

PATIENT/FAMILY/CAREGIVER INTERVIEW (DRIVERS)

Hospital Name:	
Interviewer Name:	
Date of Interview:	
Case #:	
Mode of Interview:	<input type="checkbox"/> In hospital <input type="checkbox"/> Over the phone <input type="checkbox"/> Other _____
Person(s) interviewed (check all that apply):	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Caregiver <input type="checkbox"/> Other _____
Date of first admission:	
Date of readmission:	
Description of Strategy/Quality Improvement Being Tested (during QI cycles):	

Purpose:	The purpose of the patient & family/caregiver interview(s) is to obtain the patient and family/caregiver perspectives, in their own words, of the initial hospitalization and the readmission.
Sample Size:	10-20 cases – until themes converge and very little new information is being learned (same patients for whom you did chart reviews).
Selection Criteria:	<ul style="list-style-type: none"> • Patient with primary insurance Medicaid who had a readmission within 30 days of a previous admission. • Patient is still in hospital or 7 or fewer days since discharge. • Speak directly with patient when possible AND with concerned family member/caregiver whom patient allows to talk on his/her behalf. • Records review has been conducted.
Conduct:	<ul style="list-style-type: none"> • Patient and family/caregiver interviews can be completed while the patient is still in hospital, if appropriate given his/her circumstances and the timing is convenient; if not, conducting the interview over the phone is fine. • Interviews with patient and family/caregiver can occur simultaneously or separately. • The interview style should be conversational and allowing the interviewee to express his/herself rather than following strict adherence to the questions – the interview tool is provided more as a guide to this interview than as a survey tool. Only read the questions (not the answer choices) to avoid leading respondents to a particular answer.
Time:	10 minutes maximum per interview.

Patient Consent:

Interviewer: “I understand you were recently in the hospital at least twice in the past month. The hospital and the doctors and nurses that take care of you are working to improve how we take care of people after they leave the hospital. Since you were recently in the hospital and then admitted again to the hospital soon after you got out the first time, we would like to hear more about what happened with you between those two hospitalizations. By talking to patients like you, we can improve the care we give to patients after they leave the hospital. I have a few questions for you that will take about 10 minutes. Is that okay with you?”

Yes No... Reason, if provided: _____

Family/Caregiver Consent:

Interviewer: “[insert name of patient] was recently in the hospital at least twice in the past month. The hospital and the doctors and nurses that take care of him/her are working to improve how we take care of people after they leave the hospital. We would like to hear more about what happened with [insert name of patient] between those two hospitalizations. By talking to family members or caretakers like you, we can improve the care we give to patients after they leave the hospital. I have a few questions for you that will take about 10 minutes. Is that okay with you?”

Yes No... Reason, if provided: _____

General/Overall	
1. Are you comfortable speaking in English?	<input type="checkbox"/> yes <input type="checkbox"/> no (<i>provide interpreter</i>)
2. Where do you go when you have to see the doctor?	<input type="checkbox"/> Community health center <input type="checkbox"/> Hospital-based clinic <input type="checkbox"/> VA clinic <input type="checkbox"/> Emergency department <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
3. Do you have a specific doctor there who you see most of the time?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>For interviewer: is this the same provider documented in the medical record?</i> <input type="checkbox"/> yes <input type="checkbox"/> no

4. Do you have any other doctors that take care of you?	<input type="checkbox"/> yes <input type="checkbox"/> no
4a. If yes, do you know their specialties (for example, cardiologist, endocrinology, immunology)	
5. Tell me why you were first admitted to the hospital on <i>[insert date]</i> .	
6. Where were you living before you went into the hospital on <i>[insert date]</i> ?	<input type="checkbox"/> Own home <input type="checkbox"/> Home with home health <input type="checkbox"/> Relative/caregiver home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Nursing home/long-term care facility <input type="checkbox"/> Home with hospice <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____
7. Where were you staying right after you left the hospital the first time?	<input type="checkbox"/> Own home <input type="checkbox"/> Home with home health <input type="checkbox"/> Relative/caregiver home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Nursing home/long-term care facility <input type="checkbox"/> Home with hospice <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
8. Were you involved in discussions with your doctors and nurses about a plan for when you left the hospital?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe:

9. Did you feel that you knew how to take care of yourself when you left the hospital?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:
10. Were all your questions about leaving the hospital answered to your satisfaction?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:
11. Did you receive any information about who to call if you had questions or problems?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:
12. Did you receive any information about new medicines you needed to take?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:
13. Did you receive any information about how to take care of yourself after your hospitalization?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:
14. Did a doctor or nurse make any appointment for you, or help you make an appointment, to see your main doctor soon after you left the hospital?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:
15. Did [insert strategy being tested] happen? TO BE ASKED DURING QI CYCLES	<input type="checkbox"/> yes <input type="checkbox"/> no
15a. If yes, in what ways was it helpful or not helpful to you?	
Time Between Admissions	
16. Did you see a doctor or nurse between the time you left the hospital the first time and the time you were admitted again to the hospital?	<input type="checkbox"/> yes <input type="checkbox"/> no Comments:

16a. If yes, what was the name of the doctor?	
16b. If yes, what did you discuss with the doctor?	
16c. If yes, please describe in what ways it was helpful to you or not helpful to you.	
17. Describe any problems you had making the appointment for that doctor's visit or getting to that appointment.	
Second Hospitalization	
<p>18. Tell me about why you came back to the hospital the second time.</p> <p><i>Prompt for family, social, economic, logistical, psychological (anxiety), clinical reasons that they returned; the circumstances and the chief complaint, in the patient's or family's/caregiver's own words.</i></p>	
19. Where were you living before you went into the hospital the second time?	<input type="checkbox"/> Own home <input type="checkbox"/> Home with home health <input type="checkbox"/> Relative/caretaker home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Nursing home/long-term care facility <input type="checkbox"/> Home with hospice <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____
20. Did [insert strategy being tested]	<input type="checkbox"/> yes <input type="checkbox"/> no

happen? TO BE ASKED DURING QI CYCLES	
20a. If yes, in what ways was it helpful or not helpful to you?	
21. Where were you staying right after you left the hospital the second time (if patient has been discharged)?	<input type="checkbox"/> