



New York State
Partnership
for Patients



Preventable Readmissions Initiative Circle Back Interview Tool*

What is this tool:

This tool is a template to guide conversations between the 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.

How to use this tool:

1. Complete the information at the top of the form for internal tracking purposes.
2. Ask SNF staff person(s) the questions in the tool below and complete the form.

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 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.

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 _____

*The elements included in this tool were adapted from Emily Skinner's work on Circle Back, which is accessible at the following link: www.hqi.solutions

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?