

READMISSION PREVENTION TOOLKIT

Follow-Up Phone Call Scripts*Phone Interview (Within 3 days and within 7 days after hospital discharge) - Use Teach Back*

Patient Name _____ Phone Number _____ Discharge Date _____

Date of this call _____ Within 3 days since discharge Within 7 days since dischargeWho was interviewed? Patient Caregiver/Family Member Unable to reach on this attempt

Discharge Disposition: _____ Name of Agency/Facility: _____

Notes: _____

General Information1. Are you/the patient feeling better each day? Yes No Comment _____2. Were you able to fill your medications? Yes No If unable, why? _____3. Are you taking your medications as prescribed? Yes No If unable, why? _____4. Do you have questions/problems regarding your medications? Yes No

Comment _____

5. Symptoms exacerbation: _____

6. If Home Health was arranged, has the home health nurse called or visited? Yes No7. Do you have a follow-up appointment? Yes No Follow-up physician name: _____8. Do you know when your follow-up appointment is? Yes No Follow-up appointment date: _____9. Will you have problems getting to your follow-up appointment? Yes No10. Do you know who to call if you have any problems at home? Yes No1. Did you receive a Heart Failure Patient Education Handout? Yes No2. Do you have any questions about the information in the Handout? Yes No3. Have you had increased lower extremity swelling? Yes No4. Have you had any increase in shortness of breath? Yes No

How many pillows do you need to sleep comfortably or do you sleep sitting up? _____

5. Do you have a scale at home? Yes No What was your weight this morning? _____Have you been weighing yourself daily? Yes No If no, why? _____Have you gained any weight the past week? Yes No If yes how many pounds? _____

6. What is your fluid restriction amount? _____ What is your daily sodium restriction? _____

What did you eat today? _____

7. What fluid pill do you take? _____ Any problems taking it? Yes No

8. Any other questions or concerns? _____

Signature: _____ Date: _____

Note: _____

Patient Label