island health care island hospice THAGroup independent life at home RightHealth®

CARE TRANSITIONS COMMUNICATION

Patient Name: _____ Zip Code: _____

THA Group Staff Person: _____ Date: _____

Referral Source: _____ Referring MD: _____

Signing MD: _____ Spoke To: _____

Patient's SSN is in Referral Packet. ☐ Yes ☐ No ☐ I have confirmed that this physician will sign orders for care. Initials: _____

Orders _____
SN ☐
PT ☐
OT ☐
ST ☐
MSW ☐
HHA ☐

H&P _____
DX** _____
_____
A1c _____

****Evaluate for a monitor?**
☐ Yes ☐ No

F2F Encounter Date _____
Names the disciplines ordered ☐
Identifies skills needed ☐
Describes homebound status ☐
Signed and dated by MD ☐
All information is legible ☐

Medicare? ☐ Yes ☐ No Hospitalized in last 30 days? ☐ Yes ☐ No

Does patient have one of the following BPCI DX? ☐ No ☐ Yes (select below):

☐ AMI ☐ CABG ☐ Cardiac Cath ☐ Cardiac Defibrillator ☐ Cardiac Valve ☐ CHF ☐ COPD ☐ Diabetes ☐ Joint Rep ☐ Pneumonia

Does patient have any surgeries planned in the next 3 months? ☐ No ☐ Yes

If answers to the first 3 questions above are YES, educate patient on BPCI:

THA Group's Island Health Care is part of an exciting study with Medtronic on behalf of Medicare. Your diagnosis may make you eligible to participate. Here's what that means for you:

1. A Cardiocom monitor will be delivered to your home. We will teach you how to use it, and then our RightHealth® Team will monitor you vital signs every day. They will be in touch with you periodically, based on your data, and will work with your physician to guide your care.
2. You clinician will teach you how to report your vital signs by telephone, using the Cardiocom Interactive Voice Response (IVR) system. Our RightHealth Team will monitor your vital signs every day.
3. BPCI Notification Letter Provided? ☐ Yes ☐ No ☐ Notify clinician to provide at time of admission

Your physician has ordered Home Health Care. Has a nurse or a physical therapist ever come to your home to help you before?

☐ No ☐ Yes When? _____

Are you willing to have our Home Health Team come out to assess you? ☐ Yes ☐ No

Patient will be at this address: _____

Phone: _____

Alternate Contact: _____ Phone: _____

Notes: _____

☐ I have confirmed this information with patient/caregiver. Initials: _____

Patient Interview Patient: _____

1. Why were you in the hospital / SNF / rehab?

   _____

2. What are your biggest concerns about returning home?

   _____

3. Do you have an up-to-date medications list? ☐ Yes ☐ No (assist with acquiring up-to-date list)

   Do you have all these medicines? ☐ Yes ☐ No

   How will you get your prescriptions? _____

4. Do you have a follow-up appointment with your physician? ☐ Yes ☐ No (assist with making physician's appointment)

   Is it within 7 days of discharge? ☐ Yes ☐ No (assist with making physician's appointment)

   Physician / Date / Time _____

   How will you get there? _____

5. What was your first symptom the last time you got sick?

   _____

6. It's important to recognize the "Red Flags" that may mean your condition is worsening. Here are some things to watch for:

☐ Lungs/Heart	☐ Productive cough	☐ Weight gain of 2 lbs. in 24 hrs. or 3 lbs. in 5 days
	☐ Feeling more tired or less energy than usual	☐ Swelling of lower extremities / feet
	☐ Fever	☐ Shortness of breath worse than usual
☐ Diabetes	☐ Confusion / changes in mental status	☐ Blood sugar level >400 or <60, not responding to interventions
☐ Signs/Symptoms of Infection	☐ Increased redness	☐ Foul odor or wound changes
	☐ Increased drainage or changes	☐ Temperature >100 degrees
	☐ Increased wound size or area	☐ Tenderness, throbbing pain in/around wound
☐ Anticoagulants	☐ Bleeding from mouth, gums, nose or rectum	☐ Pain in lower extremities
	☐ Increased bruising	☐ Dark bowel movement
☐ Urinary Problems	☐ Increased weakness	☐ Urine color changes
	☐ Unable to urinate	☐ Blood in urine
	☐ Odor changes	☐ Blocked catheter
	☐ Lower back pain	
☐ Other Problems	☐ Falls	☐ Nausea / vomiting
	☐ Feeling uneasy or unusual	☐ Feeling something just isn't right
	☐ Constipation	☐ Pain

"CALL US FIRST" Patient/caregiver(s) have been informed that a nurse is available 24/7 and that they should call us first if they have any questions or concerns. Patient/caregiver(s) have been provided with THA Group's phone number.

☐ Initials: _____