**Audit – Transitions of Care Checklist**

**Example**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Checklist** | **In Place** | **Gap for Future** | **Priority** | **Improvement Objectives** |
| Provide THN kit |[x] [ ] [ ]   |
| Bup to Go package |[x] [ ] [x]   |
| Follow up appointment for OAT |[x] [ ] [ ]   |
| Plan G application faxed(if applicable) |[ ] [ ] [ ]  Not applicable |
| Outreach referral |[ ] [x] [x]  Do not have a clear referral process |
| Fax OAT/MHSU referral |[x] [ ] [ ]   |
| Patient education materials |[ ] [x] [x]  Create package of patient information materials |
| Community resources |[ ] [x] [x]  Do not have a list of community resources |
| Medications to minimize withdrawal symptoms |[x] [ ] [x]   |

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