

**CCQC**

**Train the Trainer: Case  
Management**

**FSSA Appointment Documents**

# Outreach Services of Indiana

## DENTAL APPOINTMENTS CHECKLIST: INITIAL CONTACT

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

- \_\_\_\_\_ 1. Have insurance, guardianship and medical/surgical/dental history information, and reason for appointment needed prior to calling the healthcare provider.
- \_\_\_\_\_ 2. Make call and introduce yourself, your relationship to the individual, and the type of residential placement (Group home, DD Waiver, etc).
- \_\_\_\_\_ 3. Explain need of an appointment and describe the reason for the appointment including if in pain or dental emergency.
- \_\_\_\_\_ 4. Explain special needs such as behavioral issues, anxieties, phobias, prophylactic antibiotics, etc.
- \_\_\_\_\_ 5. Provide insurance information and discuss whether the practitioner accepts that insurance.
- \_\_\_\_\_ 6. Discuss special accessibility needs or other accommodations that may be necessary such as parking, use of a gurney or wheelchair, or the need for limited waiting or an early morning appointment.
- \_\_\_\_\_ 7. If necessary request that the dental office provide a prescription for or call in to the pharmacy the appropriate prophylactic antibiotics for the individual.
- \_\_\_\_\_ 8. Inquire whether the provider is able to provide verbal and written recommendations and instructions/copy of office note at each appointment and provide input to the individual's team members as needed.
- \_\_\_\_\_ 9. Inquire what type of written information is to be brought to the appointment, including need for consent for treatment.
- \_\_\_\_\_ 10. Inquire whether any necessary forms/information can be completed and sent or hand delivered, if close proximity, prior to the scheduled appointment.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

**outreach@fssa.in.gov • DDRSOutreach.IN.gov**

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov).



**Indiana Family & Social Services Administration  
Division of Disability & Rehabilitative Services  
Bureau of Quality Improvement Services**

**OR-FM-HS-DT-94(02-19-10)**

# Outreach Services of Indiana

## HOSPITALIZATION CHECKLIST: PREPARING FOR DISCHARGE

Client Name: \_\_\_\_\_

*Instructions: Staff to take form to the hospital and date & initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

### To Be Completed by Designated Provider Contact Person

- \_\_\_\_\_ 1. **If at any time there is a concern regarding the care of the person or the status of the person's health, notify the hospital personnel and your supervisor, nurse or guardian of your specific concerns.**
- \_\_\_\_\_ 2. During admission establish a contact person who can give an update on the person's status while at the hospital. This may be a nurse, case manager, or social worker.
- \_\_\_\_\_ 3. Discuss who the discharge planner will be and set up contact or meeting time.
- \_\_\_\_\_ 4. Inform the provider contact person/healthcare coordinator (HCC) and guardian/healthcare representative of the hospital contact person and discharge planner's information.
- \_\_\_\_\_ 5. Discuss with the hospital contact person the best time of day to call for information and visit the person. Explain that someone will be calling or visiting periodically to follow the person's progress and treatment course. Encourage the hospital staff to call for any problems, questions or concerns.
- \_\_\_\_\_ 6. Share with the discharge planner the person's current living situation and supports such as nursing presence, direct support staff or family caregiver presence, house mates, and available transportation.
- \_\_\_\_\_ 7. Discuss the need for a verbal report to be provided to the HCC prior to formal discharge.
- \_\_\_\_\_ 8. Share information with the discharge planner as needed regarding the person's home physical environment such as shared bedroom, no shower, presence of stairs, bathroom set up and location etc.
- \_\_\_\_\_ 9. Alert the discharge planner of the need for the HCC to be informed in a timely manner of any new orders or treatments that may continue after discharge.
- \_\_\_\_\_ 10. Discuss the need to receive **detailed written instructions** for any new medications or treatments on the discharge instructions.

