

Care Coordination Checklist

for Stroke Risk Management in Patients With AF

Instructions for healthcare professionals (HCPs): Use this care coordination checklist to help enhance communication among HCPs providing care to patients with atrial fibrillation (AF) who are at risk of stroke. Many of the areas noted below are aligned with National Patient Safety Goals (specifically 03.05.01 and 03.06.01), which are applicable to ambulatory, hospital, and long-term care settings.¹⁻³ In addition, effective care coordination is among the 6 National Quality Strategy Priorities and Goals.⁴ Finally, effective care coordination can help improve quality of care and reduce costs⁴; therefore, it may be a priority focus of many healthcare organizations.

Patient's name: _____ Patient's phone number: _____

Patient's home address: _____

Patient's primary language: _____ Patient's secondary language: _____

Insurance information: _____ Caregiver's name: _____

Name of patient's primary care provider: _____ Phone number: _____

Name of patient's cardiologist (if applicable): _____ Phone number: _____

Allergies: _____

Area of Focus	Specific Steps	Initial Once Completed
Thrombo-prophylaxis	<input type="checkbox"/> Assessed the patient's baseline coagulation status and assessed risk to determine the most appropriate antithrombotic therapy ¹⁻³	
	<input type="checkbox"/> Reviewed patient's comorbidities and current medications (including prescription, over-the-counter [OTC], and/or herbal remedies) to assess for potential side effects	
	<input type="checkbox"/> Used approved protocols and/or guidelines for the initiation and maintenance of thromboprophylaxis ¹⁻³	
Medication Management	<input type="checkbox"/> Created or updated current medication list ^{1-3,5} (including prescription, OTC, and/or herbal remedies)	
	<input type="checkbox"/> Wrote, e-mailed, or called in any new prescriptions, including but not limited to antithrombotic agent for stroke prevention	
	<input type="checkbox"/> Confirmed that any new medications are available at the patient's pharmacy or next site of care and are covered by his or her insurance	
	<input type="checkbox"/> Ensured that patient and/or caregiver understand where to fill new prescriptions	
	<input type="checkbox"/> Discussed follow-up tests related to specific medications, if applicable ⁵	
	<input type="checkbox"/> Discussed with patient and caregiver that thromboprophylaxis is long term and that patient adherence to all medication instructions is important	
Patient and Caregiver Education	<input type="checkbox"/> Discussed and explained potential risks, signs, and symptoms of stroke	
	<input type="checkbox"/> Provided medication guide and/or patient prescribing information for antithrombotic agent prescribed; discussed side effects and when to contact an HCP, the need for laboratory monitoring (if applicable), and potential drug and/or food interactions ¹⁻³	
	<input type="checkbox"/> Provided patient education in the primary language of patient; documented patient understanding of checklist, if applicable ⁵	
Hospital Discharge (if applicable)	<input type="checkbox"/> Completed a written transition record/discharge summary according to institution/facility procedures ⁶	
	<input type="checkbox"/> Provided the written transition record/discharge summary to the patient, caregiver, or HCP designated for follow-up care within 24 hours of discharge ⁶	
	<input type="checkbox"/> Discussed, explained, and provided postdischarge medication list (including prescription, OTC, and/or herbal remedies) to patient and/or caregiver	
	<input type="checkbox"/> Provided postdischarge medication list to next site of care ⁶	

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References: **1.** The Joint Commission. National Patient Safety Goals. Effective January 1, 2017. Ambulatory Health Care Accreditation Program. https://www.jointcommission.org/ahc_2017_npsgs/. Accessed June 30, 2017. **2.** The Joint Commission. National Patient Safety Goals. Effective January 1, 2017. Hospital Accreditation Program. https://www.jointcommission.org/hap_2017_npsgs/. Accessed June 30, 2017. **3.** The Joint Commission. National Patient Safety Goals. Effective January 1, 2017. Long Term Care Accreditation Program. https://www.jointcommission.org/ncc_2017_npsgs/. Accessed June 30, 2017. **4.** 2012 Annual Progress Report to Congress. *National Strategy for Quality Improvement in Health Care*. April 2012. <https://www.ahrq.gov/workingforquality/reports/2012-annual-report.html>. Accessed June 30, 2017. **5.** Society of Hospital Medicine. Ideal discharge for the elderly patient: a hospitalist checklist. <http://www.shmabstracts.com/abstract/transition-of-care-for-hospitalized-elderly-the-development-of-a-discharge-checklist-for-hospitalists/>. Accessed June 30, 2017. **6.** National Quality Forum (NQF). *Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination: A Consensus Report*. Washington, DC: NQF; 2010. http://www.qualityforum.org/Publications/2010/10/Preferred_Practices_and_Performance_Measures_for_Measuring_and_Reporting_Care_Coordination.aspx. Accessed June 30, 2017.