

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 you:

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 remind you to take your medications? Yes No

Does someone help you prepare your meals, e.g. lunch, dinner? Yes No

Does someone help drive you 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