

Post-Discharge Transitions of Care Checklist

Approved by ICNF Board 7/21/2020

Question Type	Questions	Discharge Planner Responses (adapt questions as appropriate based on Unit or ED)	Client Responses
Priority	1. Do you have housing you are returning to? If so, what kind and what is the location/address?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <i>— Link client to appropriate services</i>
Priority	2. Have you filled your prescription? Do you know how often you are taking your meds and how much to take?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Priority	3. Do you have a follow-up appointment scheduled with your BH provider? When? Are you interested in an appointment by video (telemedicine)?	<input type="radio"/> Yes <i>— Who is the appointment with and what is the scheduled date and time?</i>  <input type="radio"/> No	<input type="radio"/> Yes <i>— Who is the appointment with and what is the scheduled date and time?</i>  <input type="radio"/> No <i>— Assist client with scheduling an appointment</i>
Priority	4. How do you plan to get to your appointment?		<i>If client has no way to get to their appointment, or struggles answering the question, discuss transportation options with them, e.g. bus/train pass or transportation services through Sunshine:</i> <input type="radio"/> <i>Logisticare (Transportation): Reservations: 1-877-659-8420</i> <input type="radio"/> <i>Ride Assist (Where's My Ride?): 1-877-659-8421</i>

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Priority	5. What is the best contact phone number and email to reach you? Who is the best person to contact if we cannot reach you for follow-up? What is their contact information? May we contact them if we cannot reach you?		
Best Practice	6. Can we review your discharge summary and educational materials received from the hospital/ED? Do you have any questions on the discharge summary you received?	Additional/follow-up question for discharge planner: Is there anything I need to be aware of before talking with the client?	<input type="radio"/> Yes — What questions do you have? <input type="radio"/> No
Best Practice	7. When is your next appointment with your PCP?	<input type="radio"/> Yes — Who is the appointment with and what is the scheduled date and time?  No	<i>If they don't have a PCP or have a PCP but no appointment scheduled, ask if they would like assistance in finding a PCP and/or scheduling an appointment</i>
Best Practice	8. What questions do you have about taking care of yourself?	N/A	
Best Practice	9. What activities are you going to do to make sure you stay healthy and prevent hospitalization?	N/A	
Best Practice	10. Would you find it helpful to talk with a counselor, attend groups to help support your health, or talk to a psychiatrist about any symptoms you are experiencing?	N/A	<input type="radio"/> Yes — <i>Assist client with an appointment or make appropriate referral</i> <input type="radio"/> No
Best Practice	11. Do you have enough food or way to get food where you will be staying for the next week?	N/A	<input type="radio"/> Yes <input type="radio"/> No — <i>Link client to appropriate services</i>

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Best Practice	12. Do you have a safety plan?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes — Have you reviewed it and do you have any questions about it? <input type="radio"/> No
Best Practice	13. Did you complete a WRAP (Wellness Recovery Action Plan) in the hospital/ED?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes — Do you have any questions about the WRAP? <input type="radio"/> No
Best Practice	14. Did you complete a Psychiatric Advanced Directive?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	<input type="radio"/> Yes — Do you have any questions? <input type="radio"/> No
Best Practice	15. Are you waiting to find out the results of any tests completed in the hospital/ED (like x-rays, MRIs, or blood work)?	<input type="radio"/> Yes <input type="radio"/> Which tests? <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> Which tests are you waiting on? <input type="radio"/> No <input type="radio"/>
Best Practice	16. Do you need to have any additional tests completed (such as weekly lab work for clozapine or next injection for a long-acting antipsychotic) post discharge?	<input type="radio"/> Yes <input type="radio"/> Which tests? <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> Are the tests scheduled? <i>If not, ask if they need assistance scheduling</i> <input type="radio"/> No
Best Practice	17. Have you been in contact with the Sunshine Care Manager?	<input type="radio"/> Yes — Who? <input type="radio"/> No	<input type="radio"/> Yes — Who? <input type="radio"/> No