

[REDACTED]

[REDACTED]

Medical Record #: [REDACTED]
Visit #: [REDACTED]
Date of Birth: [REDACTED]

**Discharge Instructions
Permanent Document
Chart/Patient**

[REDACTED]

Admission Date: [REDACTED]

Discharge Date: [REDACTED]

You are being discharged from: [REDACTED]

Yale New Haven Hospital
20 York Street
New Haven, CT 06504
(203)688-4242

Care Coordinator [REDACTED]

Follow-Up Appointments:

- Follow-up Appointment(s) have been made with
- ...MD/Clinic Name, Phone, Date & Time of Appointment #1 PMD appt. [REDACTED]
- ...MD/Clinic Name, Phone, Date & Time of Appointment #2 Cardiology (Heart failure clinic): [REDACTED]
- ...Appointment to be made #2 (MD/Clinic Name, Phone) [REDACTED] for psychotherapy, [REDACTED]

Reason Hospitalization:

The reason for patient's hospital stay: Shortness of breath, pulmonary edema.

Physician Discharge Activity Instructions:

- Discharge Activity Orders Walk as much as you can, Walk with help

Physician Discharge Diet Instructions:

- Discharge Diet Orders Cardiac diet...

Physician Instructions - Call Your Doctor:

Call your doctor: If you have temperature (fever) higher than 101 degrees fahrenheit (F), If you have trouble breathing, fast or slow heart beat, dizziness that does not go away after resting for 15 minutes, If you are feeling more tired or weak than usual, If you have nausea or poor appetite, If you have blood in your urine or stool, if you bleed easily, bleeding from gums, mouth, vagina, or rectum, If you have more angina/chest pain or if your normal angina/chest pain changes and If you have weight gain of 2-3 pounds or more a day or swelling in your ankles, legs, or abdomen. Weigh yourself daily.

- Celexa tablet 20 mg: 1 tab(s) orally once a day x 30 days
- aspirin enteric coated tablet 325 mg: 1 tab(s) orally once a day x 30 days
- Lipitor tablet 20 mg: 1 tab(s) orally once a day (at bedtime) x 30 days
- metoprolol tablet 50 mg: 1 tab(s) orally 2 times a day x 30 days
- Norvasc tablet 10 mg: 1 tab(s) orally once a day x 30 days
- Lasix tablet 20 mg: 1 tab(s) orally once a day x 30 days

Electronic Signatures:

[REDACTED]

Patient MRN#: _____
 Patient encounter# _____
 Date of admission: _____
 Date of discharge: _____

Abstractor initials: _____
 Date of abstraction: _____
 Time required for abstraction: _____

2009 YCCI Discharge Study Index Admission Abstraction Form

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|---|--|--------------------------|--|--------------------------|--|
| MD answers the three following questions: | | | | | |
| Did the patient have acute coronary syndrome on admission? [ACSYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H&P, discharge summary, labs |
| Did the patient have CHF on admission? [CHFYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H&P, discharge summary, labs |
| Did the patient have community acquired pneumonia on admission? [PNYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H&P, discharge summary, labs |
| Section A: ED documentation | | | | | |
| A1. Date/time of ED triage note or arrival to hospital if direct admit | ____/____/____ (mm/dd/yyyy) [ArriveDate] | | ____:____ (military time/hh:mm) [ArriveTime] | | ED nurse triage note or flowsheet 1 st vitals (if transfer) |
| ACS patients only | | | | | |
| A2. Aspirin within 24 hours of arrival [ASAArriveYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED nurse documentation or SCM MAR |
| A3. Aspirin contraindicated (Mark Yes if: contraindication documented in chart OR allergy OR patient comfort measures only OR transferred from another hospital/ED Mark N/A if medication given within 24 hours Else mark No) [ASAArriveContraYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED nurse documentation or SCM MAR |
| CHF patients only | | | | | |
| A4. Date/time of first recorded diuretic dose | ____/____/____ (mm/dd/yyyy) [DiureticDate] | | ____:____ (military time/hh:mm) [DiureticTime] | | ED med admin note, SCM MAR |
| A5. End stage renal disease (on dialysis) [ESRDYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission H&P |
| Pneumonia patients only | | | | | |
| A6. Date/time first antibiotic administration | ____/____/____ (mm/dd/yyyy) [ABXDate] | | ____:____ (military time/hh:mm) [ABXTime] | | ED med admin note |
| A7. SBP<90 on admission [SBPUnderYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED triage or flowsheet if transfer |
| A8. Temp < 35 (95 F) or ≥ 40 (104 F) on admission [TempUnderOverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED triage or flowsheet if |

