

## Preventable Readmissions Initiative Home Health CIRCLE BACK TOOL

This tool guides communication between Home Health, Hospital and Skilled Nursing Facilities (SNF) to follow up or "circle back" when an admission does not go as planned. It assists in discussions about the necessary information needed for continuing optimal patient care, collaboratively addressing readmission risks, and identifying opportunities to improve communication during care transitions.

## TIPS:

- Facilitate conversations if the Home Health team identifies the best times for each Hospital/SNF to receive calls and cluster calls to facilities where possible.
- In the early stages, conduct a virtual or a pre-call visit with the Hospital or SNF you receive the most admissions from to introduce yourself and establish open communication.
- Assign someone to regularly collect and analyze data from completed forms to identify commonly occurring issues that can impact the Home Health's ability to provide optimal patient care and address them with the Hospital/SNF partner.
- If any common issues/trends are identified, share them with your Hospital/SNF partners and discuss how the issue will be resolved to strengthen your partnership.

Patient Name:
Name of Hospital/SNF:
Date of Admission to HH: Date of D/C from Hosp/SNF:
Information being discussed with:
Case Manager:
Social Service/Discharge Coordinator:
☐ Other:

1.	Was anything missing from the discharge paperwork/orders?  ☐ Yes ☐ No
	If yes, what was missing?
2.	Were there any discrepancies with the:  a. Medication orders? □ Yes □ No  b. Mediation 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:
3.	Did you receive all the qualifying orders/referrals/paperwork for proper continuation of care? $\Box$ Yes $\Box$ No If no, what was missing?
4.	If the patient requires further follow-up care for specialty services, were all the necessary information/orders provided?  Yes □ No □ Patient does not require follow-up care
	If no, what services or appointments need clarification?
5.	Is there anything the discharging facility could have done differently to help you provide excellent patient care? $\Box$ Yes $\Box$ No
	If yes, please describe what could have been done differently.