- \_\_\_\_\_ 11. Discuss the need to receive **detailed written instructions** regarding what to watch for, what to expect, any restrictions and other recommendations for the management of the health issue on the discharge instructions.
- \_\_\_\_\_ 12. Discuss the need for prescriptions for new medication and/or treatment orders.
- \_\_\_\_\_ 13. Discuss the reason for any new medications and whether there are any special instructions related to the use of the medication including times to administer, methods of administration and anticipated side effects.
- \_\_\_\_\_ 14. Discuss when any new medications should begin.
- \_\_\_\_\_ 15. Ensure any medications that are to be discontinued have specific orders for the discontinuation.
- \_\_\_\_\_ 16. Discuss whether any monitoring/observation is necessary and what would prompt a call or follow up appointment to the healthcare provider.
- \_\_\_\_\_ 17. Discuss who to call for problems and what numbers to call.
- \_\_\_\_\_ 18. Discuss whether any specific training and/or equipment are necessary.
- \_\_\_\_\_ 19. Discuss the need for any new equipment (oxygen, adaptive equipment etc) or transportation (ambulance) to be arranged/obtained prior to the day of discharge.
- \_\_\_\_\_ 20. Discuss whether any follow up procedures or appointments are necessary.
- \_\_\_\_\_ 21. Inquire how the results of any tests and any physician dictations will be obtained and/or communicated. Encourage hospital staff to provide copies of anything available at time of discharge.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Person Escorting Individual Home

- \_\_\_\_\_ 1. Read all discharge orders and recommendations back to the healthcare provider to ensure they are legible and understood.
- \_\_\_\_\_ 2. Prior to leaving discuss when last food and fluid intake occurred, last urine void, last BM and if any medications or treatments were given that day including time of administration and ensure this information is written on the discharge instruction.
- \_\_\_\_\_ 3. **If there are concerns regarding the status of the person and you are uncomfortable taking the person home, communicate your concerns to hospital personnel and explain the reasons why. Contact the guardian/healthcare representative and/or provider contact person if you have concerns. Do take the person home until concerns are resolved.**

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

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**Indiana Family & Social Services Administration**  
**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

**OR-FM-HS-MA-103(04-30-10)**

# Outreach Services of Indiana

## HOSPITALIZATION CHECKLIST: ADMISSION TO AND DURATION OF HOSPITALIZATION

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

- \_\_\_\_\_ 1. Take essential information about the person with you to the hospital including but not limited to a photo ID; insurance information; list of diagnoses; list of medications, dosages, frequency of administration and when last received; allergies; dates of and types of prior surgeries; guardianship status; contact information for guardian/Health Care Representative, and Provider.
- \_\_\_\_\_ 2. Check in with the receptionist or admitting clerk upon arrival to facility; introduce yourself and the individual you are accompanying.
- \_\_\_\_\_ 3. State reason you are there; encourage person to participate as able.
- \_\_\_\_\_ 4. Discuss accommodations needed in waiting room such as a more private space if such arrangements were not made ahead of time.
- \_\_\_\_\_ 5. Provide information to the receptionist as requested such as insurance information, photo ID.
- \_\_\_\_\_ 6. Maintain positive, supportive environment while waiting. Engage the person in preferred activity as needed.
- \_\_\_\_\_ 7. Alert the receptionist and establish a method for him/her to contact you if need to leave waiting area for any reason.
- \_\_\_\_\_ 8. Accompany person to the hospital room and assist the hospital personnel in orienting the person to the room, bed, call system, bathroom, etc.
- \_\_\_\_\_ 9. Ensure all healthcare and contact information provided during admission is transitioned with the person to the hospital unit.
- \_\_\_\_\_ 10. Review health related information with hospital personnel and discuss supports that may be necessary.
- \_\_\_\_\_ 11. Stay with the individual to provide support and assist with communication until admission completed or otherwise directed by hospital personnel.

- \_\_\_\_\_ 12. Encourage and facilitate communication with the individual. Inform hospital staff of any special means of communication or augmentative communication devices used by the individual.
- \_\_\_\_\_ 13. Refer the healthcare provider to a contact person in the provider agency, a guardian, and/or to written information if you do not know answer to the healthcare provider's question.
- \_\_\_\_\_ 14. Inform hospital personnel of the individual's needs including use of adaptive equipment.
- \_\_\_\_\_ 15. Discuss whether any equipment or personal items need to be brought from the home.
- \_\_\_\_\_ 16. Be sure all personal belongings and equipment has the person's name on it and it is inventoried by the hospital.
- \_\_\_\_\_ 17. Establish a contact person at the hospital. This may be a nurse, case manager or discharge planner. Inform guardian/healthcare representative and provider contact or healthcare coordinator (HCC) of the name and phone number of that person.
- \_\_\_\_\_ 18. Discuss the need to be notified ahead of time of any discharge plans.
- \_\_\_\_\_ 19. Discuss with the contact person the best time of day to call for information and visit the person. Explain that someone will call or visit periodically to follow the person's progress and treatment course. Encourage hospital staff to call the agency contact person for any problems, questions or concerns.
- \_\_\_\_\_ 20. Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider.
- \_\_\_\_\_ 21. Assist with explanations and provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- \_\_\_\_\_ 22. Assist with transfer and positioning.
- \_\_\_\_\_ 23. DO NOT give verbal or written consent for invasive procedures—refer the healthcare provider to the guardian or healthcare representative if individual cannot give own consent.
- \_\_\_\_\_ 24. Ask hospital staff to keep you informed, ask what tests or procedures are being ordered/performed and request the results of those tests.
- \_\_\_\_\_ 25. Keep Guardians/Healthcare Representatives and agency personnel informed of the recommendations and actions while at the hospital
- \_\_\_\_\_ 26. Assist in supporting the person but do NOT give the person any medication or anything to eat or drink without hospital personnel's assistance and guidance.
- \_\_\_\_\_ 27. Document all events that occur during hospitalization, including all tests performed and all conversations with hospital staff (identify staff by name and title) and record per agency policy upon return to the home.
- \_\_\_\_\_ 28. Keep a notebook with a pocket folder in the room for note taking and storing information, phone numbers, business cards etc. that are provided during hospitalization.



