Readmission Interview Tool

Suggested script to seek participation

"We are working to improve care for our residents that have been recently hospitalized after discharge. We noticed that you were here recently and have returned to the hospital. Would you mind telling me about what happened between the time you left the nursing home and the time you returned to the hospital? This will help us understand what we might be able to do better for you and what we might be able to do better for our residents in general. It shouldn't take more than 5 to 10 minutes. Would that be okay with you?"

Resident Name (optional): _____

Readmission: ___/___/_____   Index Admission: ___/___/_____   Last Discharge: ___/___/_____

Responses provided by (check all that apply):   ☐ Resident   ☐ Caregiver   ☐ Other: _____

What prompted you to return to the hospital?

My return to the hospital was:
☐ Unexpected.   ☐ Expected.   ☐ Caused by a new medical problem.   ☐ Related to what I was treated for during my last hospital stay.   Comments:

Tell me about your prior discharge arrangements.	**Notes**
Where you discharged home? ☐ Yes ☐ No	
What arrangements were made for you prior to discharge? ☐ Home health care Date of first home health care visit following discharge: ___/___/____ ☐ Rehabilitation ☐ Hospice ☐ Personal care ☐ Transportation ☐ Medication assistance ☐ Home delivered meals ☐ Homemaking/errand services ☐ Medical equipment (e.g., oxygen, walker, etc.) ☐ Other: _____	
How did these arrangements meet your needs? ☐ Needs not met ☐ Somewhat met ☐ Needs met ☐ Too much	

Tell me about your experience being discharged from the nursing home last time.			Notes
Did you have any concerns about how to care for yourself?	☐ Yes	☐ No	
Did you have any questions about how to care for yourself?	☐ Yes	☐ No	
Did the nursing home staff give you information on:			
• Diet and activity, including fluid restrictions?	☐ Yes	☐ No	
• Functionality, mobility, and activities of daily living?	☐ Yes	☐ No	
• Medications (e.g., dosing, side effects, adjustments)	☐ Yes	☐ No	
• Treatments for home (e.g., dressings, wounds)	☐ Yes	☐ No	
• Disease and symptom management?	☐ Yes	☐ No	
• Follow-up doctor visit(s)? and what to bring? (e.g., discharge summary, test results, tests pending)	☐ Yes	☐ No	
Were you asked about your treatment goals and preferences?	☐ Yes	☐ No	
Were the topics I mentioned here addressed over the course of your nursing home stay and discharge OR…	☐ Yes	☐ No	
…just at discharge?	☐ Yes	☐ No	
Were there any care instructions that were confusing or difficult to do?	☐ Yes	☐ No	
Medication			Notes
How soon did you fill your prescriptions? _____			
Were you able to fill your prescriptions?	☐ Yes	☐ No	
Did you have any trouble filling your prescriptions?	☐ Yes	☐ No	
Did you have questions about medications at home compared to the new medications that you were prescribed upon discharge?	☐ Yes	☐ No	
Have you been taking all your medications as prescribed?	☐ Yes	☐ No	
Follow-Up Care			Notes
Do you have a primary care physician (PCP), or a physician that you regularly see?	☐ Yes	☐ No	
Did you leave the facility with an appointment to see your PCP after discharge?	☐ Yes	☐ No	
Did you attend your PCP appointment after you were discharged from the facility?	☐ Yes	☐ No	
Was your physician aware that you had been recently discharged from the hospital?	☐ Yes	☐ No	
Did you see a specialist after discharge?	☐ Yes	☐ No	

Healthcare Utilization in the Last 6 Months	Notes
How many times have you visited the emergency department? 0 1–2 3+ ☐ Unsure	
How many times have you been in the hospital? 0 1–2 3+ ☐ Unsure	

Overall, is there anything we can do to help improve your care here?

What, if anything, can help you better prepare for your discharge?