Readmission Patient Interview Tool

Patient Name (optional): _____

Admission: ____/____/_____ Index Admission: ____/____/_____ Last Discharge: ____/____/_____

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

Why did you come back to the hospital?		Notes
Alarmed about symptoms I was experiencing	☐ Yes ☐ No	
Confused about medications	☐ Yes ☐ No	
My physician told me to come to the hospital	☐ Yes ☐ No ☐ I did not contact my physician	
My return to the hospital was:		
Unexpected, caused by a new medical problem	☐ Yes ☐ No	
Unexpected or unplanned; related to what I was treated for at my last hospital stay	☐ Yes ☐ No	
At your last discharge, did the hospital staff give you instructions on/were:		
Diet and activity, including fluid restrictions?	☐ Yes ☐ No ☐ NA ☐ Unsure	
Functionality, mobility, and activities of daily living?	☐ Yes ☐ No	
Medications, including dosage, side effects, adjustments, or changes from prior admission?	☐ Yes ☐ No	
Treatments for home (e.g., dressings, wounds, etc.)?	☐ 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	
You asked about your treatment goals and preferences?	☐ Yes ☐ No	
The above topics addressed over the course of your hospitalization, and discharge OR just at discharge?	☐ Just at discharge ☐ Both	
Overall, did you understand your care when you left the hospital?	1 2 3 4 5 1 = Not prepared at all 5 = Very well prepared	
Were you discharged to:		
Home without home care?	☐ Yes ☐ No	
Home with home care (e.g., visiting nurse, home care aide)?	☐ Yes ☐ No	
If yes, how much time elapsed from discharge to your first visit?		
Nursing home?	☐ Yes ☐ No	

Rehabilitation hospital/sub-acute unit?	☐ Yes ☐ No	
Other (specify):	☐ Yes ☐ No	
Upon discharge, did you receive:		
Specialized medical equipment (e.g., oxygen, scale, walker, etc.)	☐ Yes ☐ No	
Respiratory equipment	☐ Yes ☐ No	
Wound care (e.g., ostomy, dressing)	☐ Yes ☐ No	
Meals on Wheels	☐ Yes ☐ No	
Transportation to the physician office	☐ Yes ☐ No	
Other:		
If Yes, to any of the above, did the service arrive when expected?	☐ Yes ☐ No	
If Yes, to any of the above, did the service meet your needs?	☐ Yes ☐ No	
Medication		
How soon did you fill your prescriptions?		
Did you have trouble filling your prescriptions?	☐ Yes ☐ No	
Did you understand the instructions about your medications and their side effects?	☐ Yes ☐ No	
Have you been taking all of your medications as prescribed?	☐ Yes ☐ No	
Follow-Up Care		
Do you have a primary care physician (PCP), or a physician that you regularly see?	☐ Yes ☐ No	
Did you leave the hospital with an appointment to see your PCP after discharge?	☐ Yes ☐ No	
Did you attend your PCP appointment after you were discharged from the hospital?	☐ 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	

Root Causes of Readmission:

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

This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-C.3-04032019-01