This tool is a template to guide conversations between hospital and skilled nursing facility (SNF) staff to follow up or “circle back” to ensure staff at the SNF have all the information they need to optimally continue the care for the patient, collaboratively address readmission risks, and identify opportunities to improve communication during care transitions.

**TIPS:**

- It will help facilitate conversations if the hospital team identifies best times for each SNF to receive calls and to try to cluster calls to facilities where possible.
- In the early stages, a pre-call visit to, or virtually with the SNFs that receive the most admissions to introduce yourself can set the stage for open communication.
- Assign someone to collect and analyze data from completed forms on a regular basis to help you identify commonly occurring issues that can impact the SNF’s ability to provide optimal care for the patient and address them with your internal readmissions workgroup.
- If any common issues/trends are identified, share them with your SNF partners and communicate how the issue will be resolved to strengthen the partnership between the hospital and the SNF.

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**Patient Name** (For internal use only): ____________________________________________

**Medical Record #:** _______________ **Name of Skilled Nursing Facility:** _______________________

**Date of Admission to the SNF** (current admission): ___________ **Date of Hospital Index Admission:** ___________

**Name of Interviewer:** ____________________________ **Date of Call:** _____ / _____ / ______

**Who is being interviewed at the SNF?**

- [ ] Charge Nurse
- [ ] Nursing Supervisor
- [ ] Social Worker
- [ ] Other ___________________________________________
1. Were there any issues with the transportation of the patient from the Hospital to the SNF?
   - Yes
   - No
   If yes, what were the issues? ________________________________

2. Was anything missing from the admission packet?
   - Yes
   - No
   If yes, what was missing? ___________________________________________

3. Were there any discrepancies with the:
   a. medication orders
      - Yes
      - No
   b. medication reconciliation forms
      - Yes
      - No
      - form not present
   c. narcotic prescriptions?
      - Yes
      - No
      - N/A, no narcotics prescribed
   If yes for any of the above, describe the discrepancies:
   ________________________________________________________________

4. Is the patient’s clinical presentation different from the information you received from the hospital?
   - Yes
   - No
   If yes, please describe: ____________________________________________

5. If patient requires further follow-up care for specialty services, was all information needed to ensure patient receives the follow-up care present?
   - Yes
   - No
   - N/A, patient does not require follow-up care
   If no, what services or appointments need clarification? _________________________

6. Is there anything we could have done differently to help you to provide excellent care to the patient?
   - Yes
   - No
   If yes, please describe what we could have done differently?
   ________________________________________________________________