

MaTI Form A

Checklist for MaTI patients

Keep this checklist in the MaTI box file in the agreed place on the ward

Patient name: _____

DoB: _____ NHS number: _____

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FOR STUDY USE ONLY









INITIALS

DOB

TRIAL No.

SITE NAME

SITE No.

Step	Description and tool used	When?	Date completed	Who? (role, initials)	Unable to complete (reason)
1 	MaTI checklist in patient's notes	During admission			
2a 	Identify community pharmacist (Pharmacy form to include in notes)	During admission/ medicines reconciliation			
2b 	Contact the pharmacist to let them about the patient and discharge information				
3 	Patient introduced to the My Medicines Toolkit booklet (MaTI booklet)	Before the day of discharge			
4 	Discharge heart failure medicines log completed (foldout in MaTI toolkit)	On day of discharge			
5 	Patient informed about being referred to their community pharmacy for a follow up and a medicines use review / discussion about medicines	On day of discharge			
6 	Transfer the patient's discharge advice letter and medicines list to the community pharmacy (MaTI community pharmacy cover letter)	At / soon after discharge			
7 	Information has been received by the community pharmacist? (by telephone)	At / soon after discharge	Y/ N		