

SHM: Ideal Discharge for the Acute Coronary Syndrome (ACS) Patient: A Hospitalist Checklist

x = required

o = optional

Data Elements	Processes		
	Discharge Summary	*Patient Instructions	Communication to follow-up clinician on day of discharge
Presenting problem that precipitated hospitalization	x	x	x
Key findings and test results	x		x
Final Primary and Secondary Diagnoses	x	x	x
Diagnoses -- (Elaborate) MI <ul style="list-style-type: none"> ■ Location ■ Complications (heart failure, arrhythmias, hematomas, and potential EF%) ■ Co-Morbidities (DM, lipids, hypertension, renal disease) 	x x x		x x x
Procedures: <ul style="list-style-type: none"> ■ Type of Stent (metal versus drug-eluting), location ■ Complications (hematoma, transfusion) ■ If Echo: Type: EF%: 	x x x		x x x
Condition at discharge, including functional status and cognitive status if relevant ^{20, 21}	x—functional status o -- cognitive status		x
In –Hospital Medications: Core Measures (Reasons not Prescribed) ACE/ARB ASA Beta Blockers Statin SL NTG: Plavix (literature review) Titration of appropriate medications	x x x x x x x x		x x

Communication about Discharge Medications to the Patient:	X	X	X
Written schedule	X	X	X
Include purpose and cautions (if appropriate) for each ¹	O	X	O
Comparison with pre-admission medications (new, changes in dose/freq, unchanged, "meds should no longer take" ²)	X	X	X
Follow-up appointments (Cardiologist and appropriate other consultants-Cardiac Rehabilitation) with name of provider, date, address, phone number, visit purpose, suggested management plan. Follow-up with primary care physician within 7 days of discharge.	X	X	X
Follow-Up Testing:	X		X
ETT – Type and Time Frame	X		X
Echo – If indicated after NSTEMI and STEMI	X		X
Pertinent lab work (Hemoglobin, INR, LFT if on statin at 4 weeks, Creatinine)	X		X
All pending labs or tests, responsible person to whom results will be sent ³	X		X
Code Status	X		
Documentation of patient education and understanding	X	X	
■ Diet	X	X	
■ Signs and symptoms of a heart attack	X	X	
■ Activity	X	X	
■ Medications	X	X	
■ Wound Care (Groin wound)	X	X	
Smoking Cessation	X	X	X
Treatment COURSE:	X		X
Include patient's cognitive level	X		X
Discharge LDL	X		X
Discharge creatinine	X		X
If on Coumadin, INR	X		X
If on Statin, LFTs	X		X
Any anticipated problems and suggested interventions and who to call	X	X	X
24/7 call-back number	X	X	
Identify referring and receiving providers, including home health care	X	X	

x = required

o = optional

***Patient Instructions:** Provide instructions that are culturally appropriate and in the patient's primary language that is written at 6th grade level. Provide patient with a copy of his/her ECG.

Bibliography:

1. Institute of Medicine (Kindig DA editor) Health literacy: a prescription to end confusion. 2004. *National Academies Press*. Washington DC.
2. Institute for Healthcare Improvement – R. Resar, MD (personal communication)
3. Roy C, Poon EG, Karson AS et al. Patient safety concerns arising from test results that return after hospital discharge. *Ann Intern Med*. 2005 Jul 19; 143(2):121-8. [PMID: 16027454](#)
4. Mulley AG, Thibault GE, Hughes RA, Barnett GO, Reder VA, Sherman EL. The course of patients with suspected myocardial infarction: the identification of low-risk patients for early transfer from intensive care. *N Engl J Med* 1980; 302:943-8. [PMID: 7360201](#)
5. Hyde CJ, Robert IE, Sinclair AJ. The effects of supporting discharge from hospital to home in older people. *Age Ageing* 2000; 29:271-279. [PMID: 10855913](#)
6. Shepperd S, Parkes J, McClaran J, Phillips C. Discharge planning from hospital to home *Cochrane Database Systematic Rev* 2003; *The Cochrane Library* (ISSN 1464-780X). [PMID: 14973952](#)
7. Parker SG, Peet SM, McPherson A, Cannaby AM, Abrams K, Baker R, Wilson A, Lindesay J, Parker G, Jones DR. A systematic review of discharge arrangements for older people. *Health Technology Assessment* 2002; 6:1-183. [PMID: 12065067](#)
8. Phillips CO, Wright SM, Kern DE, Singa RM, Shepperd S, Rubin HR. Comprehensive discharge planning with post-discharge support for older patients with congestive heart failure: a meta-analysis. *JAMA* 2004; 291:1358-1367. [PMID: 15026403](#)
9. Coleman EA, Parry C, Chalmers S, Min SJ. The care transitions intervention: results of a randomized controlled trial. *Arch Int Med* 2006; 166:1822-8. [PMID: 17000937](#)
10. Coleman EA, Mahoney E, Parry C. Assessing the quality of preparation for posthospital care from the patient's perspective: the care transitions measure. *Med Care*. 43:246-55, 2005. [PMID: 15725981](#)
11. Coleman EA, Smith JD, Frank JC, Min S-J, Parry C, Kramer AM. Preparing patients and caregivers to participate in care delivered across settings: The care transitions intervention. *J Am Geriatr Soc*. 2004; 52:1817-1825. [PMID: 15507057](#)
12. Smith JD, Coleman EA, Min SJ. A new tool for identifying discrepancies in postacute medications for community-dwelling older adults. *Amer J Geriatr Pharmacotherapy*. 2:141-7, 2004. [PMID: 15555490](#)
13. The Care Transitions Intervention: A Patient-Centered Approach to Facilitating Effective Transfers Between Sites of Geriatric Care. *Home Health Services Quarterly*, 2003; 22:1-18.
14. Coleman EA, Berenson RA. Lost in transition: challenges and opportunities for improving the quality of transitional care. *Ann Intern Med*. 2004 Oct 5;141(7):533-6. [PMID: 15466770](#) [PubMed - indexed for MEDLINE]

