

Discharge Form A
SPHN Heart Failure Care Incentive Program
Discharging Physician

Discharge Physician Name (print legibly)	Discharge Date
Patient Name	<input type="checkbox"/> Form A faxed to follow-up physician Physician Name Fax Date
Discharge Summary Transcription Job Number	<input type="checkbox"/> Patient received "My Heart Failure Passport," and was instructed to bring passport to follow-up appointment.

To receive incentive:

1. Dictate discharge within 24 hours of discharge (preferably day of discharge). During dictation, instruct that a copy of the discharge summary be sent to follow-up physician.
2. Instruct patient to take Heart Failure Passport to follow-up appointments.
3. Complete this form (Discharge Form A).
4. Notify follow up physician of patient's discharge and need for follow-up by faxing this form to them within 24 hours of discharge.
5. Fax this form (Discharge Form A) to:

Performance Improvement
517-364-5298

Signature _____

Dictation Number _____

Copies of this form are available at either of the following:

On the Internet at the SPHN website (www.sparrow.org/sphn), select "Forms"

On the Sparrow Intranet at: Departments/Non-Clinical/Performance Improvement