Select Health Quality Provider Program: Transitions of Care Process

Requirement — Provider must:

1. Have and implement a defined process* for following up with Select Health members after discharge from a hospital or emergency department visit, including review of medication reconciliation, discharge instructions, and necessity of scheduling a follow-up visit.
2. Complete and submit this *Select Health Transitions of Care* process template to document process incorporation into the practice.
3. Secure Select Health approval of the process in advance.
4. Participate annually in chart reviews, as needed, to confirm completed process implementation.

Learn more about SelectHealth Transitions of Care Best Practices.

* Process must include medication reconciliation and be signed by a nurse, APP (nurse practitioner or PA), pharmacist, or physician.

Clinic Name _____ Date _____

Step 1: Define Process Parameters/Accountability

For what population(s) or condition(s) does your clinic perform transition of care follow-up activities?

1. _____
2. _____
3. _____

How do you ensure identification of this population?

Report used to determine those discharged from inpatient admission/ED visit	Title/role of person(s) accountable for identification

Who is accountable for the following (specify title/role, not name):

- Scheduling follow-up visits _____
- Performing medication reconciliation _____

Step 2: Define Follow-up Process

Which patient population is scheduled for what type of follow-up and when?

Patient population	In-office or phone call	Seen within what # of days

Select Health