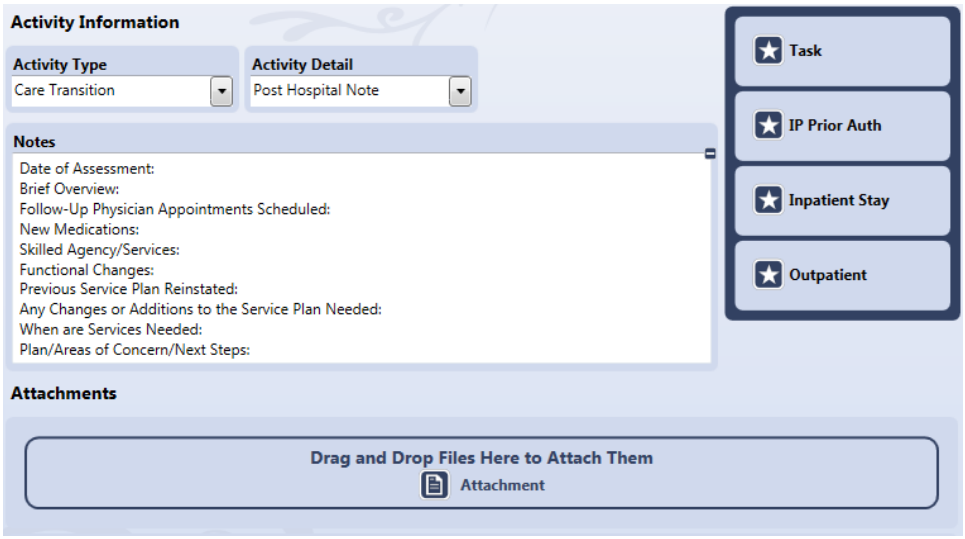
Post Hospital Note Guidelines

To add the Post Hospital Note:

1. Open the member's file.
2. Click the + icon, then "Work" and "Activity Log."

3. Under Activity Type, select "Care Transition," which will populate the Activity Detail drop down, where you will select "Post Hospital Note." In the Notes section, right click and select "Standard Text," "SCO CM," and "Post Hospital Note" to populate the note template.



4. Populate the specifics of the Post Hospital Note template with the information on the following pages.

Complete Clinical Note in addition to Day 2/Day 7 Post-Hospital Assessments. If there is a significant change or lack of progress between assessments – refer to Clinical Manager.

TUFTS Health Plan

Post Hospital Note Guidelines

Date of Assessment: Date assessment was completed; Document if face-to-face or telephonically

Brief Overview: Note should include (updating information in bold for member's situation):

- Refer to UM note written **[date and time]** for hospital course. Member was admitted to the hospital for **[admitting dx]**. Prior to hospitalization, member experienced **[symptoms]** and **[who]** called **[MD/ambulance]**. Member lives **[alone/with family/caregiver]**. Family **[is/is not]** supportive and provides **[type of support/care]**. Today **[member/family]** reports that member **[is/is not]** at baseline. **[If not at baseline, please explain.] [Member reports/RNCM]** observes current medical picture is **[document observations/report]**. **[Member/family]** concerns are **[document concerns]**. Teaching to **[member/family]** includes **[document education provided]**. Contributing factors to hospitalization were: **[document contributing factors]**.

Follow-Up Physician Appointments Scheduled: Include any MD appointments scheduled as a result of the hospitalization

New Medications: Type:

- "See medication tab and L&A."
- RNCM is also responsible for completing Medication Reconciliation and updating medication tab.

Skilled Agency/Services: Type (as appropriate):

- VNA services ordered through **[Name of agency]**. Services ordered include: **[SN/PT/OT/ST/HHA and frequency of visits if known]**.

Functional Changes: Add any additional information needed and not described in brief overview above.

Previous Service Plan Reinstated: List services included in the previous plan that are being reinstated (HHA, HM. PERS, HDM, etc.)

Any Changes or Additions to the Service Plan Needed: State problem and service plan change.

- **Example:** Functional Decline: PCA hours increased, laundry service added, companion for MD appointments

When are Services Needed: Timeline for delivery of services and actions taken

Plan/Areas of Concern/Next Steps: Examples:

- **CHF, New dx:** Enroll in CHF DM (see DM tab), CHF workflow initiated, initiate tele-monitoring, ongoing VNA teaching on CHF management, scale ordered, request made to PCP for cardiology referral/echocardiogram.
- **S/S of Depression/Anxiety:** Refer to THP SCO Behavioral Health for review.
- **Fall Risk:** PT/OT in place, request recommendations for referral for assistive DME.
- **Change in Goals of Care:** Educate/discuss Palliative Care, review MOLST Form.