Patient Readmission Interview Template

HF/COPD/MI/PNA/Sepsis/THKR Readmission Interview Note- revised- 10/23/2017

Pt is noted to be readmitted to SVMC with [ ]COPD, [ ] HF, [ ] PNA, [ ] MI, [ ] Sepsis, [ ] THKR within 30 days.

Why did you come back to hospital?

How long did you have symptoms? ( ________________________________ hours/days )

What did you try to make the symptoms better before coming to the hospital?

Did you leave the hospital with an appointment set up with your MD/NP? [ ]Yes [ ] No
If yes or other, who did you see?
Primary Care [ ] Cardiologist [ ] Heart Clinic [ ] Pulmonologist [ ] Other [ ]
Which other? ________________________________

If yes, did that appointment occur within 7 days of leaving the hospital? [ ] Yes [ ] No [ ] Unsure
If no, was it because:
[ ] You do not have a doctor? [ ] Your doctor did not have any available appointments [ ] No transportation to appointment [ ] Patient decision [ ] You could not afford the copayment/ Not affordable [ ] Other Which other reason? ________________________________

Where did you go after you left the hospital the last time?
[ ] Home [ ] Home with Home Health [ ] Homeless/Shelter [ ] SNF/Rehab [ ] Assisted Living [ ] Hospice [ ] Other Which other? ________________________________

Medications
Did someone talk to you about medications to take and how to take them? [ ] Yes [ ] No
Has anything gotten in the way of taking your medications? [ ] Yes [ ] No
If yes was it because:
[ ] Unable to pick them up [ ] Could not get to the pharmacy [ ] Could not afford the medication?
[ ] Not sure how to take them [ ] Discharge Instructions were hard to understand [ ] Pharmacy didn't have it [ ] Worried about side effects or complications? [ ] Problem Swallowing (CHECK ALL THAT APPLY)
[ ] Other Which other reason? ________________________________

Social Support
Do you live alone? [ ] Yes [ ] No
If no, who lives with you? (CHECK ALL THAT APPLY) [ ] Spouse/Partner [ ] Family Member [ ] Caregiver [ ] Other Which other person lives with you? ________________________________

Does someone help you with daily activities such as cleaning your house? [ ] Yes [ ] No
Does someone help you take your medications? [ ] Yes [ ] No
Does someone help you prepare your meals, e.g. lunch, dinner? [ ] Yes [ ] No
Does someone help you drive to appointments? [ ] Yes [ ] No
Verify Contact phone number is ( of pt or health care proxy or caregiver) __________.

Nutrition
Did you meet with someone who went over what you should and should not eat because of your condition? [ ] Yes [ ] No Were you able to follow the recommended food plan? [ ] Yes [ ] No
If no, was it because:
[ ] Food isn’t available in your local store? [ ] the food was too expensive?
[ ] No transportation to the store?
Other: Which other reason? ________________________________

Zone Tool Symptom Management
Pt is [ ] is not [ ] familiar with the zone tool.
Were you able to weigh yourself daily? [ ] Yes [ ] No (patients with HF)
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Were you following a low-salt food plan after discharge, if recommended to do so? [ ]Yes [ ]No [ ]Unsure
Who would you call with symptoms (review zone tool criteria) [ ]Yes can teach back [ ] No
Comments:

Smoking
Are you currently smoking? [ ]Yes [ ]No Were you ever a smoker? [ ]Yes [ ]No
How long has it been since your last cigarette? ________________________________
If yes, how many cigarettes/packs per day? ________________________________
Have you tried to quit? [ ]Yes [ ]No
Patient Comments?
Is there anything else preventing you from getting better?

Additional Comments from the Medical Record:
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Phone Call

☐ Current symptoms are: better, worse, same

☐ Reviewed STOP light tool

☐ Medication review

☐ Access to medications confirmed

☐ Questions / side effects about medications (antibiotics, steroids, inhalers) addressed

☐ Appointment with MD confirmed (date) ________________________

☐ Need for additional services addressed

☐ Call-back number provided

Readmission Risk Assessment

Patient is high-risk based on any two of the following criteria being present:

[ ] Previous encounter (obs/inpatient) within 30 days

[ ] 3 ED visits in last 6 months

[ ] Moderate to severe functional deficits

[ ] An active behavioral and/or psychiatric health issue

[ ] Inadequate social support

[ ] Four or more active co-existing health conditions

[ ] Low health literacy

[ ] Cognitive impairment