summary * Current Medication List * Advance Directives (e.g., MOLST) * Relevant Lab or Diagnostic Test Results * Other (please specify): | | |

**GOAL #3: Incorporate Patients, Family Members, and Caregivers in the Transition Process**

|  |  |  |
| --- | --- | --- |
| Teach Back | Yes | No |
| Upon arrival home, was Teach–Back protocol reviewed to assess the patient’s understanding of critical elements for his or her care and medications? |  |  |
| If YES, was a family caregiver present during the Teach Back session? |  |  |

|  |  |  |
| --- | --- | --- |
| Goals of Care Discussion | Yes | No |
| Did a “goals of care” discussion with the patient occur upon arrival home? |  |  |
| Was a family member or caregiver included in the discussion? |  |  |