



New York State Partnership for Patients



Preventable Readmissions Initiative

Patient and Family Caregiver Interview Tool

Instructions:

We recommend you select *at least* 5-10 patients who have been readmitted to your organization within the past 30 days to include in the group of patients and/or family caregivers to interview. We suggest that you identify cases from your high volume readmission diagnoses, services, or other areas of concern. We recommend that you interview enough patients to be able to observe trends and opportunities for improvement. NYSPFP encourages you to identify interview times when the patient's caregiver is present to potentially provide more robust information.

Patient Name (For internal use only): _____

Medical Record #: _____

Date of Admission (current admission): _____

Date of Index Admission: _____ Date of Last Discharge: _____

Who is completing this survey/is being interviewed?

Patient Family Caregiver Both Other _____

Relationship to patient: _____

Name of Interviewer: _____ Date: ___/___/___

Section 1: General Readmission

1. Why did you come back to the hospital? Select all that apply.

a. Were you alarmed about symptoms you were having? (e.g., trouble breathing, medication side effect, etc.)

Yes No

If yes, what were your symptoms? _____

b. Were you confused about your medications?

Yes No

c. Did your physician tell you to come to the hospital?

Yes No I did not call my physician

2. Was your return to the hospital :

Unexpected, and caused by a new medical problem

Unexpected, but related to what I was treated for in my last hospital stay

Section 2: Discharge Instructions and Patient Education

3. At discharge, did the hospital staff give you:

a. Instructions about diet and activity including fluid restrictions?

Yes **No** **Don't know** **Doesn't apply**

b. Functionality, mobility, and activities of daily living?

Yes **No** **Don't know** **Doesn't apply**

c. Instructions about medications (including dosage, side effects, medication adjustments, or changes from prior to admission)?

Yes **No** **Don't know** **Doesn't apply**

d. Instructions about treatments for home (e.g., dressings, wounds, etc.)?

Yes **No** **Don't know** **Doesn't apply**

e. Instructions about disease and symptom management?

Yes **No** **Don't know** **Doesn't apply**

f. The name and telephone number of a person to contact for any questions or concerns?

Yes **No** **Don't know** **Doesn't apply**

g. Follow-up doctor visit(s) and what to bring?

Yes **No** **Don't know** **Doesn't apply**

4. Were the issues listed above addressed during ,

The course of your hospitalization *and* during the discharge process; or

Only on the day of discharge

Yes **No**

If no, please explain: _____

11. If you went to a *nursing home/sub-acute unit or rehabilitation hospital/unit*, did you feel that the staff at the next setting understood your diagnosis and treatment?

Yes **No**

12. When you left the hospital, were you nervous or worried about your health?

Yes **No**

If yes, what were you nervous or worried about?

13. When you got home, was someone else there to help you? (e.g., family member, friend, aide)

Yes **No**

Medication

14. Did you get your medication prescriptions filled immediately or prior to using them?

Yes **No**

15. Did you have trouble filling your prescriptions at the pharmacy?

Yes **No**

- If yes, please check all applicable reasons:

- Drug unavailable
- Cost prohibited/unable to afford
- Not on payer formulary
- Other

16. Did you understand the instructions about your medications and their side effects (including over-the-counter drugs, vitamins, supplements, and prescribed medications)?

Yes **No**

17. Have you been taking all of your medications as prescribed?

Yes **No**

If no, why? _____

Follow-up Care

18. Do you have a primary care physician (PCP), or a physician that you regularly see?

Yes **No**

19. Did you leave the hospital with an appointment to see your PCP after discharge?

Yes **No**

20. Did you go to your physician's office after you were discharged from the hospital?

Yes **No**

a. If no, please check all applicable reasons:

- Cannot get an appointment
- Office changed or cancelled appointment
- Unable to find transportation
- Too ill or weak
- Other

b. Was your physician aware that you had been recently discharged from the hospital?

Yes **No**

c. Did you see a specialist after discharge?

Yes **No**

21. ROOT CAUSES OF READMISSION:

Interviewer's Impression of the primary reason(s) for the readmission (Choose all that apply):

- Poor discharge planning
- Complication from previous admission
- Medication non-compliance
- No follow-up visit scheduled
- Non-adherence to diet/exercise recommendations
- Unable to keep track of appointment
- Inadequate understanding of how to self-manage illness
- Lack of care giver and community
- Lack of home health care referral
- Nursing home or rehab unit was not equipped to take care of patient's condition
- Patient palliative care needs not met

Other (specify): _____

References:

The elements included in this tool were modified from components of the following tools,

- Care Transition Intervention (CTI), University of Colorado
- Cleveland Clinic Readmission Patient Interview
- CMS – Discharge Planning Checklist
- *PACT Assessment ToolSM* (Mount Sinai School of Medicine 2010)
- Patient Activation Measure™ (PAM) University of Oregon
- STAAR Initiative tools (IHI 2009)
- United Hospital Fund Preventable Hospital Readmission Initiative: Patient and Family Caregiver Survey