**Audit – Transitions of Care Checklist**

**Example**

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

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