

FAX COVER SHEET

TO:	NW Momentum Health Partners	PAGES:
FAX #	‡: 360.786.8751	DATE:
FROM	И:	RE: SNF Checklist
	heck where applicable. All items that are checked, I	require supporting documentation.
All docu	mentation must be included with this fax.	
1. Timi	ing of patient's physical arrival at the s	killed nursing facility
	a. Arrived during traditional business hours (Monday - Friday, 8 a.m 5 p.m.), non-holiday	
	b. Arrived during the week (Monday -Friday), outside of traditional business hours (8 a.m 5 p.m.), non-holiday	
	c. Arrived at the skilled nursing facility on a weekend or holiday	
2. War	m hand-off	
	Hospital or outpatient dinician (MD/DO/NP/PA/CNS/RN) provid	es verbal report to skilled nursing facility clinician.
3. Time	ely admitting exam/physical by clinicia	n
	Timely admitting exam/physical completed by a MD/DO/NP/PA/CNS from the skilled nursing facility admitting team \leq 24 hours of the patient's arrival at the skilled nursing facility.	
4. Car	e plan created within 48 hours of arriva	ıl
	A preliminary care plan includes: (1) a patient assessment, (2) a determination of nursing and therapy needs, (3) a tentative discharge plan (i.e., identification of barriers to discharge and expected destination after discharge), and (4) a projected discharge date. Development of preliminary discharge plan should include representation from nursing, therapy, and on-site primary care. The preliminary care plan should be completed within 48 hours of skilled nursing facility admission.	
	led nursing facility discharge notes sen hin 7 days of discharge	t to primary care provider (PCP)
	Number of skilled nursing facility discharges where the skilled r	nursing facility sent discharge notes to the patient's PCP within 7 days of discharge.