



IMPACT TO REDUCE READMISSIONS

Initial Hospital Assessment

Overview and Instructions

This is a brief survey that GNYHA is asking hospitals participating in the **IMPACT to Reduce Readmissions Collaborative** to complete. Hospitals only need to submit one survey on behalf of their organization. We ask that hospitals complete this survey independently from the nursing homes they are working with. Nursing home participants will be asked to complete a similar survey.

The goals of this survey are to: (1) Determine the interventions and activities your facility has currently underway with your nursing home collaborators; (2) Understand which activities and interventions your facility would like to focus on for the duration of the IMPACT Collaborative.

The survey will take approximately 5-10 minutes to complete. Please email Melissa Miller (mmiller@gnyha.org) or Kelly Donohue (donohue@gnyha.org) if you have any questions. Please click on "Next" to begin.

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*** Please select your hospital:**

Please enter the name and email address of the person completing this survey (in case we have follow up questions):

*** Please select the number of nursing homes you are working with for the IMPACT Collaborative:**

- 1
- 2
- 3
- 4

Nursing Home (1 Facility)

Please select the nursing home you are working with for the IMPACT Collaborative from the dropdown menu:

*** Nursing Home #1**



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GOAL 1: Build and strengthen relationships across care settings (1 Facility)

Which of the following have you already implemented with the nursing home below prior to the start of the IMPACT Collaborative? Please check all that apply.

Nursing Home #1

Hospital and nursing home team meetings

Review of data or cases to identify root causes of readmissions

Site visits with collaborating providers to better understand each facility's capabilities and processes

Which of the following would you like to implement or improve with the nursing home below as part of the IMPACT Collaborative? Please check all that apply.

Nursing Home #1

Hospital and nursing home team meetings

Reviews of data or cases to identify root causes of readmissions

Site visits with collaborating providers to better understand each facility's capabilities and processes



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GOAL 2: Develop standardized processes for communication and information transfer between facilities

Which of the following have you already implemented with the nursing home below prior to the start of the IMPACT Collaborative? Please check all that apply.

	Nursing Home #1
Maintaining hospital and nursing home contact lists	<input type="checkbox"/>
A communication/ information sharing process for hospital discharge to nursing home admission	<input type="checkbox"/>
A communication/ information sharing process for nursing home transfer to hospital emergency department (ED)/ unit	<input type="checkbox"/>
“Warm” handoffs/ proactive outreach post-discharge and post-transfer	<input type="checkbox"/>
Ongoing review of patient information and forms shared between facilities to ensure essential, actionable information is included	<input type="checkbox"/>
Medication reconciliation process between facilities at hospital discharge	<input type="checkbox"/>
Medication reconciliation process between facilities at nursing home transfer	<input type="checkbox"/>
A process to address differences in medication formularies	<input type="checkbox"/>
Usage of a standardized transfer tool (e.g., INTERACT) to communicate between facilities	<input type="checkbox"/>



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Which of the following would you like to implement or improve with the nursing home below as part of the IMPACT Collaborative? Please check all that apply.

	Nursing Home #1
Maintaining hospital and nursing home contact lists	<input type="checkbox"/>
A communication/ information sharing process for hospital discharge to nursing home admission	<input type="checkbox"/>
A communication/ information sharing process for nursing home transfer to hospital emergency department (ED)/ unit	<input type="checkbox"/>
“Warm” handoffs/ proactive outreach post-discharge and post-transfer	<input type="checkbox"/>
Ongoing review of patient information and forms shared between facilities to ensure essential, actionable information is included	<input type="checkbox"/>
Medication reconciliation process between facilities at hospital discharge	<input type="checkbox"/>
Medication reconciliation process between facilities at nursing home transfer	<input type="checkbox"/>
A process to address differences in medication formularies	<input type="checkbox"/>
Usage of a standardized transfer tool (e.g., INTERACT) to communicate between facilities	<input type="checkbox"/>



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GOAL 3: Incorporate patient, family members, and caregivers

How often did each of the following activities already take place in your facility prior to the start of the IMPACT Collaborative?

	Never	Rarely	Sometimes	Often	Always
Discussion of patient's goals of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussion of patient's anticipated outcomes upon admission and transfer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussion of advance care planning needs of patients upon admission and transfer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continually inform and include patients, family and caregivers in discussions about their care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collection of information from patients, family members, and caregivers on reasons why a patient was transferred and/or readmitted to better understand reasons for readmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following activities would you like to implement or improve at your facility during the IMPACT Collaborative? Please check all that apply.

- Which of the following activities would you like to implement or improve at your facility during the IMPACT Collaborative? Please check all that apply.
- Discussion of patient's goals of care
- Discussion of patient's anticipated outcomes upon admission and transfer
- Discussion of advance care planning needs of patients upon admission



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and transfer

- Continually inform and include patients, family and caregivers in discussions about their care
- Collection of information from patients, family members, and caregivers on reasons why a patient was transferred and/or readmitted to better understand reasons for readmission



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Readmission Rate

*** Do you track readmission rates for patients by nursing home?**

- Yes, for all nursing homes
- Yes, for some nursing homes.
- No

If YES:

Please enter the most recent readmission rate. Insert as a percentage from 0 to 100, e.g. 25%. If you do not know rate for a facility, please leave the box blank.

What time period does this readmission rate cover?

What time period does this readmission rate cover?

What is the source of this data?

- What is the source of this data? Electronic Health Record
- State Data/ SPARCS
- Medicare Data

Other (please specify)



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INTERACT

Did your facility use any of the INTERACT Tools prior to the IMPACT Collaborative?

- Yes
- No

If YES:

Please rate how effective the use of the following INTERACT tools at your facility (Jamaica Hospital Medical Center)?

	Not at all Effective	Somewhat Effective	Effective	Very Effective	Extremely Effective	N/A or Do Not Use
SBAR (Situation, Background, Assessment, Recommendation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Warning Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop and Watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized Transfer Form/Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home Capability Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalization Tracking Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Improvement Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Additional Comments

Please describe any additional activities or interventions that you would like to focus on during the IMPACT Collaborative.

Please click on the "Submit" button to submit your survey.