Evaluation of automated supportive and palliative care referral for advanced lung cancer patients- a quality improvement project

Palliative Care Provider Automatic Call Record #1 (to be completed after every phone call)

1. Patient name:
2. Patient's phone #:
3. Phone Call:
   a. Date of 1st phone call:
   b. Date of phone call #2 (if done):
   c. Date of phone call #3 (if needed and voice mail recommended):
      i. Did you leave a message on patient's answering machine?
      ii. Did they leave a message on our answering machine?
   d. Date phone call was abandoned due to lack of return calls (1 week after voicemail or if no answering machine, date of 3rd phone call) *(no further data entry required; Send form to researcher immediately):*
4. Date of the phone call that offered the consult:
5. How long was the phone call? _____
6. Did you use the translation line? If so, what language? _____
7. Who did you primarily speak to/more involved in the phone call? (patient or family caregiver) _____
   a. Name & phone number, if different from patient: _____
8. Did the patient agree to a PC consult?
   a. If yes, date of the consult:

9. On a scale from 1 to 5, how acceptable do you think the patient found the phone call?
   ❑ 1 = completely unacceptable
   ❑ 2 = somewhat unacceptable
   ❑ 3 = neither acceptable nor unacceptable
   ❑ 4 = somewhat acceptable
   ❑ 5 = completely acceptable

On a scale from 1 to 5, how acceptable for you was the phone call?
   ❑ 1 = completely unacceptable
   ❑ 2 = somewhat unacceptable
   ❑ 3 = neither acceptable nor unacceptable
   ❑ 4 = somewhat acceptable
   ❑ 5 = completely acceptable

10. Your impressions of the phone call: please note your or the patients' reactions, comments, compliments, concerns

11. Did the patient strongly object to the research call?
    ❑ Yes
    ❑ No