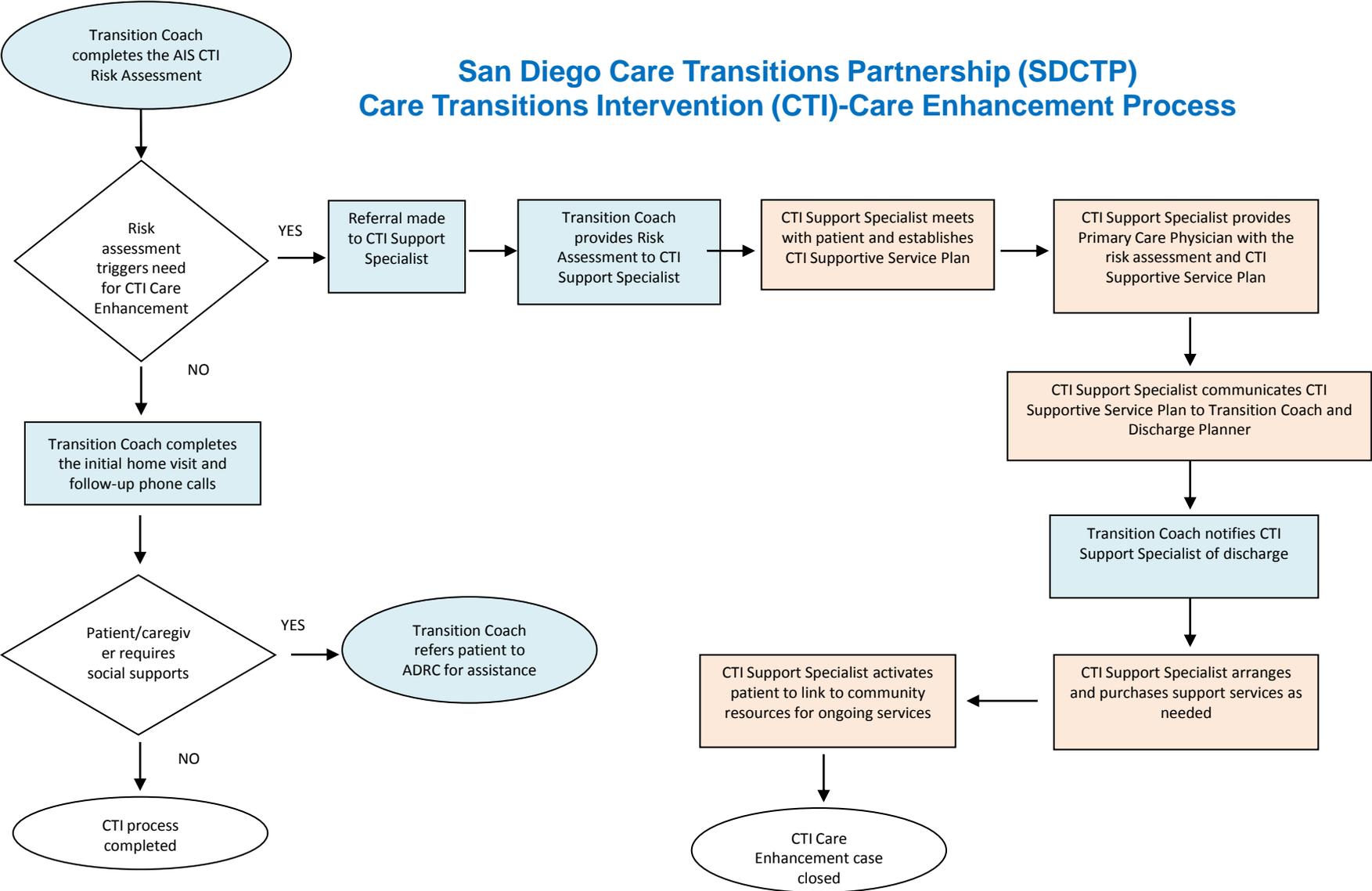


# CCTP-Care Enhancement Model



# San Diego Care Transitions Partnership (SDCTP) Care Transitions Intervention (CTI)-Care Enhancement Process



RISK ASSESSMENT DOMAINS	SPECIFIC CHALLENGES	CARE COORDINATION NOTES
<input type="checkbox"/> Support System	<input type="checkbox"/> Little or no formal or informal supports in place <input type="checkbox"/> Identified caregiver stress or lack of coping skills	
<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Patient/caregiver unable to manage medications <input type="checkbox"/> Patient unable to afford or obtain medications	
<input type="checkbox"/> Prior Hospitalizations	<input type="checkbox"/> Rehospitalizations over the 6 months	
<input type="checkbox"/> Assistance with 1 ADL and/or 3 IADL's	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>List assistance needed. Examples: bathing, dressing, meal prep, laundry, etc. shopping/errands.</p>	
<input type="checkbox"/> Socioeconomic	<input type="checkbox"/> Inadequate financial resources to meet needs	
<input type="checkbox"/> PCP/Specialist Follow-Up	<input type="checkbox"/> Assistance needed with scheduling appointments <input type="checkbox"/> Transportation assistance needed	
<input type="checkbox"/> Age	<input type="checkbox"/> Patient/caregiver frail elderly and lack social support system	
<input type="checkbox"/> Cognitive/ Psychological	<input type="checkbox"/> Diagnosis of depression and/or anxiety	
<input type="checkbox"/> Other		

**San Diego Care Transitions Partnership (SDCTP)  
Care Transitions Intervention (CTI)  
Skilled Nursing Facility (SNF) Transfer Checklist**

- Patient discharge summary includes:
  - reason for hospitalization
  - warning signs/red flags
  - accurate medication list
  - required follow-up appointments
- Patient discharge summary provided to the patient/caregiver
- SNF transfer information includes:*
  - Skilled care needs
  - Physician orders (i.e. PT/OT, wound care, IV antibiotic therapy, etc.)
  - Date/time/location of pre-scheduled follow-up medical appointments
  - Request for SNF to arrange transportation to appointments
  - CTI information sheet with Transition Coach name/phone number and request for discharge planning collaboration