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | | | | | transfer |
| A9. RR ≥ 30 on admission [RROverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED triage or flowsheet if transfer |
| A10. HR ≥ 125 on admission [HROverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED triage or flowsheet if transfer |
| A11. PO2 < 60 or O2 sat < 90 [POUnderYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED triage or other ED paperwork |
| A12. Taking antibiotics at time of admission [ABXYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED med list |
| A13. Appropriate antibiotics given (see CMS consensus recommendation guideline table; if no antibiotics given within 24 hours, mark N/A) [AppropriateABXYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED med list, H&P, SCM MAR |
| Section B: H&P, note, cath report documentation | | | | | |
| B1. Admission team [AdmissionTeam] | _____ | | | | Admission H&P Admit order |
| B2. Pt initially admitted to ICU/CCU? [ICUAdmissionYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission H&P |
| B3. Any documentation that the patient has a primary physician (may be a specialist)? [PMDYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission H&P ED chart Sign-out note D/c summary |
| B4. For CHF and ACS only: Any documentation that the patient has a cardiologist? [CardiologistYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission H&P ED chart Sign-out note D/c summary |
| B5. Is the patient an active smoker? [SmokerYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission H&P |
| B6. Does the patient have CHF on the problem list? [CHFProblemYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission H&P |
| B7. Any rapid response team call? [RRTYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Progress notes |
| ACS patients only | | | | | |
| B8. Crackles documented on initial ED or floor exam? (mark yes if present on either initial exam; mark unknown if not specified) [EDCracklesYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED notes, H&P |
| B9. Crackles more than ½ way up back documented on initial exam? (mark yes if present on either initial exam; mark unknown if not specified) [HalfCracklesYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED notes, H&P |
| B10. S3 on initial exam ED or floor? (mark yes if present on either initial exam; mark unknown if not specified) [S3EDYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED notes, H&P |
| B11. JVP >5 cm or “elevated” documented on initial exam? [JVDYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED notes, H&P |
| B12. Cardiogenic shock documented on initial exam (SBP<90, oliguria, cyanosis)? [ShockYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED notes, H&P |
| B13. Did the patient have an ST elevation MI? [STEMIYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ED note, cath lab note H&P, |

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|--|---|--------------------------|--|--------------------------|---|
| | | | | | discharge summary |
| B14. If STEMI: Acute reperfusion performed? [PCIYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cath report |
| B15. Stent placed? [StentYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cath report |
| B16. If stent placed, drug eluting? [DrugElutingYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cath report |
| B17. If primary PCI: Time of thrombectomy or balloon inflation, whichever is earlier. | ____/____/____ (mm/dd/yyyy) [DatePCI] | | ____:____ (military time/hh:mm) [TimePCI] | | Cath report |
| CAP patients only | | | | | |
| B18. Nursing home resident [SNFYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B19. Renal disease (chronic renal insufficiency, end stage renal disease; exclude acute kidney injury) [CRIYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B20. Liver disease [LiverDiseaseYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B21. CHF [CAPCHFYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B22. Cerebrovascular disease [CVDYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B23. Active neoplasia (excluding basal cell, squamous cell ca) [NeoplasiaYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B24. Confusion (disorientation to person, place or time; or positive CAM) [ConfusionYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit H&P |
| B25. Pneumococcal vaccine given [PneumovaxYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinical summary tab (pharmacy); notes |
| Section C: SCM documentation (orders, labs, radiology) | | | | | |
| C1. Discharge team [DCTeam] | _____ | | | | d/c order or last day progress note |
| C2. Positive blood culture drawn and first documented > 48 hours after admission (exclude coag neg Staph) (if first blood culture positive, then mark N/A) [BCPostAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C3. Positive urine culture first documented > 48 hours after admission (require >100K colony count) (if first urine culture positive, then mark N/A) [UCPostAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C4. Pneumonia documented > 48 hours after admission (mark N/A for pneumonia patients) [PNAPostAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Screen CXR first; if positive, review progress notes |
| C5. Pulmonary embolus or DVT > 48 hours after admission [PEDVTPostAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiology (lower extremity Dopplers, V/Q scan, CT angio) |
| C6. Delirium (positive CAM) if NONE documented on admission [DeliriumYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM notes |