- \_\_\_\_\_ 29. A familiar staff person be with the person during waking hours or at least some period of time daily to assist with facilitation of care and communicate regarding the status of the person as directed.
- \_\_\_\_\_ 30. Make phone calls daily at a specified time by the healthcare coordinator in order to stay abreast of the person's condition and physician's recommendations, treatment and testing.
- \_\_\_\_\_ 31. Discuss discharge plans during the admission process. Establish a contact person to assist with discharge plans; explain the need to ensure appropriate supports and training are in place in the home prior to discharge.
- \_\_\_\_\_ 32. **If at any time there is a concern regarding the care of the person or the status of the person's health, notify the hospital personnel and your supervisor, nurse or guardian of your specific concerns.**

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

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**Indiana Family & Social Services Administration**  
**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

**OR-FM-HS-MA-102(04-30-10)**

# Outreach Services of Indiana

## MANAGING APPOINTMENTS CHECKLIST: INITIAL CONTACT

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

- \_\_\_\_\_ 1. Have insurance, guardianship and medical/surgical history information, and reason for appointment needed prior to calling the healthcare provider.
- \_\_\_\_\_ 2. Make call and introduce yourself, your relationship to the individual, and the type of residential placement (Group home, DD Waiver, etc).
- \_\_\_\_\_ 3. Explain need of an appointment and describe the reason for the appointment.
- \_\_\_\_\_ 4. Provide insurance information and discuss whether the practitioner accepts that insurance.
- \_\_\_\_\_ 5. Discuss special accessibility needs or other accommodations that may be necessary such as parking, use of a gurney or wheelchair, or the need for limited waiting or an early morning appointment.
- \_\_\_\_\_ 6. Inquire whether the provider is able to provide verbal and written recommendations and instructions /copy of office note at each appointment and provide input to the individual's team members as needed.
- \_\_\_\_\_ 7. Inquire what type of written information is to be brought to the appointment, including need for consent for treatment.
- \_\_\_\_\_ 8. Inquire whether any necessary forms/information can be completed and sent or hand delivered, if close proximity, prior to the scheduled appointment.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

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**Indiana Family & Social Services Administration**  
**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

**OR-FM-HS-MA-86(11-10-09)**

# Outreach Services of Indiana

## MANAGING APPOINTMENTS CHECKLIST: DURING THE APPOINTMENT

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

### Checking in and waiting area

- \_\_\_\_\_ 1. Check in; introduce yourself and the individual.
- \_\_\_\_\_ 2. State reason you are there; encourage person to participate as able
- \_\_\_\_\_ 3. Discuss accommodations needed in waiting room such as a more private space.
- \_\_\_\_\_ 4. Provide information as requested such as insurance information, photo ID
- \_\_\_\_\_ 5. Maintain positive, supportive environment while waiting. Engage the person in preferred activity as needed
- \_\_\_\_\_ 6. If need to leave waiting area, alert the receptionist & establish a method for him/her to contact you. Do not leave the individual alone in the waiting room.

### In the examination room

- \_\_\_\_\_ 7. Provide any healthcare visit/consultation type form, other health related information, & review the reason for the appointment.
- \_\_\_\_\_ 8. Review any concerns or questions that you were asked to relay from other team members.
- \_\_\_\_\_ 9. Advocate that provider communicates directly with the individual. Explain communication accommodations & approaches to the examination that may facilitate cooperation.
- \_\_\_\_\_ 10. Stay with the individual to provide support & assist with communication.
- \_\_\_\_\_ 11. Refer to a person in the provider agency, a guardian, or to written information if you do not know answer to the healthcare provider's question.

