



Checklist

HOME CHECKLIST HHCAHPS & SURVEY SUCCESS

PATIENT NAME: _____

DATE of ADMISSION: _____

<i>Topics to be discussed upon admission. Check, date, and initial once Patient/Representative verbalizes understanding of topic.</i>		Date/ Nurse Initials	Date/ Nurse Initials	Date/ Nurse Initials
1	Name of Clinical Manager and contact number for Agency provided to patient/representative.			
2	Explain " Safe home set up " to patient/representative.			
3	Talk about PAIN and pain relief measures with patient/representative.			
4	Talk about new/changed meds (Prescribed and OTC), WHEN to take, SIDE EFFECTS, PURPOSE for medication, and LOOK at med bottles.			
5	Explain each service (SN, PT/OT/ST, HHA, MSW) that patient will receive.			
6	Discuss payment options. Provide financial forms as needed.			
7	Discuss/teach equipment found in home and proper functioning.			
8	Discuss the importance of involving family/representative in patient's plan of care.			
9	Keeping informed and up to date with all health care changes and plan of care changes			
10	INFORM patient/family of who is coming from the Home Health agency and when			
11	Our goal: Courteous listening, Kind and Gentle Care			
12	Does patient and representative verbalize understanding of all of the above?			
13	Notify patient that they will receive a patient survey in the mail and the importance of completing the form.			