



Inter Valley Health Plan

For health. Not for profit.

Patient Name: _____ DOB: _____		Facility: _____ DOS: _____	
Audit Reviewer: _____		Date: _____	
CARE TRANSITION AUDIT TOOL			
	Documentation on chart		
	YES	NO	
1. D/C Planning documentation			
2. Discharge/Transfer Orders			
3. Discussion of dc plans to patient/resp. parties			
4. Sending of care plan/MD orders to next care setting within one (1) business day			
5. Documentation of communication with patient/resp. parties about changes to patient health status/plan of care			
6. Providing member contact person responsible for supporting member through transition			
7. Discharge Instructions			
8. Medication Reconciliation			