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|---|--------------------------------------|--------------------------|---------------------------------|--------------------------|-----------------|
| CHF patients only | | | | | |
| C7. EF assessed during hospitalization or known [CHFEFYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C8. BUN [CHFBUN] | First _____ | | Last _____ | | SCM |
| C9. Cr [CHFCr] | First _____ | | Last _____ | | SCM |
| C10. Na [CHFNa] | First _____ | | Last _____ | | SCM |
| C11. BNP [CHFBNP] | First _____ | | Last _____ | | SCM |
| C12. Hgb [CHFHgb] | First _____ | | Last _____ | | SCM |
| Pneumonia patients only | | | | | |
| C13. Blood cultures drawn within 24 hours of admission [PNABloodCultureYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C14. BUN > 30 on admission [PNABUNOverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C15. Na < 130 on admission [PNANaOverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C16. Glucose > 250 on admission [PNAGlucOverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C17. Hct > 30 on admission [PNAHctOverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C18. Ph < 7.35 on admission [PNAPhOverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| C19. Pleural effusion on admission (official CXR read); (mark Yes if read as effusion versus something else) [PNAEffusionAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCM |
| Section D: Flow sheet documentation | | | | | |
| D1. Did the patient require transfer to a higher level of care? (if initial admit to ICU/CCU and no transfer from floor to ICU later, mark No) [TransferRequireYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily flowsheet |
| D2. Hemorrhage → SBP < 90 or transfusion, after admission [TXAfterAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily flowsheet |
| D3. Glucose > 300 after admission [GlucoseOverAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily flowsheet |
| D4. Glucose < 60 after admission [GlucoseUnderAdmitYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Daily flowsheet |
| D5. Temperature at discharge [DCTemp] | _____ F / C | | | | Flow sheet |
| D6. HR at discharge [DCHR] | _____ bpm | | | | Flow sheet |
| D7. RR at discharge [DCRR] | _____ per min | | | | Flow sheet |
| D8. BP at discharge [DCBP] | _____ mm Hg | | | | Flow sheet |
| D9. O2 sat at discharge [DCO2Sat] | ____% on (circle) room air / ____ | | | | Flow sheet |
| CHF patients only | | | | | |
| D10. >50% of days excluding admission and discharge have weights recorded on flow sheet (mark as N/A if length of stay <3 days) [CHFWeightDaysYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flow sheet |
| D11. Weight (circle if lb or kg) | Admit _____ lb / kg [WeightAdmit] | | D/c _____ lb / kg [WeightDC] | | Flow sheet |
| This space intentionally left blank | | | | | |

| | | | | | |
|--|--------------------|-------------------|------------------------------|--------------------|-----------------------|
| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|--|--------------------|-------------------|------------------------------|--------------------|-----------------------|

Section E: FOLLOW UP APPOINTMENTS

Was a follow-up appointment made with:

| | Name | Yes, with date/ time | Date | Time | To be made by pt at speci- fied time | To be made by pt, no time speci- fied | No | Unkn own | Data source |
|--|----------------|---|-------------------------------|--|---|--|--------------------------|--------------------------|--------------------|
| E1. General primary care physician or clinic (e.g. "primary care center") [PMDFUYN] | _____ _____ | <input type="checkbox"/> | __/__/____ [PMDDate] | __:____ (mil time) [PMDTime] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| E2. Cardiology physician or clinic (e.g. "Yale cardiology") [CardsFUYN] | _____ _____ | <input type="checkbox"/> | __/__/____ [CardsDate] | __:____ (mil time) [CardsTime] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| E3. ACS only: Cardiac rehab [CardRehabYN] | _____ _____ | <input type="checkbox"/> | __/__/____ [CardRehabDate] | __:____ (mil time) [CardRehabTime] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| E4. Other1 [Other1YN] | _____ _____ | <input type="checkbox"/> | __/__/____ [OtherDate1] | __:____ (mil time) [OtherTime1] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| E5. Other2 [Other2YN] | _____ _____ | <input type="checkbox"/> | __/__/____ [OtherDate2] | __:____ (mil time) [OtherTime2] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| E6. Other3 [Other3YN] | _____ _____ | <input type="checkbox"/> | __/__/____ [OtherDate3] | __:____ (mil time) [OtherTime3] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| E7. Other4 [Other4YN] | _____ _____ | <input type="checkbox"/> | __/__/____ [OtherDate4] | __:____ (mil time) [OtherTime4] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |

