

Supplemental Information

SUPPLEMENTAL TABLE 4 Postdischarge Phone Call Script

Medical record No.

Date of phone call

Time of phone call

Caregiver medical concerns: yes or no?

How is your child doing since discharge?

What part of your child's care, if any, makes you nervous or uncomfortable at this time?

Medication challenges: yes or no?

What issues or barriers have you had in dealing with your child's medication(s)?

Has your child been taking all of their prescribed medications since discharge?

Do you have concerns about how your child is tolerating the medications?

Do you have any other questions or concerns about the medications?

Home care challenges: yes or no?

Are you eligible for home care or nursing services?

If yes, are you having any issues with home care or private duty nursing? If so, what are the issues?

Medical supplies and/or equipment challenges: yes or no?

Do you have all of the supplies and equipment you need at home? If not, what are the barriers?

Have you had any problems using the medical equipment (including feeding pumps, oxygen, monitors, airway clearance, etc)? If so, what problems have you had?

Follow-up challenges: yes or no?

Do you have your needed follow-up appointments scheduled?

Has your child seen a health care provider since discharge?

If yes, what providers do you see?

If yes, why did you seek care?

Do you have transportation to follow-up appointments?

Discharge instruction challenges: yes or no?

Were the discharge instructions given to you before you left the hospital clear and easy to understand?

What could have been done to make the transition from the hospital to home easier?

Could we have done anything to improve your child's hospitalization?

Do you have any other questions or concerns?

Time of discharge phone call (choose 1)

24 h postdischarge

48 h postdischarge

72 h postdischarge

>72 h postdischarge

Evaluation (choose 1)

Call effectively completed and no concerns identified

Call effectively completed and concerns identified

Caregiver declined to discuss

Did not reach patient or family

No. and type of challenges identified

The following resources were called or used

Clinical status (phone call to on-service hospital medicine attending)

Medication (contacted complex care team pharmacist)

Home care and/or nursing (contacted complex care team CM)

Supplies and/or equipment (contacted complex care team CM)

Follow-up, scheduling (contacted hospital scheduling service)

Follow-up, transportation (contacted complex care team social worker)

None

Other
