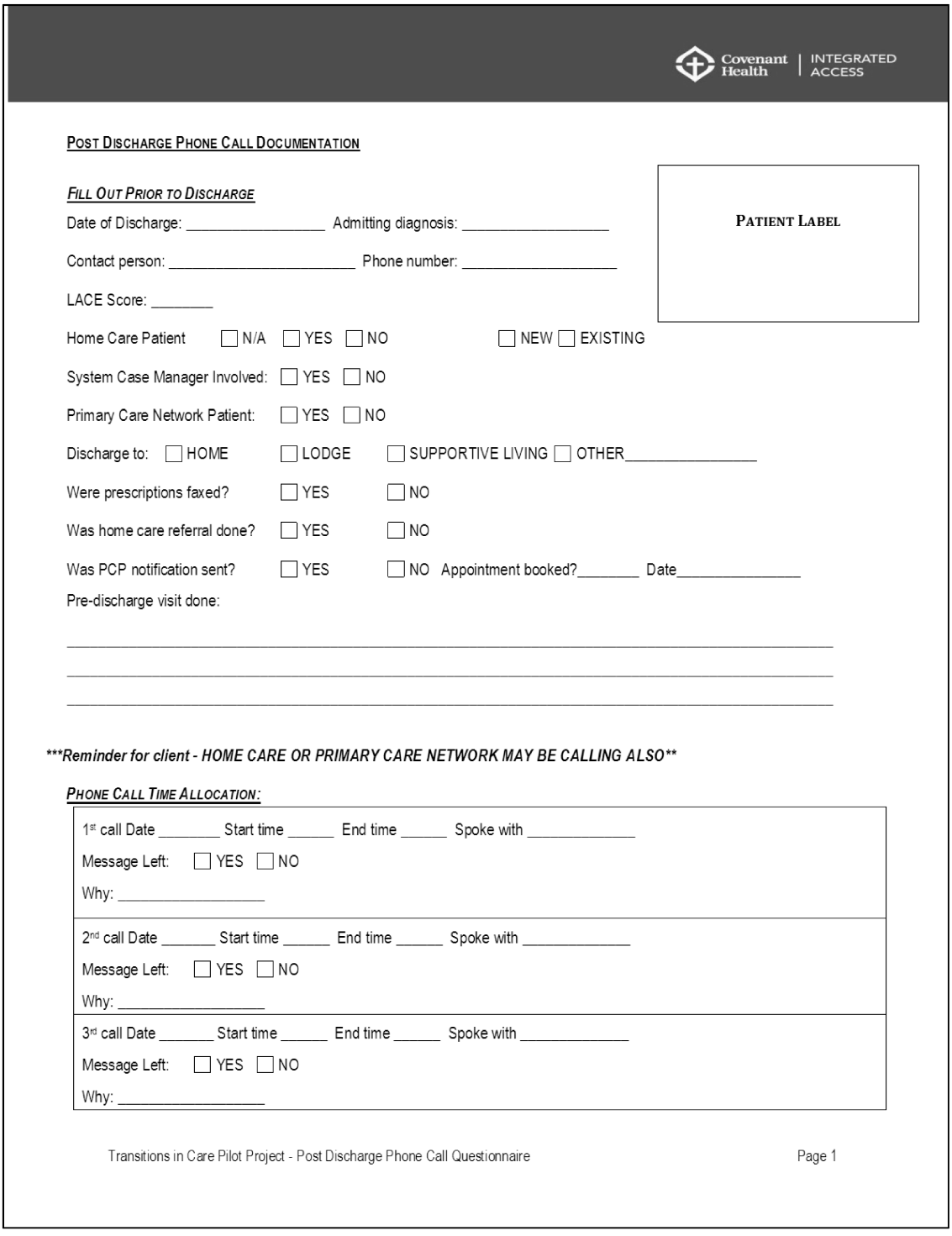
Appendix 2: Follow-Up Phone Call Script



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POST DISCHARGE PHONE CALL DOCUMENTATION

FILL OUT PRIOR TO DISCHARGE

PATIENT LABEL

Date of Discharge: _____ Admitting diagnosis: _____

Contact person: _____ Phone number: _____

LACE Score: _____

Home Care Patient ☐ N/A ☐ YES ☐ NO ☐ NEW ☐ EXISTING

System Case Manager Involved: ☐ YES ☐ NO

Primary Care Network Patient: ☐ YES ☐ NO

Discharge to: ☐ HOME ☐ LODGE ☐ SUPPORTIVE LIVING ☐ OTHER_____

Were prescriptions faxed? ☐ YES ☐ NO

Was home care referral done? ☐ YES ☐ NO

Was PCP notification sent? ☐ YES ☐ NO Appointment booked?_____ Date_____

Pre-discharge visit done:

_____

_____

_____

******Reminder for client - HOME CARE OR PRIMARY CARE NETWORK MAY BE CALLING ALSO*****

PHONE CALL TIME ALLOCATION:

1st call Date _____ Start time _____ End time _____ Spoke with _____

Message Left: ☐ YES ☐ NO

Why: _____

2nd call Date _____ Start time _____ End time _____ Spoke with _____

Message Left: ☐ YES ☐ NO

Why: _____

3rd call Date _____ Start time _____ End time _____ Spoke with _____

Message Left: ☐ YES ☐ NO

Why: _____

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Patient/Caregiver has given consent to call ☐ YES ☐ NO

QUESTIONS:

Question(s)	Patients/ Caregiver Answer(s)	Intervention(s)/ Recommendation(s) Including Time Spent Off the Phone
Do you have any questions about your discharge instructions?	☐ Yes ☐ No	
Patient seems to understand discharge instructions?	☐ Yes ☐ No	
Did you pick up your prescriptions?	☐ Yes ☐ No	
Do you have any questions about your medications?	☐ Yes ☐ No	
Are you taking them as prescribed?	☐ Yes ☐ No	
Did home care contact you? Visit you?	☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A	Initial Assessment Date: _____ Services Initiated: _____
Have you made arrangements to attend your family doctor appointment/other specialist appointments?	☐ Yes ☐ No	

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Do you have transportation to the appointment(s)? (provide resources if required)	☐ Yes ☐ No	
Did you or your family pick up equipment ordered by the hospital?	☐ N/A ☐ Yes ☐ No	
Have you been able to get your meals? (provide resources if requested)	☐ Yes ☐ No	
Is there anything we could have done to better prepare your discharge home?	☐ Yes ☐ No	
Were there any difficulties with your discharge? If so, what would have made it smoother?	☐ Yes ☐ No	
Was this phone call helpful?	☐ Yes ☐ No	

Other Patient Concerns	Intervention(s)/ Recommendation(s)

Total Time Spent on Phone Calls: _____

Total Time Spent on Non Phone Call Tasks:_____

Faxed to PCP and / or Case Manager ☐ Yes ☐ No

Questionnaire complete by _____

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