CHECKLIST TO REDUCE REHOSPITALIZATION

Here are components of the re-engineered hospital discharge program that helped Boston Medical Center, a large urban safety-net hospital with an ethnically diverse patient population, decrease hospital utilization (combined emergency department visits and readmissions) within 30 days of discharge by about 30% among patients on a general medical service. One emergency department visit or rehospitalization was prevented for every 7.3 patients who received the intervention.

**IN-HOSPITAL COMPONENT (DISCHARGE ADVOCATE)**

1. **Educate patient about relevant diagnoses throughout hospital stay.**
2. **Make appointments for clinician follow-up and post-discharge testing.**
   - Solicit input from patient regarding convenient date(s) and time(s) for appointments.
   - Coordinate appointments with physicians, testing and other services.
   - Discuss reason for and importance of physician appointments.
   - Confirm patient knows location and transportation plan, and review barriers to keeping appointments.
3. **Discuss with patient any tests or studies completed in hospital and who will follow up with results.**
4. **Organize post-discharge services.**
   - Ensure patient understand the importance of these services.
   - Make appointments at times convenient for patient.
   - Discuss the details of how to receive each service.
5. **Confirm medication plan.**
   - Reconcile the discharge medication regimen with those taken before the hospitalization.
   - Explain what medications to take, emphasizing any changes in the regimen.
   - Review each medication’s purpose, how to take correctly, and important side effects.
   - Be sure patient has realistic plan to obtain medications.
6. **Reconcile discharge plan with national guidelines and critical pathways.**
7. **Review appropriate steps for what to do if a problem arises.**
   - Teach patient how to contact primary care provider (or coverage) by providing contact numbers for evenings and weekends.
   - Teach patient what constitutes an emergency and what to do in the case of an emergency.
8. **Transmit discharge summary to physicians and services accepting responsibility of patient’s care that contains:**
   - Reason for hospitalization with specific principal diagnosis.
   - Significant findings. (When creating this document, the original source documents— for example, laboratory, radiology, operative reports, and medication administration
records—should be in the transcriber’s immediate possession and be visible when information must be transcribed from one document to another.)

- Procedures performed and care, treatment, and services provided to patient.
- Patient’s condition at discharge.
- Complete and reconciled medication list (including allergies).
- List of acute medical issues, tests, and studies for which confirmed results are pending at the time of discharge and require follow-up.
- Information regarding input from consultative services, including rehabilitation therapy.

9. **Assess degree of understanding by asking patient to explain in his or her own words the details of the plan.**
   - You may need to remove language and literacy barriers by using professional interpreters.
   - You may need to contact family members who will share in the care-giving responsibilities.

**AFTER HOSPITAL CARE PLAN**

10. **Give patient a written discharge plan at the time of discharge that contains:**
    - Reason for hospitalization (discharge diagnosis and significant comorbidities).
    - Discharge medications (how and when to take each medication and how to obtain medication).
    - Contact information and picture of primary care physician and discharge advocate.
    - Information for follow-up primary care, specialty care, and outpatient test appointments.
    - Calendar, labeled with scheduled appointments and tests.
    - Information for tests and studies whose confirmed results are not available at the time of discharge.

**PHARMACIST POST-DISCHARGE TELEPHONE COMPONENT**

11. **Telephone patient to reinforce discharge plan, review medications, and problem-solve.**