

CART Intervention Activities

Name: _____

Hospital Visits				
1 st visit date ___/___/___		2 nd visit date ___/___/___		3 rd visit date ___/___/___
Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<u>Visit No.</u> ___ ___ ___ Review pre-hospital medications ___ ___ ___ Review hospital medications ___ ___ ___ Construct complete medication list ___ ___ ___ Discuss medication management ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Explain PHR ___ ___ ___ Update PHR ___ ___ ___ Reinforce the importance of bringing PHR to appointments ___ ___ ___ Prepare for discharge ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Advise on making follow up appointment with PCP or Specialist ___ ___ ___ Clarify whether patient will need to obtain follow up tests and/or results ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Discuss self management of condition(s) ___ ___ ___ Alert to potential adverse drug reaction(s) ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Discuss patient's personal goal and possible steps for achieving ___ ___ ___ Discuss post-hosp care options ___ ___ ___ Review past hospital stays ___ ___ ___ Review discharge plan w/ patient ___ ___ ___ Review discharge plan with family/caregiver ___ ___ ___ Talk to patient about perceived support at home ___ ___ ___ Other
Notes:				

Name: _____

Nursing Home Visits/Calls

1st visit date ___/___/___

2nd visit date ___/___/___

3rd visit date ___/___/___

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<u>Visit No.</u> ___ ___ ___ Check on medication administration ___ ___ ___ Discuss medication management ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Prepare patient for discharge ___ ___ ___ Update PHR as needed ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Advise on making follow up appointment with PCP or Specialist ___ ___ ___ Clarify whether patient will need to obtain follow up tests and/or results ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Discuss self management of condition(s) ___ ___ ___ Alert to potential adverse drug reaction(s) ___ ___ ___ Other	<u>Visit No.</u> ___ ___ ___ Monitor clinical progress ___ ___ ___ Find out discharge date ___ ___ ___ Talk to nursing or case manager about care plan ___ ___ ___ Talk to family caregiver ___ ___ ___ Review discharge plan w/patient ___ ___ ___ Review discharge plan with family/caregiver ___ ___ ___ Other

Notes:

Name: _____

Home Visit ___/___/___				
Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<input type="checkbox"/> Compare pre-hospital medications with medications on hospital or skilled nursing facility discharge list <input type="checkbox"/> Identify medications that were prescribed but not obtained <input type="checkbox"/> Identify medication discrepancies <input type="checkbox"/> Develop a plan to resolve discrepancies <input type="checkbox"/> Answer questions about medications <input type="checkbox"/> Encourage or observe use of patient's medication management "system" (e.g., Mediset ® or paper chart or alarm clock) <input type="checkbox"/> Identify medications needing refills and/or barriers to refill <input type="checkbox"/> Other	<input type="checkbox"/> Update PHR <input type="checkbox"/> Reinforce need for patient to bring PHR to all future health care encounters and show it to health care professionals <input type="checkbox"/> Other	<input type="checkbox"/> Encourage patient to set up follow-up appointment <input type="checkbox"/> Role-play appointment scheduling and encounter <input type="checkbox"/> Identify problems that require immediate PCP or specialist visit <input type="checkbox"/> Develop questions with patient for PCP or specialist <input type="checkbox"/> Teach skill of writing questions to ask at PCP or specialist follow up <input type="checkbox"/> Clarify whether patient will need to obtain follow up tests and/or results <input type="checkbox"/> Provide teaching for how to obtain follow-up tests and results <input type="checkbox"/> Other	<input type="checkbox"/> Review discharge instructions <input type="checkbox"/> Discuss & teach self management of condition(s) <input type="checkbox"/> Assess patient condition <input type="checkbox"/> Discuss target symptoms / side effects to monitor and what to do should they arise <input type="checkbox"/> Discuss when PCP should be called <input type="checkbox"/> Discuss pain management <input type="checkbox"/> Discuss constipation <input type="checkbox"/> Alert patient to potential adverse drug reaction(s) <input type="checkbox"/> Other	<input type="checkbox"/> Discuss patient's personal goal and possible steps for achieving <input type="checkbox"/> Ensure Durable Medical Equipment is delivered <input type="checkbox"/> Assess adequacy of support system and need for ongoing case management <input type="checkbox"/> Prepare patient to interact home health team (RN, PT, OT) <input type="checkbox"/> Connect patient to necessary community resources <input type="checkbox"/> Other