- \_\_\_\_\_ 12. Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider
- \_\_\_\_\_ 13. Assist with explanations & provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- \_\_\_\_\_ 14. Assist with transfer and positioning.
- \_\_\_\_\_ 15. If exam/procedure is not completed, ensure reason for not completing exam/procedure is documented on healthcare visit/consultation form along with written recommendations for addressing future steps.
- \_\_\_\_\_ 16. DO NOT give verbal or written consent for invasive procedures—refer the healthcare provider to the guardian or healthcare representative if individual cannot give own consent.
- \_\_\_\_\_ 17. Assist in determining if an exam/procedure is worth doing in the event the individual expresses discomfort or resistance. If this occurs, refer the situation to the support team for review & discussion. Alert the healthcare provider of the need for discussion & request his/her input in writing.
- \_\_\_\_\_ 18. Encourage the use of the least invasive procedures possible.
- \_\_\_\_\_ 19. Discuss whether there are any new diagnoses, orders or recommendations.
- \_\_\_\_\_ 20. Discuss the need for the healthcare provider to write new orders for medications, instructions for treatments or needed monitoring & any other recommendations or orders necessary for the management of the health issue on the provided healthcare visit/consultation form.
- \_\_\_\_\_ 21. Discuss the reason for any new medications & whether there are any special instructions related to the use of the medication including times to administer, methods of administration & anticipated side effects.
- \_\_\_\_\_ 22. Discuss when any new medications should begin.
- \_\_\_\_\_ 23. Ensure that any medications that are to be discontinued have specific orders for the discontinuation.
- \_\_\_\_\_ 24. Discuss whether any monitoring/observation is necessary & what would prompt a call or follow up appointment to the healthcare provider.
- \_\_\_\_\_ 25. Discuss whether any follow up procedures or appointments are necessary.
- \_\_\_\_\_ 26. Inquire how the results of any tests will be obtained and/or communicated.
- \_\_\_\_\_ 27. Ensure all instructions, recommendations & orders are written on the healthcare visit/consultation.
- \_\_\_\_\_ 28. Read orders & recommendations back to the healthcare provider to ensure they are legible & understood.

## Checking Out

\_\_\_\_ 29. Schedule any follow up appointments, tests or procedures as ordered prior to leaving the office.

\_\_\_\_ 30. Make arrangements for payment or reimbursement as needed.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

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**Indiana Family & Social Services Administration  
Division of Disability & Rehabilitative Services  
Bureau of Quality Improvement Services**

**OR-FM-HS-MA-88(11-10-09)**

# Outreach Services of Indiana

## MANAGING APPOINTMENTS CHECKLIST: PREPARING FOR THE HEALTHCARE APPOINTMENT

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

### Needed Medication

- \_\_\_\_\_ 1. Ensure Pre-appointment medication, if necessary, is available in the home the day prior to the appointment.

### Prepare and take pertinent information to the appointment

*If unable to find or do not know the information—Call Supervisor/Nurse*

- \_\_\_\_\_ 2. Name and contact information of Guardian/Healthcare Representative
- \_\_\_\_\_ 3. Insurance cards and photo identification
- \_\_\_\_\_ 4. Medication list or copy of current MAR & medication history including recent medicine changes, reason for change & any problems.
- \_\_\_\_\_ 5. Medical/surgical history; tracking sheets, immunization records and other information related to appointment
- \_\_\_\_\_ 6. Information /questions provided by support team including events leading up to current problem/issue
- \_\_\_\_\_ 7. Completed “Healthcare visit/consultation form” with reason for appointment written on it
- \_\_\_\_\_ 8. Contact information, directions and parking information for the healthcare provider’s office
- \_\_\_\_\_ 9. List of other current healthcare providers for the person with their contact information
- \_\_\_\_\_ 10. Name and phone and fax number of a contact person from the provider agency if applicable
- \_\_\_\_\_ 11. Name, location, and phone and fax number of preferred pharmacy

