Closing the Loop: Staff Survey

(to be completed by the receiving care setting after a transition)

Date: Patient's Name/identifier: Family Caregiver's Name:													
) What information was received regarding the patient?							On a scale of 1–5, with 5 being the best, please rate the following a) How timely was the handoff information?						following
		PRIOR TO admission	AT admission	Not sent	ILLEGIBLE		a)	How timely was t	ne nano 2	offi info 3	rmation: 4	? 5	
Α	Copy of the caregivers needs assessment (i.e. What Do I Need as a Family Caregiver?)						b)	<u>-</u>	_	_	•	_	
В	Diagnoses						c)	How effectively v	as the	informat	ion critic	cal to unders	tanding the
С	Reason for care at the previous setting							patient's condition	n comr 2	nunicate 3	d? ⊿	5	
D	List of procedures and tests done, with results						d)	How effectively v	_	•	ion critic	_	standing the
E	List of tests done with results pending						family caregiver's role, availability, other responsibilities, and training needs communicated?						
F	List of current medications, including OTCs, supplements, and herbals							1	2	3	4	5	
	Recommendations of diet,					3)	Wa	as the description	tion of the care situation accurate? YES NO				
G	activity level, and symptom							If NO did this se	YES	la !!!#		_	
Н	management Schedule of doctor visits						If NO, did this affect your ability to provide care? (e.g. did the patient and family caregiver need a different care schedule,						
ı	List of medical equipment ordered, with provider and delivery information							different/more s not provide?					
J	Name and telephone number of a person at the previous setting to contact with					4)	14/1	محد محمد المارية المحدد	YES	!	N		
ther	ther (Please Specify):						What would have made it easier to start care? What else would have been helpful to know, either about the patient or about the family caregiver?						

