

Survey 10 09 016	Area Sample Area - TJC Accreditation	Campus Main	Floor ALL	Building Hospital
Due Date Sep 2010	Medical Record #	Inspector First Name	Inspector Last Name	Date (mm/dd/yy) / /

01 Discharge Call Category

ID & Question	Follow-Up	Scoring	Other
0101 Introduction Before commencing: A - Acknowledge - Good Morning I - Introduce - I am _____ from D - Duration - I have a few questions about your recent stay with us. It will take about 5 minutes of your time. Is that OK? E - Explanation - We want to be sure we are providing excellent service and quality care so we talk to a lot of our patients about their stay. We particularly want to be sure that you have all the information and support you need since leaving the hospital. Std: PI.01.01.01 EP16	Area	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0102 Discharge Instructions - Covered Did we go over your discharge instructions with you before you left the hospital? Std: PC.04.01.05 EP8, PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0103 Discharge Instructions - Questions Do you have any questions about your discharge that we have not answered? Std: PC.04.01.05 EP8, PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0104 Medications - Filled Do you have all of your medication prescription filled? Std: NPSG.08.03.01 EP1, PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0105 Medications - Understood Do you have any questions about your medication? Std: NPSG.08.03.01 EP1, PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0106 Medications - Taken Have we explained how important it is for you to take the medications as prescribed? Std: NPSG.08.03.01 EP1, PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0107 Follow Up Appointments Have your follow up appointments been scheduled? Std: PC.02.02.01 EP3, PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			
0109 Hospital Stay Would you recommend our hospital? Std: PI.01.01.01 EP16		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Not Scored
<input type="radio"/> Follow-Up Completed			