15. Coleman EA, Min SJ, Chomiak A, Kramer AM. Posthospital care transitions: patterns, complications, and risk identification. *Health Serv Res.* 2004 Oct;39(5):1449-65. [PMID: 15333117](#) [PubMed - indexed for MEDLINE]
16. Coleman EA, Boulton C; American Geriatrics Society Health Care Systems Committee. Improving the quality of transitional care for persons with complex care needs. *J Am Geriatr Soc.* 2003 Apr;51(4):556-7. No abstract available. [PMID: 12657079](#) [PubMed - indexed for MEDLINE]
17. Coleman EA. Falling through the cracks: challenges and opportunities for improving transitional care for persons with continuous complex care needs. *J Am Geriatr Soc.* 2003 Apr;51(4):549-55. Review. [PMID: 12657078](#) [PubMed - indexed for MEDLINE]
18. Muhlestein JB, Horne BD, Bair TL, Li Q, Madsen TE, Pearson RR, Anderson JL. Usefulness of in-hospital prescription of statin agents after angiographic diagnosis of coronary artery disease in improving continued compliance and reduced mortality. *Am J Cardiol* 2001;87(3):257-61. [PMID: 11165956](#)
19. Dalby M, Bouzamondo A, Lechat P, Montalescot G. Transfer for primary angioplasty versus immediate thrombolysis in acute myocardial infarction: a meta-analysis. *Circulation.* 2003;108:1809-14. [PMID: 14530206](#)
20. Ho PM, Spertus JA, Masoudi FA, et al. Impact of medication therapy discontinuation on mortality after myocardial infarction. *Arch Intern Med.* 2006;166:1842-7. [PMID: 17000940](#)
21. Ho PM, Luther, SA, et al. Inpatient and follow-up cardiology care and mortality for acute coronary syndrome patients in the Veterans Health Administration. *Am Heart J.* 2007 Sep;154(3):489-94. [PMID: 17719295](#) [PubMed - indexed for MEDLINE]
22. Braunwald, E. Application of current guidelines to the management of unstable angina and non-ST-elevation myocardial infarction. *Circulation.* 2003 Oct 21;108(16 Suppl 1):III28-37. [PMID: 14605017](#) [PubMed - indexed for MEDLINE]
23. Mehta RH, Roe MT, Chen AY, et al. Recent trends in the care of patients with non-ST-segment elevation acute coronary syndromes: insights from the CRUSADE initiative. *Arch Intern Med.* 2006 Oct 9;166(18):2027-34. [PMID: 17030838](#) [PubMed - indexed for MEDLINE]
24. Acute Coronary Syndrome Guidelines Working Group. Guidelines for the management of acute coronary syndromes 2006. *Med J Aust.* 2006 Apr 17;184(8 Suppl):S9-29. No abstract available. [PMID: 16618231](#) [PubMed - indexed for MEDLINE]
25. Amin, A. Improving the management of patients after myocardial infarction, from admission to discharge. *Clin Ther.* 2006 Oct;28(10):1509-39. [PMID: 17157110](#) [PubMed - indexed for MEDLINE]
26. Arora V, Johnson J, et al. Communication failures in patient sign-out and suggestions for improvement: a critical incident analysis. *Qual Saf Health Care.* 2005 Dec;14(6):401-7. [PMID: 16326783](#)