



TO: Dr. Barry Straube, Centers for Medicare & Medicaid Services (CMS)

FROM: Alliance for Home Health Quality and Innovation (AHHQI)

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Following are recommendations from the Alliance for Home Health Quality and Innovation (AHHQI) identifying critical elements of information that would be communicated between home health care and other care providers to ensure optimal transitions between care settings. Specifically, the recommendations includes information that a healthcare provider should give to a home health agency when transferring a patient to home health, as well as elements that a home health agency should provide when transferring a patient to another setting of care.

Our recommendations are based on a template originally developed by the Georgia QIO and shared with AHHQI. AHHQI has recommended some additional elements to be added to that core document, which are highlighted in the document below.

Alliance Recommendations for Care Transitions Communications

Care Transitions – What elements are necessary for optimal communication between providers during transition of a patient?

What are the critical elements that a provider should provide a home health agency when transitioning a patient TO home care?

Patient Name, address, phone # and DOB	DME equipment ordered (walker, cane, oxygen, nebulizer, CBG, etc) and company name and #
Medicare, Medicaid and/or other payor information	Any wounds (location, description, onset and orders to treat)
Caregiver name and #	Presence of any ostomy or tube feedings
Participation level of caregiver – Use Care Tool Support Needs/CG Assistance assessment (example below)	Any known psych or psychosocial issues noted (depression scale)
Primary Physician name and #	Presence of IV or central line and orders
All consulting physicians, name, specialty and # that will be following the patient	Next scheduled or ordered physician appt.
Reason for ACH	Ordered diet and/or dietary/fluid restrictions
All diagnosis (separate stable and unstable)	Psych status (cognitive, depression, anxiety, other)
Surgical procedures and dates during ACH event and related to ACH event	Psychosocial status (family dynamics, poverty, EPS, compliance, language and communication barriers)
Allergies	Any community services involvement
Medications, including new, changed	Immunization History
Last series of lab results (most current)	Advanced Directives
Pain during last 24 hours (level and treatment)	Religious Preference
Vital sign ranges for last 3 days	
Pharmacy name and #	
Name/Contact of Sending Unit/Clinician	

What are the critical elements that a home health agency should provide when transitioning a patient to ANOTHER setting?

Patient Name, address, phone # and DOB	DME equipment in the home (walker, cane, oxygen, nebulizer, CBG, etc.) and company name and #
Medicare, Medicaid and/or other payor information	Any wounds (location, description, and current treatment)
Caregiver name and #	Presence of any ostomy or tube feedings
Participation level of caregiver – Use Care Tool Support Needs/CG Assistance assessment (example below)	Any known psych or psychosocial issues noted (depression scale)
Primary Physician name and #	Presence of IV or central line and orders
All consulting physicians, name, specialty and # that are following the patient	Ordered diet and/or dietary/fluid restrictions
Reason for home care, including all ordered disciplines	Psych status (cognitive, depression, anxiety, other)
All diagnosis	Psychosocial status (family dynamics, poverty, EPS, compliance, language and communication barriers)
Surgical procedures and dates within last 6 months or during home care episodes	Any community services involvement
Allergies	Next scheduled physician visit date and name
Medications, including new, changed	Last physician visit date and name
Last series of lab results (most current)	Immunization History
Last pain assessment (level and treatment)	Advanced Directives

Vital sign ranges from last 30 days	Religious Preference
Pharmacy name and #	Who is signing HH consent
Who is signing HH Orders	

Below are the Care Tool Support Needs/CG Assistance Assessment Questions for reference:

E. Support Needs/Caregiver (CG) Assistance					
Type of Assistance Needed Patient needs assistance with (check all that apply)		Support Needs/Caregiver Assistance (If patient needs assistance, check one on each row)			
		CG able	CG will need training and/or other supportive services	CG not likely to be able/CG not available	CG ability unclear
<input type="checkbox"/> E1a	a. ADL assistance (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> E2a	<input type="checkbox"/> E3a	<input type="checkbox"/> E4a	<input type="checkbox"/> E5a
<input type="checkbox"/> E1b	b. IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> E2b	<input type="checkbox"/> E3b	<input type="checkbox"/> E4b	<input type="checkbox"/> E5b
<input type="checkbox"/> E1c	c. Medication administration (e.g., oral, inhaled, or injectable)	<input type="checkbox"/> E2c	<input type="checkbox"/> E3c	<input type="checkbox"/> E4c	<input type="checkbox"/> E5c
<input type="checkbox"/> E1d	d. Medical procedures/treatments (e.g., changing wound dressing)	<input type="checkbox"/> E2d	<input type="checkbox"/> E3d	<input type="checkbox"/> E4d	<input type="checkbox"/> E5d
<input type="checkbox"/> E1e	e. Management of equipment (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment, or supplies)	<input type="checkbox"/> E2e	<input type="checkbox"/> E3e	<input type="checkbox"/> E4e	<input type="checkbox"/> E5e
<input type="checkbox"/> E1f	f. Supervision and safety	<input type="checkbox"/> E2f	<input type="checkbox"/> E3f	<input type="checkbox"/> E4f	<input type="checkbox"/> E5f
<input type="checkbox"/> E1g	g. Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)	<input type="checkbox"/> E2g	<input type="checkbox"/> E3g	<input type="checkbox"/> E4g	<input type="checkbox"/> E5g
<input type="checkbox"/> E1h	h. None of the above or non-residential setting				