Appendix

Appendix A. Patient Identification Reports

Inpatient Report							
Patient/ Age/Sex	**Admission Date/Time**	**Service**	**High Risk? (Yes/No)**	**Floor-Bed**	**Admission Diagnosis**	**Language**	**iCMP[a] (Yes/No)**
JG 72 YO M	01/03/1960 11:30 AM	Cardiology	Yes	10-0012	CHF[b]	English	No

[a]iCMP = integrated care management, [b]CHF: congestive heart failure.

Ambulatory Care Report								
Patient/ Age/Sex	**Appointment Date/Time**	**Type (Initial/Return Visit)**	**Provider**	**High Risk? (Yes/No)**	**Last Admission**	**Last Discharge**	**Language**	**iCMP[a] (Yes/No)**
PB 68 YO F	12/30/2015	Initial	Dr. G	Yes	02/26/2015	03/05/2015	English	No

[a]iCMP = integrated care management.

Appendix B. Shared Patient List

Patient Name/ Age/Sex	**MRN**	**Admission Date**	**Hospital LOS[a]**	**Floor-Bed**	**Admission Diagnosis**	**Expected Discharge Date**	**Admission Med Rec Complete? (Yes/No)**	**Discharged Med Rec Complete? (Yes/No)**
AS 75 YO F	000000000	03/05/2015	5	9-0014	NSTEMI[b]	03/12/2015	Yes	No

[a]LOS = length of stay, [b]NSTEMI = non ST-segment elevation myocardial infarction.

Appendix C. Ambulatory Provider Pass Off Sheet

Pharmacist:

Appt Time: _____   Provider: _____

Medication Reconciliation and Allergy Review:

- ☐ Medication and allergy list was reviewed and updated in Epic
- ☐ Medication and allergy list was NOT updated or only partially updated in Epic

Medication Discrepancies:

- ☐ There were no medication discrepancies noted
- ☐ The following medication discrepancies were noted:
    - o Medication:_____

Medication Adherence:

- ☐ The patient demonstrates good medication adherence
- ☐ The patient demonstrates non-adherence to the following medications:
    - o Medication:_____
- ☐ Medication adherence tools were distributed to the patient: pill box, pill card

Pharmacotherapy Review:

- ☐ Full pharmacotherapy review was performed of the patient's medications and the pharmacist does not have any recommendations for medication optimization
- ☐ Full pharmacotherapy review was performed of the patient's medications and the pharmacist has the following recommendation(s) and/or comments for medication optimization:
    - o Recommendation:_____

Additional comments:

Pharmacist will be stationed in _____ or **page #0000** with any questions.

Appendix D. Patient Satisfaction Survey

Watkins Cardiovascular Clinic

Please read the following questions and place an "X" to designate your answer.

After seeing the pharmacist today, how well do you understand how to take your medications?

☐ I have a **<u>complete</u>** understanding of why I take my medications

☐ I have **<u>some</u>** understanding of why I take my medications

☐ I have **<u>limited</u>** understanding of why I take my medications

After seeing the pharmacist today, how well are you able to identify why you take each of your medications?

☐ I am able to identify the purpose of **<u>all</u>** my medications

☐ I am able to identify the purpose of **<u>some</u>** of my medications

☐ I am able to identify the purpose of **<u>only a few</u>** of my medications

☐ I am **<u>unable</u>** to identify the purpose of my medications

Do you feel that you benefitted from seeing a pharmacist today?

☐ Yes

☐ No