## Prepare the Individual

- \_\_\_\_\_ 12. Follow orders regarding eating or holding medication as needed.
- \_\_\_\_\_ 13. Administer any necessary routine and PRN medication as ordered.
- \_\_\_\_\_ 14. Ensure time to have personal hygiene needs met and time to eat (if allowed) prior to the appointment.
- \_\_\_\_\_ 15. Ensure person is clean and dressed appropriately in clothing that can be easily removed if needed.
- \_\_\_\_\_ 16. Prepare snacks and drinks as needed especially if a long distance to the appointment.
- \_\_\_\_\_ 17. Prepare supplies for hygiene needs such as wipes, adult under garments, & change of clothing.
- \_\_\_\_\_ 18. Prepare activities, items to keep occupied in the event you have to wait.
- \_\_\_\_\_ 19. Explain as appropriate what will happen during the appointment with input from the support team.
- \_\_\_\_\_ 20. Provide desensitization as needed and outlined in behavior support plan.
- \_\_\_\_\_ 21. Allow travel time to prevent rushing. If running late, notify office & inform of situation, expected arrival time & verify whether the provider can still see.
- \_\_\_\_\_ 22. Arrive 10-15 minutes early particularly if first appointment unless otherwise directed by provider's office.

**It is essential that whoever accompanies the individual to the appointment knows the individual, knows what the appointment is for and understands what to bring to the appointment. Notify your supervisor if you have any question regarding the upcoming appointment.**

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

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Bureau of Quality Improvement Services**

**OR-FM-HS-MA-87(11-10-09)**

# Outreach Services of Indiana

## MANAGING APPOINTMENTS CHECKLIST: AFTER THE APPOINTMENT

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

- \_\_\_\_\_ 1. Discuss new orders/recommendations with the person and answer questions & offer support.
- \_\_\_\_\_ 2. Return to home, work etc. & ensure administration of food, fluids, medications & hygiene. Communicate any new orders per facility policy.
- \_\_\_\_\_ 3. Notify nurse/supervisor of the outcome of appointment and discuss any new orders/recommendations & upcoming appointments/procedures.
- \_\_\_\_\_ 4. Take/fax prescriptions to the pharmacy or deliver. Be sure you have a copy of the prescription for the person's medical record.
- \_\_\_\_\_ 5. Ensure needed medications or supplies are delivered in the appropriate timeframe.
- \_\_\_\_\_ 6. Notify the prescriber/healthcare provider of any delay in medication/supply delivery and inquire whether additional actions need to be taken due to the delay & describe below.
- \_\_\_\_\_ 7. Transcribe orders to the Medication Administration Record & ensure are double checked by other staff.
- \_\_\_\_\_ 8. Transcribe orders for monitoring, observation, treatments, and notifications to a treatment sheet & ensure double check by another staff person.
- \_\_\_\_\_ 9. Communicate any new treatments and/or medications to oncoming staff per policy.
- \_\_\_\_\_ 10. Mark any new appointments or scheduled procedures on the person's daily calendar.
- \_\_\_\_\_ 11. Follow agency policy or physician order for monitoring if sedated before or during appointment including: ambulating with assist & not offering food or drink by mouth until the person returns to baseline.

Comments: \_\_\_\_\_

Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Nurse, supervisor, Program Director, Etc.

- \_\_\_\_\_ 1. Provide staff training for new treatments and/or medications.
- \_\_\_\_\_ 2. Designate person to communicate outcome of the appointment with the support team.
- \_\_\_\_\_ 3. Support team to address any issues/barriers regarding implementation of recommendations.
- \_\_\_\_\_ 4. Ensure revisions to the Risk plan are completed as necessary.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

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**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

**OR-FM-HS-MA-89(11-10-09)**

# Outreach Services of Indiana

## DENTAL APPOINTMENTS CHECKLIST: AFTER THE DENTAL APPOINTMENT

Client Name: \_\_\_\_\_

*Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

- \_\_\_\_\_ 1. Discuss new orders/recommendations with the person and answer questions & offer support.
- \_\_\_\_\_ 2. Return to home, work etc. & ensure administration of food, fluids, medications & hygiene. Communicate any new orders per facility policy.
- \_\_\_\_\_ 3. Follow dentist recommendations of a waiting period before allowing person to chew food and drink hot beverages.
- \_\_\_\_\_ 4. POTENTIAL CHOKING RISK: Exercise caution when person drinks cold beverages before the numbing sensation has gone as choking risk is greater.
- \_\_\_\_\_ 5. Follow dentist recommendations for modification of food texture for specified amount of time following certain dental procedures.
- \_\_\_\_\_ 6. Follow dentist recommendations regarding smoking and drinking from a straw following certain dental procedures.
- \_\_\_\_\_ 7. Notify nurse/supervisor of the outcome of appointment and discuss any new orders/recommendations & upcoming appointments/procedures.
- \_\_\_\_\_ 8. Ensure all immediate follow up recommendations are completed (checking for pain, sensitivity, numbness).
- \_\_\_\_\_ 9. Take/fax prescriptions to the pharmacy or deliver. Be sure you have a copy of the prescription for the person's medical record.
- \_\_\_\_\_ 10. Ensure needed medications or supplies are delivered in the appropriate timeframe.
- \_\_\_\_\_ 11. Notify the dentist of any delay in medication/supply delivery and inquire whether additional actions need to be taken due to the delay & describe below.

