

Patient Outcome Survey (mailed version)

For hospitals needing translation services, a helpful reference to a national translation service is available at: www.atanet.org/onlinedirectories/.

HOSPITAL DISCHARGE SURVEY

SURVEY INSTRUCTIONS

You should fill out this survey only if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.

Answer all the questions by checking the box next to your response.



HOSPITAL USE

1. Have you stayed in a hospital overnight since you left the hospital on {discharge date}? This means being admitted to a hospital floor (not just the emergency room).

¹ Yes ² No

If YES, please fill out the table below for each hospital visit. List the hospital, date of arrival, and reason for each hospitalization.

Hospital	Date You Arrived	Reason
1.		
2.		
3.		
4.		
5.		

2. Have you been to the emergency room since you left the hospital on {discharge date}? These would be emergency room visits that did not cause you to be admitted to the hospital (so you stayed in the emergency room the entire time and went home from the emergency room).

¹ Yes ² No

If YES, please fill out the table below for each emergency room visit. List the hospital, date of arrival, and reason for each visit.

Hospital	Date You Arrived	Reason
1.		
2.		
3.		
4.		
5.		

APPOINTMENTS

These next questions are about any appointments you had after you left the hospital on {discharge date}.

3. Do you have a particular doctor's office, clinic, health center, or other place that you usually go to if you are sick or need advice about your health?

¹ Yes ² No

4. Since you left the hospital on {discharge date}, have you seen your medical provider, sometimes called a primary care provider (or someone in their office)?

¹ Yes ² No

If YES, What date did you see this person? _____

DIAGNOSIS

5. During your hospital stay, the doctors and nurses may have told you the name of your primary diagnosis or main problem. Do you know what your main problem was?

¹ Yes ² No ³ N/A, reason: _____

If YES, Can you please list the name of your primary diagnosis or main problem? _____

These next questions ask about your visit at {hospital name} from {admit date} to {discharge date}.

YOUR HOSPITAL STAY

6. During this hospital stay, how often did nurses treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

7. During this hospital stay, how often did nurses listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

8. During this hospital stay, how often did nurses explain things in a way you could understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

9. During this hospital stay, how often did doctors treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

10. During this hospital stay, how often did doctors listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

11. During this hospital stay, how often did doctors explain things in a way you could understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

12. During this hospital stay, how often were your questions answered to your satisfaction?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

13. How often did hospital staff listen to you when they decided the plan for your care?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

MEDICINES

14. During this hospital stay, were you told to take any medicine after you left the hospital? Include prescription and nonprescription medicines as well as any medicines you were already taking before your hospital stay.

- ¹ Yes ² No → If No, Go to Question 21

15. During this hospital stay, did hospital staff explain the purpose of each of the medicines you were to take at home?

¹ Yes ² No → If No, Go to Question 17

16. Was the explanation of each medicine's purpose easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

17. During this hospital stay, did hospital staff explain how much to take of each medicine and when to take it when you were at home?

¹ Yes ² No → If No, Go to Question 19

18. How often was their explanation of how and when to take each medicine easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

19. During this hospital stay, did hospital staff ask you to describe how much you would take of each medicine and when you would take it when you were at home?

¹ Yes ² No

20. During this hospital stay, did hospital staff tell you whom to call after you left the hospital if you had questions about your medicines?

¹ Yes ² No

21. During this hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

¹ Yes ² No

22. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

¹ Yes ² No → If No, Go to Question 24

23. Were these written instructions easy to understand?

¹ Yes ² No

WHEN YOU LEFT THE HOSPITAL

24. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

¹ Own home

² Someone else's home

³ Another health facility

25. After you left the hospital, did someone from the hospital call you to check how you were doing?

¹ Yes ² No → If No, Go to Question 27

If YES, please tell me how much you agree with the following statement:

26. After the call, all of my questions about my medical care were answered.

Strongly disagree

Disagree

Agree

Strongly Agree

OVERALL RATING OF HOSPITAL

27. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

_____ (0-10)

28. Would you recommend this hospital to your friends and family?

Definitely no

Probably no

Probably yes

Definitely yes

29. Did you feel that your family and you were treated with respect?

¹ Yes ² No

ABOUT YOU

There are only a few remaining items left.

30. What is your age?

¹ 18-30 years

² 31-50 years

³ 51-70 years

⁴ 71-above years

31. In general, how would you rate your overall health?

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

32. What is the highest grade or level of school that you have completed?

¹ Some elementary or high school but did not graduate

² High school graduate or GED

³ Some college or 2-year degree

⁴ 4-year college graduate

33. Are you of Spanish, Hispanic, or Latino origin or descent?

¹ No, not Spanish/Hispanic/Latino

² Yes

34. How would you describe your race? Please choose one or more.

¹ White

² Black or African American

³ Asian

⁴ Native Hawaiian or Other Pacific Islander

⁵ American Indian or Alaska Native

35. What language do you mainly speak at home?

¹ English

² Spanish

³ Some other language (please print): _____

THANK YOU

Please return the completed survey in the postage-paid envelope.

Patient Outcome Survey (phone version)

If contact sheet indicates patient needs an interpreter for phone communication, arrange for interpreter services before the call.

Overview

This phone interview script is provided to assist interviewers while attempting to reach the respondent. The script explains the purpose of the survey and confirms necessary information about the respondent. Interviewers must not conduct the survey with a proxy respondent.

General Interviewing Instructions

Survey is administered to patients beginning 30 days after the date of index hospital discharge.

Patients are called up to 60 days after the date of index hospital discharge.

All questions and all answer categories must be read exactly as they are worded.

No changes are permitted to the order of the answer categories.

All transitional statements must be read.

Index admission date: ____ / ____ / ____

Index discharge date: ____ / ____ / ____

Date initial call attempt: ____ / ____ / ____

Caller records the call attempts and time talking with patient:

#1: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#2: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#3: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#4: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#5: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#6: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#7: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

#8: Date(mo/day/yr): ____ / ____ / ____ Time of day ____:____ action taken/time with subject: _____

INTRODUCTION

Hello. may I please speak to [patient name]?

This is [name of caller] from [hospital name]. We are conducting a survey about the hospital discharge process. I am calling to talk to {patient name} about a recent health care experience.

Our records show that you were recently a patient at {name of hospital} and discharged on {date of discharge}. Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing effort at {name of hospital} to improve the way they get patients ready to return home from the hospital. These results will help this hospital to understand if its improvements are helping patients.

Your participation is voluntary and will not affect your health benefits. You do not need to answer these questions. Your answers will only be shared with people who are trying to improve the hospital and the care that is given to patients.

If you have any questions about this survey, please call {hospital project manager name} at {project manager phone number}. Thank you for helping to improve health care for all patients.

This survey will take approximately 10 minutes. Are you willing to complete the survey now?
With acknowledgment, caller continues.

.....

According to our records, you stayed in {hospital name} from {start date} to {discharge date}. Most of the questions on this survey are about this stay in the hospital.

Please tell me which response most closely matches your answer.

HOSPITAL USE

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¹ Yes ² No ³ N/A, reason: _____

If YES, Can you please tell me the name of your primary diagnosis or main problem? _____

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³ Asian

⁴ Native Hawaiian or Other Pacific Islander

⁵ American Indian or Alaska Native

34. What language do you mainly speak at home?

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² Spanish

³ Some other language (please print): _____

Those are all the questions I have. Thank you for your time. Have a good (day/evening).