**Follow-Up Visit: Quick Reference**

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| **VNA Follow-Up Visit** | **Home Hospice Follow-Up Visit** |
| **PRE-VISIT** | **PRE-VISIT** |
| * Review chart, last note, goals, orders, meds, labs in EPIC
 | * Review chart, last note, symptom history, orders, meds, comfort kit status
 |
| * Confirm visit frequency/type per POC
 | * Confirm visit frequency/type per POC & hospice eligibility
 |
| * Gather needed supplies/equipment
 | * Gather needed supplies/equipment
 |
| **DURING VISIT – ASSESSMENT** | **DURING VISIT – ASSESSMENT** |
| * Compare findings to prior visit
 | * Focus on symptom control: pain, dyspnea, nausea, anxiety
 |
| * Assess vitals, pain, skin, mobility, respiratory, GI/GU
 | * Monitor for decline; note PPS/Karnofsky changes
 |
| * Fall Risk Assessment (every visit)
 | * Fall Risk Assessment (every visit)
 |
| * Medication Reconciliation and Adherence
 | * Medication Reconciliation and Adherence; Assess PRN use
 |
| * Evaluate caregiver competency
 | * Evaluate caregiver competency in comfort measures
 |
|  | * Psychosocial/Spiritual Assessment
 |
| **DURING VISIT – EDUCATION** | **DURING VISIT – EDUCATION** |
| * Reinforce prior teaching; assess understanding
 | * Review signs of decline & when to call hospice
 |
| * Teach new skills relevant to POC changes
 | * Reinforce comfort kit use & safe med handling
 |
| * Ensure Care Plan is patient-centered and updated in real time
 | * Ensure Care Plan is patient-centered and updated in real time
 |
| **COORDINATION** | **COORDINATION** |
| * Use EPIC secure messaging for updates
 | Use EPIC secure messaging for urgent changes |
| * Notify provider for new orders
 | Communicate changes to IDT; coordinate with MSW/chaplain |
| * Consider referrals to other disciplines when new needs arise
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| **DOCUMENTATION IN EPIC** | **DOCUMENTATION IN EPIC** |
| * Document real-time or same day in Rover
 | * Document real-time or same day in Rover
 |
| * Complete vitals, wound/device assessments
 | * Complete symptom scores & interventions
 |
| * Write narrative on progress toward goals
 | * Write narrative on comfort, decline, and family support
 |
| * Update care plan; adjust interventions/goals
 | * Update care plan; adjust interventions/goals
 |
| * Enter/route new orders promptly
 | * Enter/route new orders promptly
 |
| * OASIS Documentation/Considerations
 | * HIS/HOPE Documentation Considerations
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| **POST-VISIT** | **POST-VISIT** |
| * Send secure message if coordination needed
 | * Send secure message if coordination needed
 |
| * Order supplies as needed
 | * Order supplies as needed
 |
| * Confirm next visit in EPIC & with patient (adjust schedule if patient’s condition changes AND document patient/caregiver agreement)
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