Section F: DISCHARGE INSTRUCTIONS

| | | | | | |
|--|--------------------|-------------------|------------------------------|--------------------|-----------------------|
| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|--|--------------------|-------------------|------------------------------|--------------------|-----------------------|

Referral was made to the following home services:

| | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| F1. Visiting nurse [VNAYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| F2. Home oxygen [HomeO2YN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F3. Physical therapy [PTYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F4. Other, specify: [OtherDC] _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F5. Pamphlet or additional patient information provided? [DCinfoYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F6. Do the d/c instructions include recommendations for activity? [DCActivityYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F7. Do the d/c instructions include clear recommendations for diet? (mark no if reads only "cardiac diet," "ADA diet," "renal diet" without explanation) [DCDietYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F8. Patients with CHF: recommendations for low salt diet? [CHFLowSaltYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F9. Patients with CHF: instructions to monitor weight? [CHFMonitorWeightYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F10. Do the discharge instructions include the reason for the hospitalization? [DCHospReasonYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F11. Enter the reason exactly as written: [DCHospReason] _____ | | | | | d/c instructions |
| F12. Is this reason written in plain or intelligible English, without abbreviations? (mark as yes if "CHF" AND pt has CHF on initial problem list) [ClearWrittenYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F13. Is there a medication list in the discharge instructions? [DCMedListYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F14. General comment, "Please stop taking any other medications not listed here." [StopOtherMedYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F15. Do the discharge instructions include smoking cessation guidance or medications? (If pt is non-smoker, check N/A) [SmokeCessationYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F16. Do the d/c instructions include specific "call your doctor for" signs/symptoms? (check "no" if statement is generic, i.e. "Call your doctor if symptoms get worse") [CallDocYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F17. Is there a specific doctor and/or phone number to call with problems listed anywhere in the d/c instructions? (include f/u appointments) [DocContactYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| CHF only | | | | | |
| F18. Do these warning signs include weight gain? [CHFWeightGainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F19. Do these warning signs include orthopnea/PND/DOE/pedal edema? [CHFEdemaYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F20. Do these warning signs include chest pain, palpitations? [CHFPCPN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| ACS only | | | | | |
| F21. Do these warning signs include chest pain/pressure/jaw pain/arm pain? [ACSCPYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|--|--|--------------------------|--|--------------------------|------------------|
| F22. Do these warning signs include dyspnea? [ACSDyspneaYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| CAP only | | | | | |
| F23. Do these warning signs include fever/chills/sweats? [CAPFeverYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F24. Do these warning signs include dyspnea, productive cough? [CAPDyspneaYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F25. Pneumococcal vaccination provided or previously given [PneumovaxYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F26. Name and contact information of discharging physician included? [DCMDCContactYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F27. Who authored the discharge instructions? | | | | | d/c instructions |
| F28. Registered Nurse [AuthorRNYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F29. Physician Assistant/APRN [AuthorPAYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F30. Physician [AuthorPhysYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F31. Case Manager / Social Worker / Discharge Planner [AuthorCareCoordYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| F32. Other, specify: [AuthorOtherDCYN] _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| [AuthorOtherTextDC] | | | | | |
| Section G: DISCHARGE SUMMARY | | | | | |
| G1. Is there a discharge summary? [DCSummYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ChartView/SCM |
| G2. Date/time of d/c summary transcription | ____/____/____ (mm/dd/yyyy) [DCTranscriptDate] | | ____:____ (military time/hh:mm) [DCTranscriptTime] | | d/c summary |
| G3. Date/time of d/c summary signature by attending | ____/____/____ (mm/dd/yyyy) [DCSigDate] | | ____:____ (military time/hh:mm) [DCSigTime] | | d/c summary |
| G4. Not yet signed [NotSignedYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G5. Was the discharge summary cc'd to anyone besides the person signing the d/c summary? [DCCCYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G6. List the number of MDs/clinics cc'd with valid names/addresses (excluding the author) [ValidMDCC] | _____ | | | | d/c summary |
| G7. List the number of MDs/clinics cc'd with invalid/unrecognized names/addresses [InvalidMDCC] | _____ | | | | d/c summary |
| G8. List the number of MDs/clinics in the follow up appointment list who were not cc'd at all [MDNotCC] | _____ | | | | d/c summary |
| Which elements are present in the discharge summary? | | | | | |
| G9. Final diagnosis / reason for hospitalization [DCDiagnosisYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| G10. Secondary diagnoses [DCSecondDiagnosisYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G11. Hospital course including significant findings [DCCourseYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G12. Procedures/tests performed during admission [DCTestsYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G13. Any test or result still pending [DCTestPendingYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G14. Specific comment that no test or result is still pending [DCNoPendingYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G15. General comment that patient "back to baseline" or equivalent non-specific remark [DCBaselineYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G16. Functional status at time of discharge [DCFunctionYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G17. Cognitive status at time of discharge [DCCognitionYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G18. Physical exam findings (incl. vitals) at time of discharge [DCPhysicalYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G19. Lab results (any) at time of discharge [DCLabYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G20. Recommendation for follow up tests/procedures [DCFUTest] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G21. Comment about discharge medications in addition to list on appended d/c instructions [DCMedCommentYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G22. Comment about social support or living situation of patient [DCSocialSupportYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G23. 24/7 call back number of responsible in-house physician [DCCallBackYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G24. Resuscitation status [DCDNRYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| For CHF patients only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G25. Etiology of heart failure [DCEtiolYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G26. Reason/triggers for exacerbation [DCTriggerYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G27. Ejection fraction [DCEFYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G28. Discharge weight [DCWeightYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G29. Target weight range [DCTargetWeightYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G30. Discharge creatinine or GFR [DCCrYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G31. INR within 72 hours of discharge if patient newly on warfarin or if INR in-hospital variable [DCINRYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |
| G32. For ACS patients receiving stent: description of whether stent is drug-eluting [DCDrugElutYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c summary |

