**Continuity of Care**

Case File Audit Checklist

*(For internal use only)*

Client name/ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the client known to the service? | 🞏Yes - current or previous client | | | | 🞏No - client is not known to the service | | | |
| 2 | If the client is known, do the client attributors (initials, DOB) from the prison match the community records? | 🞏Yes | 🞏No | | |  | | |  |
| 3 | Did the service receive a referral from the prison (prior to or on release)? | 🞏Yes – from Healthcare | 🞏Yes – from Psychosocial team | | | 🞏Yes – from both | | | 🞏No |
| 4 | How was the referral received?  *(Tick the one that is most applicable)* | 🞏Phone | 🞏Email | | | 🞏Fax | | | 🞏In-reach |
| 5 | Was the service notified by the prison or court teams about the client's release?  *(Tick one)* | 🞏Yes – from prison | 🞏Yes – from court | | | 🞏No | | |  |
| 6 | Did the service have any contact with the client whilst in prison? | 🞏Yes – in person | 🞏Yes – via phone | | | 🞏No | | |  |
| 7 | Did the prison inform the service of the release date? | 🞏Yes | 🞏No | | |  | | |  |
| 8 | Was the referral appropriate?  *(Tick one)* | Yes 🞏 | | 🞏No – referred to wrong service for need | | | 🞏No – referred to wrong borough or client moved out of area | | |
| 9 | Did the client need: | 🞏Structured treatment | 🞏Recovery support only | | | 🞏Neither | | |  |
| 10 | On release did the client have a licence condition to attend treatment? | 🞏Yes | 🞏No | | | 🞏Don’t know | | |  |
| 11 | Was the CRC/NPS involved in facilitating engagement? | 🞏Yes | 🞏No | | |  | | |  |
| 12 | If yes, how was the CRC/NPS involved? |  |  | | |  | | |  |
| 13 | If an opiate user, was the client abstinent or on OST at the point of referral? | 🞏Abstinent | 🞏On OST - maintenance | | | 🞏On OST - reduction | | | 🞏Don’t know |
| 14 | Was a Mental Health need flagged as part of the referral? | 🞏Yes | 🞏No | | |  | | |  |
| 15 | Was a Housing need flagged as part of the referral? | 🞏Yes | 🞏No | | |  | | |  |
| 16 | Was the client registered with a GP? | 🞏Yes | | | 🞏No | | | 🞏Don’t know | |
| 17 | If the referral was appropriate, was an appointment made with the client? | 🞏Yes - appointment was made | | | 🞏No - client was given drop-in times | | | 🞏No - no appointment or drop-in times were offered | |
| 18 | Date of appointment  (DD/MM/YYYY) | \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ | | | | | | | |
| 19 | If an appointment was made, did the client attend the appointment? | 🞏Yes | 🞏No | | |  | | |  |
| 20 | If the client did not attend the appointment, what was the reason (if known)? |  | | | | | | | |
| 21 | If the client did not attend the appointment was this followed up? | 🞏Yes – phone call/ text | 🞏Yes - letter | | | 🞏No | | |  |
| 22 | If yes in Q.21, how many attempts were made to follow-up the client? | 🞏One | 🞏Two | | | 🞏Three or more | | | |
| 23 | Was the client met at the gate on release? | 🞏Yes | 🞏No | | |  | | |  |
| 24 | Was the client in treatment in your service immediately prior to this prison stay? | 🞏Yes | 🞏No | | |  | | |  |
| 25 | If yes, was the NDTMS treatment episode open or closed during the prison stay? | 🞏Open | 🞏Closed | | |  | | |  |
| 26 | Triage Date  (DD/MM/YYYY) | \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ | | | | | | | |
| 27 | Intervention Start Date  *(first intervention following release)*  (DD/MM/YYYY) | \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ | | | | | | | |
| 28 | What intervention(s) were started?  *(Tick all applicable)* | 🞏Pharmacological | | | 🞏Structured Psychosocial | | | 🞏Recovery Support | |
| 29 | Were the dates in Q.26 & Q.27 and intervention(s) in Q.28 recorded for NDTMS? | 🞏Yes | 🞏No | | |  | | |  |