Readmission Patient and Care Partner INTERVIEW TOOL

Gathering the patient/resident and care partner perspective is an essential element of a comprehensive cross-setting readmission retrospective review, root cause analysis and readmission reduction strategy.

This tool is designed to provide a framework for gathering the consumer perspective on factors that may have contributed to a readmission from a Nursing Home or Skilled Nursing Facility. This tool can be adapted for use with patients that readmitted from home, with or without home health services.

TIPS FOR USING THIS TOOL:

- When possible, interview the patient or resident when their care partner or family member is present to obtain more robust information.
- Ask the patient/resident and/or family care partners if they are willing to have a brief conversation about their recent readmission to the hospital or visit to the emergency department.
- Set the stage for trust and an open conversation. Consider the patient's health literacy and clarify or explain questions as appropriate. Allow time for thoughtful responses. Capture as much information as shared even for questions that can be answered with a yes or no response. (This tool is not designed to be given to a patient, resident, or care partner to complete and return to staff)
- The interview should be conducted by someone not involved in the readmission discussion/decision.
- Determine which of the questions are applicable to the patient/resident's situation. (e.g., questions 5 through 8 might not be applicable for Nursing Home long term stay residents).
- Consider the "5 Whys" of a root cause analysis when asking follow-up probative questions.

Patient/Resident: _____ **Unit**: _____

Date sent to Hospital: _____ **Date returned from Hospital:** _____

Individual(s) participating in the conversation:

- ☐ Patient/Resident
- ☐ Care Partner or Family member
- ☐ Other: _____ (relationship to patient)

Name of Interviewer: _____ **Date of Interview:** _____

1. Why did you or your loved one return to the hospital? *(Free text –categorize based on observed patterns)*

2. Did the physician managing your care at the Nursing Home see you before sending you (or loved one) to the hospital?
   - ☐ Yes, I saw my physician at the Nursing Home prior to returning to the hospital
   - ☐ No, I did not see my physician at the Nursing Home prior to returning to the hospital

3. Were the potential risks and benefits of going to the emergency department or hospital versus staying at the Nursing Home explained before your transfer?
   - ☐ Yes (describe what was shared/explained
   - ☐ No

4. Did a physician, nurse practitioner, or nurse at the Nursing Home tell you they could safely manage your care without transferring you to the hospital?
   - ☐ Yes (if yes, ask "why did you decide to come to the hospital anyway?)
   - ☐ No

5. When you were discharged from your most recent hospital stay, were you given information in a way you could understand about the kind of care you would receive at the Nursing Home? (e.g., how often a physician would see you, when therapy would start)?
   - ☐ Yes
   - ☐ No

6. When it came time to leave the hospital to go to the Nursing Home, how did you feel? (Did you feel prepared, anxious, ready to leave?)

7. What else, if anything, could have better prepared you and/or your care partners to feel more comfortable about your transfer to the Nursing Home (Free text). What was done well?

8. When you first were admitted to the Nursing home, what was explained to you about the potential complications of your illness or injury that the Nursing Home would be watching? This could include complications that could potentially lead to needing to go back to the hospital.

9. What else would you like to share with me about your stay with us or your current goals for care? What matters most to you?

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