Patient Transition Information

Physician Communication Rapid Cycle Project for Community Partner Focus Groups

You had to contact (phone call) a physician for a patient care issue, please complete the following information based on that contact. Please do not include any patient identifiers in this Rapid Cycle Process.

You are:

_____ Home Health Agency
_____ Skilled Nursing Facility
_____ Nursing Home/Extended Care Facility
_____ Rehab Facility
_____ LTACH facility
_____ Hospice Agency
_____ Other ________________________________ please list

Day of the Week the Call/Contact was completed

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday
_____ Saturday
_____ Sunday

Time the Call was placed

________________________ Please fill in the time please indicate AM or PM

You Contacted:

_____ Primary Care Physician for the Patient
____-Medical Director for the Facility/Agency
____ On Call or After Hours physician
____ Specialist __________________ Please specify type of specialist

Please include a Brief description of the nature of the call (no patient identifiers please)
Pulmonary, Fever, N&V, Altered Mental Status, Cardiac, Orthopedic, Change in condition etc...


What was the outcome of the Call/Contact?
____ Orders Received pt. stays in facility/home
____ Orders received with pt. transfer to Acute Care or ED setting
____ Appointment with PCP or Other MD arranged
____ other please explain ____________________________

Did the patient have an Active OOHDNR?
____ Yes
____ No

Did the OOHDNR Accompany the patient if transported by EMS from facility/home to the ED setting?
____ Yes
____ No

Please email this completed form to pflowers@unitedregional.org  or fax to 940-764-4249