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Home Health
Post Discharge Check-In Call

Introduction: Hello, my name is _____ with _____ Home Health Care. I'm completing a "Check In" call. We know sometimes when home health services end, there may be new issues or needs that arise. So we just wanted to reach out and see how you've been doing!

(Pause - let them answer----)

We want you to know that we are still here for you even though you had been discharged! I'd like to ask you just a couple questions about your health to see if there's anything additional we can help you with.

Post Discharge Questions:

1. ***Have you had to go to the ER, urgent care, or your own Dr for a change in your condition since you were discharged from HH?***

   ☐ **YES** ☐ **NO**
   (if yes, ***"What was going on?..."***)
2. ***Did they prescribe any new medications?"***

   ☐ **YES** ☐ **NO**

(If 1 and 2 are "yes", STOP ASSESSMENT, call provider and obtain orders to readmit!)

(If above is no, then ask the following two questions to screen for therapy need)---

3. ***Are you still getting around the house, ok?***

   ☐ **YES** ☐ **NO**
4. ***Do you feel like you are doing at least as well as when you had home health?***

   ☐ **YES** ☐ **NO**

If the questions above are not a concern, then procced to the symptom specific questions below.

☐ **Pain:** Are you experiencing any pain or discomfort? **YES/NO**
If so, Is it new or worse than before? **YES/NO**

☐ **Cardio/Pulmonary:** Have you experienced any chest pain or issues that would require medical attention? Have you had any shortness of breath or swelling in your legs/feet? **YES/NO**

☐ **Wounds:** Do you have any wounds? **YES/NO**
If so, are they new wounds or have your old wounds worsen? **YES/NO**

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- ☐ **Medications:** Have you been having problems with any medication? **YES/NO**
- ☐ **Diabetic:** Are you having difficulty with managing your diabetes? **YES/NO**
  Are your blood sugar readings high or low since discharge? **YES/NO**
- ☐ **Falls:** Have you experienced a fall recently? **YES/NO**
  If so, were you injured? **YES/NO**
- ☐ **New Onset - Confusion:** Have you experience new/worsening case of confusion or issues with your memory? **YES/NO**

Call Us First

- ☐ *If you have any additional questions, please call our agency for additional information. Do you still have your home with our contact in it? (Provide the agency number)*
- ☐ *If you experience any of the concerns above or other medical issues, please "call us first" and we can contact your doctor's office.*
- ☐ *Do you have any questions?*

_____

_____

_____

- ☐ ***Thank you and I hope you have a good day!***

What if a skilled need IS noted?	✓ Ask the patient if he/she would like to move forward with _____ Home Health Care ✓ Ask when the patient would like to get started. ✓ Also ask when/where the last visit to the doctor or ER was to obtain most recent FTF documentation ✓ Make sure the insurance information is verified before hanging up the phone ✓ Provide the update to the intake and leadership