

Patient Discharge Survey

Patient Name/Tracking Number _____

Admission Date _____

Discharge Date _____

Instructions: Please circle your answer to each question below.

1. I was taught about my diagnosis during my hospital stay.

Yes No Don't Know

2. I have follow-up appointments with my physicians.

Yes No Don't Know

3. I have been told about test results or studies that have not been completed before I go home.

Yes No Don't Know

4. If I need home health care, medical equipment or other help or services after I go home it has been arranged.

Yes No Don't Know

5. I understand what to do and who to call if a problem arises after I am home.

Yes No Don't Know

6. I have received a written discharge plan that is easy to read and understand.

Yes No Don't Know

7. I have received a written discharge plan that has the information I need to take care of myself at home.

Yes No Don't Know

8. I have a written list of my discharge medications and know which medications are new or changed.

Yes No Don't Know

9. When the nurses were teaching me they asked me to explain what I had learned in my own words.

Yes No Don't Know

(NOTE: This side to be filled out by hospital staff.)

Instructions: Please answer to each question below. Enter answers into the Excel RED Monitoring Tool.

Measure—Expedite transmission of DC summary to physicians and downstream providers

1. Date discharge summary sent _____

Measure—Provide Telephone reinforcement of the discharge plan and problem solving 2-3 days after discharge

1. Patient eligible for telephone reinforcement Yes No
2. Telephone reinforcement date _____

Measure—Reconcile the discharge plan with national guidelines for:

AMI

1. ASA prescribed at discharge Yes No
2. ACEI or ARB for LVSD Yes No
3. Beta-blocker prescribed at discharge Yes No NA (Contraindicated)
4. Lipid lowering therapy at discharge Yes No
5. Adult smoking cessation counseling Yes No

CHF

1. Evaluation of LVS function Yes No
2. ACEI or ARB for LVSD Yes No NA (Contraindicated)
3. Smoking cessation counseling Yes No
4. Discharge instructions Yes No

Pneumonia

1. Pneumococcal vaccination Yes No
2. Influenza vaccination Yes No NA (Seasonal)
3. Smoking cessation counseling Yes No



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