**Plan PROACT**

**(Prevent Re-Admission, Optimize Ambulatory Care Transition)**



**PHONE CLINIC TOOL/DOCUMENTATION**

DRAFT - ?AUTO-POPULATE?; DATA COLLECTION

(Name \_\_delete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MR#\_\_\_delete\_\_\_\_\_\_\_\_\_\_\_\_)

Name of person calling patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of admission \_AUTO-POPULATE\_\_Date of discharge\_\_\_AUTO-POPULATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of first attempted phone call to patient (within 3 days)\_\_\_\_\_\_\_\_\_\_Patient reached? yes\_\_ no\_\_

If not reached, phone number for call back left? yes\_\_ no\_\_

Date of contact if different from first attempt\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Summary available? yes \_\_ no \_\_

HCIN used? yes\_\_ no \_\_

**PRIMARY DISCHARGE DIAGNOSIS**

Primary Discharge Dx (from Discharge Dx Report if no dc summary). \_AUTO-POPULATE - ? SOURCE?\_\_\_

Patient able to state primary discharge diagnosis? yes\_\_no\_\_

REVIEW WITH PATIENT WITH TEACH BACK if necessary. Teach back successful? yes\_\_ no\_\_

Patient able to state symptoms to monitor for primary diagnosis? yes\_\_ no\_\_

REVIEW WITH PATIENT WITH TEACH BACK if necessary. Teach back successful? yes\_\_no\_\_

Other Dx’s\_\_\_ AUTO-POPULATE - ? source – problem list?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SYMPTOM ASSESSMENT**

New or worsening signs or symptoms yes\_\_ no\_\_ Sx:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transition phone clinic intervention (ex. Advice Nurse, Discharging MD, ED, PCP, Home Visit MD)\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS**

Patient has **Patient’s Home Medicine List in After Visit Summary** for(discharge date)? yes\_\_no\_\_

(AUTO-POPULATE with med review section as in clinic encounters.) Create space for comment with each medication.

Review each medication bottle – mg, directions, etc. Complete review, marking ‘taking’, etc

Patient **HAS** all medications as noted in ccLink? yes\_\_no\_\_

If not, reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intervention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient **taking CORRECTLY all medications** as noted in ccLink? yes\_\_no\_\_

If not, what discrepancy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intervention?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOLLOW UP APPOINTMENTS/SERVICES**

Patient has follow up clinic appointment(s)? yes \_\_no \_\_

Date of follow up appointment(s)/provider(s)\_AUTO-POPULATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient has PCP? yes\_\_ no\_\_ Patient has PCP appointment? yes \_\_no \_\_

Date of PCP appointment/provider\_AUTO-POPULATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient aware of times/dates of appointments? yes\_\_ no\_\_ On After Visit Summary? yes\_\_no\_\_

Transition phone clinic assistance to schedule? yes\_\_no\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient has follow up test/procedure scheduled? yes \_\_no \_\_

Type/date/location of follow up test \_\_??AUTO-POPULATE??\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up test/procedure has special dietary or other preparation? yes\_\_no\_\_

Nature of follow up test/procedure preparation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transition phone clinic assistance to schedule? yes\_\_no\_\_

Has transportation to appointments? yes\_\_no\_\_ Referred for assistance to?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred at discharge to other services – ex. Home Health Agency, case management, mental health, financial counseling, DME, etc? yes\_\_no\_\_Has contact been made /DME received? yes\_\_no\_\_

Transition phone clinic assistance? yes\_\_ no\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCHARGE INSTRUCTIONS**

Patient has Discharge Instructions in After Visit Summary? yes \_\_no\_\_ REVIEW DC INSTRUCTIONS WITH PATIENT.

Questions/concerns re: discharge instructions yes\_\_no\_\_

Nature of questions/concerns re: discharge instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transition phone clinic Intervention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT PLAN IF PROBLEM?**

Adequate plan? yes\_\_no\_\_ Review with patient appropriate problem-solving.

**FOLLOW-UP CALL FROM TRANSITION CARE NURSE NEEDED?**  yes\_\_ no\_\_

Issue to be addressed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date patient to be called\_\_\_\_\_\_\_\_\_\_\_\_\_ In-basket reminder yes\_\_ no\_\_

**IN BASKET MESSAGE TO PROVIDER?** yes\_\_ no\_\_ Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY: PLAN/INTERVENTIONS**

\_\_\_Medications re-faxed/called-in to Pharmacy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Appointment(s) made with provider(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Social Worker/Discharge Planner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_ re:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Appointment made with Patient Educator on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dietitian on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Home visit referral: 925-348-1177\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Advice Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Financial Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Smoking: 1-800-NO-BUTTS; Mental Health; substance abuse referrals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Call to discharging MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Call to PCP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_re:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Referral to case management?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other intervention?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_