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| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|---|--|--|---|--|----------------|
| Section H: DISCHARGE MEDICATIONS IN DISCHARGE INSTRUCTIONS ONLY | | | | | |
| Enter home medications as per admit H&P (name, dose, frequency) exclude vitamins, minerals, stool softeners/laxatives, antacids, herbs, any prn medication | Medication on d/c instructions at same dose/frequency | Medication not on d/c instructions OR statement “stop all other meds” | Medication changed on discharge instructions | No mention of medication on d/c instructions AND no statement “stop all other meds” | |
| H1. [Med1] | <input type="checkbox"/> [MedDC1] | <input type="checkbox"/> [MedNoDC1] | <input type="checkbox"/> [MedChange1] | <input type="checkbox"/> [MedOmit1] | |
| H2. [Med2] | <input type="checkbox"/> [MedDC2] | <input type="checkbox"/> [MedNoDC2] | <input type="checkbox"/> [MedChange2] | <input type="checkbox"/> [MedOmit2] | |
| H3. [Med3] | <input type="checkbox"/> [MedDC3] | <input type="checkbox"/> [MedNoDC3] | <input type="checkbox"/> [MedChange3] | <input type="checkbox"/> [MedOmit3] | |
| H4. [Med4] | <input type="checkbox"/> [MedDC4] | <input type="checkbox"/> [MedNoDC4] | <input type="checkbox"/> [MedChange4] | <input type="checkbox"/> [MedOmit4] | |
| H5. [Med5] | <input type="checkbox"/> [MedDC5] | <input type="checkbox"/> [MedNoDC5] | <input type="checkbox"/> [MedChange5] | <input type="checkbox"/> [MedOmit5] | |
| H6. [Med6] | <input type="checkbox"/> [MedDC6] | <input type="checkbox"/> [MedNoDC6] | <input type="checkbox"/> [MedChange6] | <input type="checkbox"/> [MedOmit6] | |
| H7. [Med7] | <input type="checkbox"/> [MedDC7] | <input type="checkbox"/> [MedNoDC7] | <input type="checkbox"/> [MedChange7] | <input type="checkbox"/> [MedOmit7] | |
| H8. [Med8] | <input type="checkbox"/> [MedDC8] | <input type="checkbox"/> [MedNoDC8] | <input type="checkbox"/> [MedChange8] | <input type="checkbox"/> [MedOmit8] | |
| H9. [Med9] | <input type="checkbox"/> [MedDC9] | <input type="checkbox"/> [MedNoDC9] | <input type="checkbox"/> [MedChange9] | <input type="checkbox"/> [MedOmit9] | |
| H10. [Med10] | <input type="checkbox"/> [MedDC10] | <input type="checkbox"/> [MedNoDC10] | <input type="checkbox"/> [MedChange10] | <input type="checkbox"/> [MedOmit10] | |
| H11. [Med11] | <input type="checkbox"/> [MedDC11] | <input type="checkbox"/> [MedNoDC11] | <input type="checkbox"/> [MedChange11] | <input type="checkbox"/> [MedOmit11] | |
| H12. [Med12] | <input type="checkbox"/> [MedDC12] | <input type="checkbox"/> [MedNoDC12] | <input type="checkbox"/> [MedChange12] | <input type="checkbox"/> [MedOmit12] | |
| H13. [Med13] | <input type="checkbox"/> [MedDC13] | <input type="checkbox"/> [MedNoDC13] | <input type="checkbox"/> [MedChange13] | <input type="checkbox"/> [MedOmit13] | |
| H14. [Med14] | <input type="checkbox"/> [MedDC14] | <input type="checkbox"/> [MedNoDC14] | <input type="checkbox"/> [MedChange14] | <input type="checkbox"/> [MedOmit14] | |
| H15. [Med15] | <input type="checkbox"/> [MedDC15] | <input type="checkbox"/> [MedNoDC15] | <input type="checkbox"/> [MedChange15] | <input type="checkbox"/> [MedOmit15] | |

