



Hospital DC Conference Call Checklist

Name _____ MR# _____ Date of Birth _____

Gestational Age ___ weeks Birth Weight ___ kg DC Weight ___ kg _____

Participants: (time, date, conference call #, pre-conference mailing – attachments)

- Cardiology Floor Attending
- Primary Cardiologist (NCH and/or out of state-town referral)
- Primary Care Physician
- Home Monitoring RN
- Dietician
- Mother/Father/Family

1. Review of Diagnosis, Procedures, Surgeries, dates:

- a. Typically include heart diagram, cath diagram (if applicable)
- b. Other cardiac issues – arrhythmia, etc.
- c. Major non-cardiac issues – seizures, non-cardiac surgeries

2. Hospital Course:

- a. Brain Ultrasound
- b. Renal Ultrasound
- c. Genetic testing results and follow up needed
- d. Likely Discharge Date
- e. Family Rooming In plan

3. Discharge Planning and Home Monitoring Program:

- a. Discharge Vital Signs Wt____HR____O2 SAT____RR____BP____
- b. Anticipated O2 sat, RR
- c. Medications
 - i.
- d. Nutrition (PO, G-tube, BM/formula/caloric density, goals)
 - i.
- e. Newborn Requirements
 - i. Hepatitis B (date)
 - ii. Synagis (date) and follow up needs/plans
 - iii. CPR training Pass/Fail
 - iv. Car Seat Test Pass/Fail
 - v. Newborn Screening Pass/Fail/follow up needed
 - vi. Hearing Screening Pass/Fail/follow up needed
 - vii. Video Swallow Study Pass/Fail/follow up needed
- f. Contact information: Nursing/Cardiology/Nutrition/Surgery



4. Follow-up Plans:
 - a. Cardiology Outpatient date/time/place _____
 - b. Set cardiology follow up every 2 weeks – scheduled
 - c. Primary Care Provider date/time/place _____
 - d. Other outpatient appointments (GI, neurology, therapies, etc.)
 - e. Predicted Palliation Schedule
 - i. Stage II, Stage III
 - ii. Catheterization, advanced imaging anticipated?

5. Wrap up
 - a. Questions, Concerns? (Family, PCP, cardiology)
 - b. Is everyone comfortable with the plan?

Attachments: Typical attachments – mailed/faxed to PCP and referring cardiologist prior to the DC conference call

1. Heart diagram or cath diagram
2. Home monitoring letter
3. Hospital course
4. Abnormal results that need follow up
5. Newborn screen



Hospital DC Conference Call Summary

The **Hospital Discharge (DC) Conference Call** provides coordination and transition of care with the family, inpatient team – cardiology, nursing, nutrition, primary care provider (PCP) and referring cardiologist

Single Ventricle Team Nurse Clinicians/Home Monitoring nurses coordinate teleconference to review DC issues. Planning, coordination of schedules and pre-meeting faxing of pertinent information to PCP and cardiologist are key elements to the success of the DC conference call.

Key Driver – Change Strategy: Effective Care Transition

- Transition from Inpatient and Clinical Setting to Home
- Transition from Inpatient care to Outpatient Clinical Teams

Stage: testing adapting **implementing** spread

Ongoing communication with new providers, staff, Single Ventricle Team and new referring cardiologists

Family & Parents: Heart Center Parent Group active with testing – adoption

Impact: Since June 2010 – **86 discharges** had DC conference calls

Feedback: PCPs, Families – universally positive. NCH cardiologists – “burden” to start, but have warmed up to the process

Recommendations: attention to detail, coordination of schedules, persist despite the grumblings of “I don’t have time”, use check-list