

St. Joseph's Hospital Discharge Phone Calls

Discharge Date: _____

Diagnosis: _____

Phone #: _____

Prescriptions Given at Discharge: _____

Home Health at Discharge? _____

A. Health Status Diagnosis:

- a. Do you understand the reason why you were in the hospital? (Discharge Diagnosis)

- b. Do you have any questions about this diagnosis?

B. Medicines:

- a. Do you have any questions regarding your medications?

- b. Do you know what your medications are all for?

- c. Were your prescriptions filled at discharge?
- d. Do you have any questions regarding any High Risk Medications:
 - i. Insulins-
 - ii. Anticoagulants-

Patient Sticker ID

C. Clarification of Appointments:

- a. Do you know when your next physician appointment is? ***Be sure to encourage the patient to write down any questions that they have for their physician down prior to the appointment***
- b. Do you have any difficulty getting to your follow-up appointment?
- c. Are you going to keep your follow up appointments?

D. Coordination of Post-discharge Home Services

- a. Have you been contacted by your home health company?
- b. Has any equipment that you needed after discharge been delivered or picked up?
- c. Do you have any questions about the operation of this equipment?

E. Care Transitions

- a. Do you understand what you need to help you stay healthy?

F. What To Do If a Problem Arises:

- a. If you are having an emergency, what would you do?

G. Your Stay:

- a. Do you have any concerns about your hospital stay, any good or bad experiences you'd like to tell us about?

Referrals Made:

Whom Contacted:

Signature: _____ Date: _____