| | Yes (1) | No (0) | Not known (2) | N/A (9) | Source of data |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Enter additional medications at Discharge here: | | | | | |
| H19. [Newmed1] [DCNewMed1] | | | | | |
| H20. [Newmed2] [DCNewMed2] | | | | | |
| H21. [Newmed3] [DCNewMed3] | | | | | |
| H22. [Newmed4] [DCNewMed4] | | | | | |
| H23. [Newmed5] [DCNewMed5] | | | | | |
| ACS patients only | | | | | |
| H24. Aspirin on d/c med list [DCACSASAYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discharge instructions |
| H25. Aspirin at discharge contraindicated [DCASAContrainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| H26. Beta blocker on d/c med list [DCACSBBYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discharge instructions |
| H27. Beta blocker at discharge contraindicated [DCACSBBContrainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| H28. ACE inhibitor or ARB for LVDS (EF<40%) on d/c med list (mark N/A if EF≥40%) [DCACSACEYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discharge instructions |
| H29. ACE inhibitor or ARB for LVSD (EF<40%) at d/c contraindicated [DCACSACEContrainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| H30. Statin on d/c med list [DCStatinYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discharge instructions |
| H31. Statin at discharge contraindicated [DCStatinContrainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| CHF patients only | | | | | |
| H32. Beta blocker on d/c med list [DCCHFBBYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| H33. Beta blocker at discharge contraindicated [DCCHFBBContrainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| H34. ACE/ARB on d/c med list [DCCHFACEYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| H35. ACE/ARB at discharge contraindicated [DCCHFACEContrainYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chart notes |
| MD answers these questions: | | | | | |
| H37. Patient's medication list was appropriately reconciled at index discharge [MedRecYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |
| H38. Patient's index discharge medication list was complete and appropriate [DCMedCompleteYN] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d/c instructions |

Appendix C: Definition of intelligible terms for diagnosis section of patient discharge

instructions

| Diagnosis | Intelligible language | Medical jargon |
|-------------------------|--|--|
| Acute coronary syndrome | Heart attack Cardiac catheterization Stent Angioplasty Chest pain Chest pressure Shortness of breath | Unstable angina Coronary artery disease CAD ACS Acute coronary syndrome NSTEMI STEMI MI Myocardial infarction ROMI PCI Coronary artery dissection |
| Heart failure | Heart failure Congestive heart failure Fluid in the lungs Fluid in the legs Volume overload CHF Shortness of breath | Pulmonary edema Lower extremity edema Diuresis SOB Dilated cardiomyopathy |
| Pneumonia | Pneumonia Bronchitis Shortness of breath Fever | CAP PNA Organism NOS Pulmonary effusion Respiratory failure SOB |
| Other | Viral syndrome Asthma exacerbation Valvular heart disease Pacemaker High INR COPD exacerbation Atrial fibrillation Fast heart rate Dizziness Weakness | Pulmonary embolus/emboli Pulmonary infarct Intubation Pleuropericarditis Atrial flutter Ventricular tachycardia Hypertriglyceridemia Diabetic ketoacidosis Hyperkalemia Acute renal failure Acute kidney injury secondary to dehydration AV fistula Angioedema Septic shock Cardiogenic shock Hypovolemic shock Hypotension |