Name: _____

Home Visit ___/___/___

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
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Notes:

Name: _____

Follow-up Phone Calls

A = 2-day call ___/___/___

B = 7-day call ___/___/___

C = 14-day call ___/___/___

D = Other calls ___/___/___

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<input type="checkbox"/> Compare pre-hospital medications with medications on hospital or skilled nursing facility discharge list <input type="checkbox"/> Identify medications that were prescribed but not obtained <input type="checkbox"/> Identify medication discrepancies <input type="checkbox"/> Develop a plan to resolve discrepancies <input type="checkbox"/> Answer questions about medications <input type="checkbox"/> Encourage or observe use of patient's medication management "system" (e.g., Mediset ® or paper chart or alarm clock) <input type="checkbox"/> Identify medications needing refills and/or barriers to refill <input type="checkbox"/> Other	<input type="checkbox"/> Update PHR <input type="checkbox"/> Reinforce need for patient to bring PHR to all future health care encounters and show it to health care professionals <input type="checkbox"/> Other	<input type="checkbox"/> Encourage patient to set up follow-up appointment <input type="checkbox"/> Role-play appointment scheduling and encounter <input type="checkbox"/> Identify problems that require immediate PCP or specialist visit <input type="checkbox"/> Develop questions with patient for PCP or specialist <input type="checkbox"/> Teach skill of writing questions to ask at PCP or specialist follow up <input type="checkbox"/> Clarify whether patient will need to obtain follow up tests and/or results <input type="checkbox"/> Provide teaching for how to obtain follow-up tests and results <input type="checkbox"/> Other	<input type="checkbox"/> Review discharge instructions <input type="checkbox"/> Discuss & teach self management of condition(s) <input type="checkbox"/> Assess patient condition <input type="checkbox"/> Discuss target symptoms / side effects to monitor and what to do should they arise <input type="checkbox"/> Discuss when PCP should be called <input type="checkbox"/> Discuss pain management <input type="checkbox"/> Discuss constipation <input type="checkbox"/> Alert patient to potential adverse drug reaction(s) <input type="checkbox"/> Other	<input type="checkbox"/> Discuss patient's personal goal and possible steps for achieving <input type="checkbox"/> Ensure Durable Medical Equipment is delivered <input type="checkbox"/> Assess adequacy of support system and need for ongoing case management <input type="checkbox"/> Prepare patient to interact home health team (RN, PT, OT) <input type="checkbox"/> Connect patient to necessary community resources <input type="checkbox"/> Other

Name: _____

Patient/Caregiver Response

Level of Performance (Please rate)

L = Low

M = Medium

H = High

Medication Management	Personal Health Record (PHR)	Medical Care Follow Up	Red Flags	Other
<ul style="list-style-type: none"> ___ Demonstrates ability to accurately update medication record ___ For each medication, understands the purpose, when and how to take, and possible side effects ___ Demonstrates effective use of Medication Management System ___ Agrees to confirm medication list with PCP and/or Specialist ___ Agrees to keep updated complete & current written list of medications. 	<ul style="list-style-type: none"> ___ Understands the purpose of PHR and the importance of updating PHR ___ Demonstrates ability to update PHR independently ___ Agrees to bring PHR to every health encounter 	<ul style="list-style-type: none"> ___ Can schedule and follow through on appointment(s). ___ Writes a list of questions for PCP and/or specialist and brings to appointment ___ Demonstrates ability to overcome barriers commonly presented at follow-up visit through effective role-playing 	<ul style="list-style-type: none"> ___ States understanding about Red Flags to watch out for ___ Reacts appropriately to Red Flags per education given 	<ul style="list-style-type: none"> ___ Reports increased feeling of being in control of own health ___ Reports satisfactory outcome at follow-up health encounters ___ Appropriately identifies education needs and demonstrates ability to effectively find answers ___ Achievement of in-hospital personal goal for one month post discharge of " _____ "

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