- \_\_\_\_\_ 12. Transcribe orders to the Medication Administration Record & ensure are double checked by other staff.
- \_\_\_\_\_ 13. Transcribe orders for monitoring, observation, treatments, and notifications to a treatment sheet & ensure double check by another staff person.
- \_\_\_\_\_ 14. Mark any new appointments or scheduled procedures on the person's daily calendar.
- \_\_\_\_\_ 15. Follow agency policy or physician order for monitoring if sedated before or during appointment including: ambulating with assist & not offering food or drink by mouth until the person returns to baseline.

Comments: \_\_\_\_\_

Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Nurse, supervisor, Program Director, Etc.

- \_\_\_\_\_ 1. Provide staff training for new dental hygiene/oral care and/or medications.
- \_\_\_\_\_ 2. Designate person to communicate outcome of the appointment with the support team including oral hygiene recommendations.
- \_\_\_\_\_ 3. Support team to address any issues/barriers regarding implementation of recommendations.
- \_\_\_\_\_ 4. Ensure revisions to the Risk plan are completed as necessary.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

[outreach@fssa.in.gov](mailto:outreach@fssa.in.gov) • [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov)

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov).



**Indiana Family & Social Services Administration**  
**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

**OR-FM-HS-DT-97(02-19-10)**

# Outreach Services of Indiana

## HOSPITALIZATION CHECKLIST: AFTER DISCHARGE

Client Name: \_\_\_\_\_

*Instructions: Provider Designated HCC or other Staff to date and initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.*

### To Be Completed by Staff Accompanying the Person Home

- \_\_\_\_\_ 1. Discuss any new orders or recommendations with the individual, answer questions and offer support as necessary at a level appropriate to the individual's comprehension.
- \_\_\_\_\_ 2. Take the individual home and ensure timely administration of food, fluids, medications and hygiene is provided as necessary and as is appropriate per doctor's orders, the type of procedures performed, and the person's level of alertness.
- \_\_\_\_\_ 3. Notify the nurse/supervisor or other personnel per agency policy of the persons return home and discuss any new orders or recommendations and upcoming appointments/procedures.
- \_\_\_\_\_ 4. Take prescriptions to the pharmacy or deliver per agency policy. Be sure you have a copy of the prescription for the person's medical record.
- \_\_\_\_\_ 5. Ensure there is a method to follow up whether needed medications or supplies are delivered in a timely manner and what action is needed in the event they are not, including notifying the prescriber/healthcare provider.
- \_\_\_\_\_ 6. Ensure needed equipment is available as ordered/recommended.
- \_\_\_\_\_ 7. Purchase supplies necessary to implement treatments/recommendations.
- \_\_\_\_\_ 8. Transcribe any medication orders to the Medication Administration Record per agency policy.
- \_\_\_\_\_ 9. Ensure that the transcription is double checked by another staff person as soon as available.
- \_\_\_\_\_ 10. Transcribe all orders for monitoring and observation, treatments, and notifications to a treatment sheet so that all staff are aware of the supports that are required for the person's health issue.

[illegible]

Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Healthcare Coordinator/QDDP/  
Case Manager within 24 Hours of Discharge**

- \_\_\_\_\_ 1. Designated person (HCC/QDDP/CM) communicate outcome of the hospitalization with the support team.
- \_\_\_\_\_ 2. Support team addresses and resolves any issues/barriers regarding implementation of recommendations.
- \_\_\_\_\_ 3. Provide staff training as necessary for new treatments and/or medications prior to assigning staff to take care of the person.



- \_\_\_\_\_ 4. Complete revisions to the Risk plan as necessary including plans for following up on the person's status until problem resolves or stabilizes.
- \_\_\_\_\_ 5. Support Team reviews, updates and modifies the person's daily activity and positioning schedule as needed to allow for any recuperation period.

Comments: \_\_\_\_\_

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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

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**Indiana Family & Social Services Administration**  
**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

**OR-FM-HS-MA-104(04-30-10)**