

VA iCARE & ITH Patient Readmission Assessment Interview Tool

Method of Interview

- ☐ Patient interviewed ☐ Family interviewed ☐ Telephone interview

Interview Questions

How do you think you became sick enough to come back to hospital?

- ☐ Symptom recurrence ☐ New medical issue ☐ Inability to access primary care
☐ Medication related issue ☐ Mobility/function concern ☐ Other:

What is your understanding of your medical condition?

- ☐ Yes ☐ No

Did you receive a “My Discharge Plan” before you went home?

- ☐ Yes ☐ No ☐ Do not recall

If yes, did you find it helpful?

- ☐ Yes ☐ No

Has anything gotten in your way of taking your medication as prescribed?

- ☐ Yes ☐ No

If yes, can you tell us what?

- ☐ Unable to access the community pharmacy to fill the prescription
☐ Lack of funds to pay for the prescription
☐ Uncertain of medication administration schedule
☐ Stopped taking medications because of side effects
☐ Other:

How did you set up your medications when you returned home?

- ☐ Self administered
☐ Family or caregiver administered
☐ New packaging system – blistered packed, dosette
☐ Community medication management support
☐ Other

Did anything get in the way for you to obtain the recommended equipment?

- ☐ Yes ☐ No

If yes, can you tell us what?

- ☐ Equipment was not available through the supplier
- ☐ Lack of funds to purchase or rent the equipment
- ☐ Lack of transportation
- ☐ Unable to physically obtain equipment (Frail)
- ☐ Other

Can you describe your typical meal since you got home?

- ☐ Yes ☐ No

Did you go to your follow-up appointment with your family physician?

- ☐ Yes ☐ No

If no, can you describe what difficulties you encountered to get to the GP appointment?

- ☐ Unaware to follow-up with GP
- ☐ No GP appointment was available
- ☐ Lack of transportation
- ☐ Physically unable to get to GP's office (frail)
- ☐ Readmitted to hospital prior to GP appointment date
- ☐ Other

Did you attend your follow-up appointments or tests?

- ☐ Yes ☐ No

If no, can you describe what difficulties you encountered to get to the appointment?

- ☐ Unaware to follow-up appointment/test
- ☐ No appointment/test appointment was available
- ☐ Lack of transportation
- ☐ Physically unable to get to appointment/test (frail)
- ☐ Readmitted to hospital prior to appointment/test date
- ☐ Other

Did your community supports (home supports, case manager, home care nurse, OT, PT) come as arranged?

- ☐ Yes ☐ No

If no, do you know why not?

- ☐ Self cancelled
- ☐ Did not receive a phone call
- ☐ Community cancelled
- ☐ Readmitted to hospital before the scheduled visit
- ☐ Other

In general, how do you feel you have been managing at home?

- ☐ 1 ☐ 2 ☐ 3

Is there anything we can do differently to better support you at home?

- | | | |
|---|--|---|
| <input type="checkbox"/> Help with meals | <input type="checkbox"/> Help with personal care | <input type="checkbox"/> Help with transportation |
| <input type="checkbox"/> Help with social interaction | <input type="checkbox"/> Help with mobility | <input type="checkbox"/> Help with finances |

Comments/Observations:

Date completed: _____

Care Management Leader: _____