Tool 2: Readmission Review

Purpose: Obtain qualitative insights into why readmissions occur.

Description: Adapted from the well-known STAAR approach, this one-page interview guide prompts clinical or quality staff to elicit the patient, caregiver, and provider perspective about the causes of readmissions.

Staff: Quality improvement, nursing, case management staff.

Time required: 15 minutes per interview; 10-20 interviews suggested to start; many teams review ALL readmissions when the patient is readmitted.
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Ask your patients, their caregivers, and providers “why?”

While it is important to have a good understanding of your organization’s quantitative readmission data, these data do not help you understand the kinds of barriers patients, families, and providers face during the posthospital transitional care period or the circumstances leading patients to return to the hospital soon after discharge. Adapting from a popular approach from the Institute for Healthcare Improvement’s State Action on Avoidable Rehospitalizations (STAAR) Initiative (www.ihi.org/staar), we recommend your readmission team conduct 5-10 “readmission interviews.”

These reviews are designed to elicit the “story behind the story”: going well beyond chief complaint, discharge diagnosis, or other clinical parameters to understand the communication, coordination, or other logistical barriers experienced in the days after discharge that resulted in a readmission.

Some teams may be concerned that patient interviews will be time consuming. You can address time constraints by using a simple framing script at the beginning of the interview (see next page). Readmission teams uniformly report that these reviews yield valuable information that would otherwise be difficult to obtain from charts or data.

While we provide a script, the most important principle of conducting these interviews is to give patients, family members, and providers an opportunity to provide detail about why they/their loved one/their patient had to return to the hospital. The prompts are only meant to help elicit the stories from the individuals you interview.

The readmissions interview has three main parts:

- Brief chart review of the first admission and the readmission.
- Patient/family caregiver interview.
- Provider interview.

Drawing on an innovation to the readmission interview developed by Feigenbaum and colleagues at Kaiser Permanente, we recommend capturing all the reasons patients, caregivers, and/or providers cite that factored into the readmission event. As Feigenbaum and team discovered, an average of 9 factors spanning the domains of hospital-care, predischarge preparation, the discharge process, and posthospital time period contributed to each potentially preventable readmission they reviewed.

Implementation tip: these interviews should take no more than 40 minutes each. It is often easiest to find one or two patients currently in your care who were recently readmitted and interview them. Remember to call the relevant cross-continuum partners (physician, home health nurse, discharging physician, community based case worker, mental health provider, etc.) to get their perspective.
Section 1: Brief chart review (10-15 minutes)

Elicit the following basic information:

- Date of first admission
- Date of first discharge
- Active medical issues during first hospitalization
- Discharge disposition
- Comments on first transitional care plan (i.e., whether teaching/written instructions given/ referrals made/ appointments scheduled)
- Date of readmission
- Number of days between discharge and readmission
- Site of care readmitted from (home, skilled nursing facility, etc.)
- Readmission chief complaint, as recorded in the chart
- Active medical issues during the second hospitalization
- Discharge disposition (if they are no longer in the hospital)
- Comments on documented transitional care plan (was anything done differently?)

Section 2: Patient/family caregiver interview (10-15 minutes)

(Suggested script: “We are working to improve the discharge process and noticed that you have been in the hospital twice recently. I’d like to ask you for about 10 minutes of your time to give us some feedback about what happened between the time you were discharged and the time you returned to the hospital. This will help us understand what we might be able to do better for you and what we might be able to do better for our patients in general. Would that be o.k. with you?”)

- What brought you to the hospital the first time? [insert reference to date of first hospitalization]
- Did you think the doctors, nurses and other staff helped you get ready to leave the hospital?
- Did you understand what the plan was for your care when you left the hospital?
- Did you receive information about whom to call if you had questions or problems?
- Tell me about anything that was unclear or confusing for you when you left the hospital.
- I see you went to (discharge disposition). How did it go once you got there?
- Did any new symptoms or issues come up after you were discharged?
- Did you see a doctor, nurse, or other provider after you were discharged? Who?
- Why do you think you needed to come back to the hospital?
- Was there anything that could have been done differently [so you didn’t develop that symptom or issue]?
- Do you have any other suggestions for us? Thank you.

Section 3: Provider interview (3-5 minutes)

(Suggested script: We are working to improve care transitions and reduce avoidable readmissions. One of your patients was recently readmitted to our hospital and we’d like to ask for your thoughts on how we can improve our transitional care processes. It will take no more than 5 minutes of your time.)

- Did you know [insert patient name] was admitted on (first hospital date)?
- Did you know the patient was discharged to (setting) on (date)?
- Did our hospital contact you at all about the admission or discharge plan? If so, describe the interaction or information you received.
- Did the patient contact you after discharge with questions or issues, or for followup?
- Did you have contact with the patient after discharge? If so, were there points of confusion about the plan, symptoms, or other issues we should be aware of?
- Why do you think the patient ended up being readmitted?
- Do you think there was anything that could have been done for this patient, or others like him/her (socially or clinically) to prevent readmissions?