Amerigroup RealSolutions in healthcare

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Date: _____ Amerigroup ID Number: _____

Member Name: _____

Address: _____

Transition of Care Post Hospital Follow-up Checklist

Reason for Admission	
□	What was the reason for admission?
□	Did the member run out of medications? Review pre-hospital regimen.
□	Was the member discharged or did they leave against medical advice?
□	Has there been a change in health status since discharge, including new problems?
□	Does the member have discharge paperwork available?
Medications Reconciliation	
□	Does the member have a discharge medications list?
□	Did the member pick up post-discharge medications?
□	Are there any changes in medications or dosages?
□	Can the member read medications and know what they're for?
□	Does the member have concerns regarding side effects?
□	Did the member dispose of pre-hospital medications to avoid confusion?
Post Hospital Follow-up	
□	Were home care services ordered? Has the member been contacted by an agency?
□	Was durable medical equipment or other equipment ordered? Has it arrived?
□	Does the discharge plan indicate any need for follow-up tests, lab work, assigned primary care provider or specialists?
□	Does the member have transportation to get to follow up appointments?
□	Does the member have or need home support?
Self-management	
□	Review self-management instructions (i.e., checking blood sugars, blood pressure, etc.), and leave instructions with the member.
□	Review red flags/warning signs and what to do if signs are present, and ask the member to read or speak back to ensure understanding.
□	Review after-hours instructions on how to contact provider.

Patient Home Management Instructions

Clinical Program: _____

□ **Self-management instructions:** (i.e., checking blood sugars, blood pressure, fluid restrictions, etc.)

_____

_____

_____

□ **Red flags/warning signs and what to do if signs are present:**

_____

_____

_____

□ **Current medicines:**

_____

_____

_____

□ **Medicines stopped this visit:**

_____

_____

_____

I**n case of questions about your diagnosis, medicines or any symptoms, please call me at:**

_____

Phone Number

Next appointment:

_____

Date

If you are unable to keep this appointment, please call:

_____ _____

Name Phone Number