



Skilled Nursing Facility (SNF) Transfer Checklist

SNF Name: _____	Discharging Hospital: _____
Patient Name: _____	Patient HICN* (last four digits only): _____
Diagnosis: _____	Hospital Discharge Date (MM/DD/YYYY): ___ / ___ / ___

Place an "X" in each circle below to indicate the record/form is present

1. History and Physical <input type="radio"/>	12. Documentation of culture and antimicrobial susceptibility test results with applicable dates? Y N (check all that apply): a. <input type="radio"/> MRSA b. <input type="radio"/> VRE c. <input type="radio"/> <i>C. difficile</i> d. <input type="radio"/> <i>Acinetobacter</i> resistant to carbapenem antibiotics e. <input type="radio"/> <i>E. coli</i> , <i>Klebsiella</i> or <i>Enterobacter</i> resistant to carbapenem antibiotics (CRE) f. <input type="radio"/> <i>E. coli</i> or <i>Klebsiella</i> resistant to expanded-spectrum cephalosporins (ESBL) g. <input type="radio"/> Other: _____ (e.g., lice, scabies, disseminated shingles, norovirus, flu, TB, etc.)
2. Face Sheet <input type="radio"/>	13. Currently on Isolation Precautions? Y N If Yes, check: <input type="radio"/> Contact <input type="radio"/> Droplet <input type="radio"/> Airborne <input type="radio"/> Other: _____
3. Reconciled Medication List <input type="radio"/>	
4. Final Physician Orders for SNF Admission <input type="radio"/>	14. Current devices (check all that apply): a. <input type="radio"/> Central line/PICC. Date inserted: ___/___/___ b. <input type="radio"/> Hemodialysis catheter <input type="radio"/> Other urological devices c. <input type="radio"/> Urinary catheter. Date inserted: ___/___/___ d. <input type="radio"/> Subrapubic catheter e. <input type="radio"/> Percutaneous gastrostomy tube <input type="radio"/> Artificial feeding <input type="radio"/> Other nutritional devices f. <input type="radio"/> Tracheostomy g. <input type="radio"/> Fecal management system
5. Prescription/order for Schedule II controlled substance <input type="radio"/>	
6. Informed Consent for Psychotropic Drug Treatment (if applicable) <input type="radio"/>	11. IV Antibiotic Therapy (if applicable) <input type="radio"/> a. Medication administered via PICC**? Y N b. If Yes, is PICC Placement Verification Form present? Y N
7. Discharge Summary/Summary of Care <input type="radio"/>	
8. Relevant Diagnostic Reports (performed less than 7 days before SNF admission) <input type="radio"/>	Completed by (Please print): _____
9. Vaccination Record <input type="radio"/>	
10. Physician Orders for Life-Sustaining Treatment (POLST) Form <input type="radio"/>	Contact information of discharging RN: _____
11. IV Antibiotic Therapy (if applicable) <input type="radio"/>	

*Health Insurance Claim Number (HICN) **Peripherally inserted central catheter (PICC)

Glossary of Terms:

Discharge Summary/Summary of Care—Document that accompanies the patient to the next setting of care that promotes patient safety during transitions, particularly during the initial post-hospital period. The Joint Commission has established standards (IM.6.10, EP 7) outlining the components that each hospital discharge summary should contain: reason for hospitalization, significant findings, procedures and treatment provided, patient's discharge condition, patient and family instructions (as appropriate), and attending physician's signature.¹

Face Sheet—A one-page summary of important information about a patient. It includes patient identification, past medical history, medications, allergies, upcoming appointments, insurance status, or other pertinent information.²

Final Physician Orders for SNF Admission—Written orders of discharging physician related to SNF admission, such as occupational therapy and urinary catheter insertion.

Informed Consent—Legal document that contains the consent by a client for a proposed mental health or psychotherapeutic procedure.³

Sources:

¹ Henriksen, K., Battles, J. B., Keyes, M. A., Grady, M. L., Kind, A. J., & Smith, M. A. (2008). Documentation of mandated discharge summary components in transitions from acute to subacute care.

² *ibid.*

³ Berg, J. W., Appelbaum, P. S., Lidz, C. W., & Parker, L. S. (2001). Informed consent: legal theory and clinical practice.

PICC Placement Verification Form—Documentation of x-ray/EKG confirmation of tip placement.

POLST Form—A preprinted and signed doctor's order that describes the patient's code directions. It also summarizes the wishes regarding life sustaining treatment identified in an advance directive such as a healthcare directive or durable power of attorney for healthcare. It includes patient wishes for: resuscitation, medical interventions, antibiotics, and artificial feedings.⁴

Relevant Diagnostic Reports—Documentation of findings and interpretation of diagnostic tests pertinent to the SNF admitting diagnosis (e.g., a patient admitted for urinary tract infection must include a urine culture).

Reconciled Medication List—Produced by discharging unit personnel (including, but not limited to physician, nurse, pharmacist, etc.) who reconciled the discharge medication list. Should include: new prescriptions, home medications that have not changed, home medications that have changed, and medications that have been discontinued. Can include nonprescription medications and herbal supplements. Should have been compared against patient's home medications list, inpatient medication profile, and prescriptions documented.⁵

⁴ Lee, M. A., Brummel-Smith, K., Meyer, J., Drew, N., & London, M. R. (2000). Physician Orders for Life-Sustaining Treatment (POLST): Outcomes in a PACE Program. *Journal of the American Geriatrics Society, 48*(10), 1219-1225.

⁵ Varkey, P., Cunningham, J., O'Meara, J., Bonacci, R., Desai, N., & Sheeler, R. (2007). Multidisciplinary approach to inpatient medication reconciliation in an academic setting. *American Journal of Health-System Pharmacy, 64*(8), 850-854.