**Process Measures/Discharge Process Checklist**

**Hospital to Home with Home Care**

Patient ID #:

Hospital:

Home Care Provider:

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

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

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

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| --- | --- | --- |
| 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? |  |  |

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| --- | --- | --- |
| 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? |  |  |