

Information Transfer Acute Care Audit for Discharges

Annually, complete 10 chart audits that review the completion of the Hospital Discharges Instruction Plan.

Facility:

Unit:_____

Medical Record Chart																					Tot	als
Desired response: Yes (Y) or Not Applicable (NA)	Y/ NA	No	Y / NA	No																		
 Written discharge instructions provided. 																						
 Discharge Medication Plan / Prescription provided 																						
3. Medication reviewed with patient/ family.																						
 Future / follow-up appointments identified. 																						
 Patient Teaching / Information reviewed. 																						
6. Referrals submitted identified.																						
 Discharge instruction signed & dated by nurse. 																						
Total number of responses:																						
Formula: <u>Total # of Yes/ NA responses</u> =X 100 =% rate of meeting the indicator Total # of charts audited X 7 total possible responses																						

- \Box Quality Improvement Plan is completed
- □ Quality Improvement Plan is submitted along with Audit Results

Date: _____ Audit completed by: _____