| | | |
|--|--|--|
| | | Hypertension HTN Bradycardia Tachycardia Syncope Presyncope Carotid artery stenosis Aortic aneurysm MRSA DM UTI Cellulitis Supratherapeutic INR Epistaxis Hemoptysis Coagulopathy Acute cholecystitis Lap cholecystectomy |
|--|--|--|

Appendix D: Algorithm for scoring appointment agreements

| Chart data | Patient interview | | |
|----------------|---|---|--|
| | Full agreement | Partial agreement | No agreement |
| Name/date/time | <ul style="list-style-type: none"> • Same name/date/time • Same name/date • Same date/time | <ul style="list-style-type: none"> • Name only • Same name/different date/time • Different name/date | <ul style="list-style-type: none"> • Reports no appointment |
| Name only | <ul style="list-style-type: none"> • Name only • Name and date/time | | <ul style="list-style-type: none"> • Reports no appointment |
| No appointment | <ul style="list-style-type: none"> • No appointment • Name/date/time • Name/date | <ul style="list-style-type: none"> • Name only | |

Appendix E: Algorithm for scoring patient understanding of discharge diagnosis

| Diagnosis | Full credit | Partial credit | No credit |
|------------------|--|---|---|
| CHF | <p>CHF</p> <p>Congestive heart failure</p> <p>Heart failure</p> <p>Fluid, any (lungs, heart, legs, body, retaining water)</p> <p>Weak/bad heart</p> <p>Leaky heart</p> <p>Valvular disease</p> <p>ANY OTHER diagnosis listed in d/c instructions</p> | <p>Weight gain</p> <p>Shortness of breath/breathing problem/couldn't breathe</p> <p>Tachycardia</p> <p>Couldn't sleep</p> <p>Heart condition/problem with heart (unspecified)</p> <p>Ate too much salt</p> | <p>Don't know/unsure</p> <p>Doctor told me to come in</p> <p>Fall</p> <p>Dizziness</p> <p>Weakness/malaise/not feeling well</p> <p>Dehydration</p> <p>Vomiting</p> <p>High blood pressure</p> <p>Other (ankle injury, bleed, constipation, low sugar, etc.)</p> |
| ACS | <p>Heart attack (any)/MI</p> <p>Stent/heart blockage /angioplasty/procedure</p> <p>EKG changes and chest pain</p> <p>Troponin leak</p> <p>Angina</p> <p>Shortness of breath & chest pain & nausea or similar constellation</p> <p>ANY OTHER diagnosis listed in d/c instructions</p> | <p>Chest pain/discomfort</p> <p>Heart condition/problem with heart (unspecified)</p> <p>Shortness of breath/breathing problem/couldn't breathe</p> <p>Pain on left side</p> <p>Heart tests</p> <p>Tachycardia</p> | <p>Don't know/unsure</p> <p>Doctor told me to come in</p> <p>Fall</p> <p>Dizziness</p> <p>Weakness/malaise/not feeling well</p> <p>Dehydration</p> <p>Vomiting</p> <p>High blood pressure</p> <p>Non-chest pain syndromes (back pain, abdominal pain)</p> |

| | | | |
|-----------|---|--|---|
| | | | Other (ankle injury, bleed, constipation, low sugar, etc.) |
| Pneumonia | <p>Pneumonia</p> <p>Lung infection</p> <p>Cough & fever & SOB</p> <p>ANY OTHER diagnosis listed in d/c instructions</p> | <p>Cough</p> <p>Fever</p> <p>Shortness of breath/breathing problem/couldn't breathe</p> <p>Chest pain/discomfort</p> | <p>Don't know/unsure</p> <p>Doctor told me to come in</p> <p>Fall</p> <p>Dizziness</p> <p>Weakness/malaise/not feeling well</p> <p>Dehydration</p> <p>High blood pressure</p> <p>Non-chest pain syndromes (back pain, abdominal pain)</p> <p>Other (ankle injury, bleed, constipation, low sugar, etc.)</p> |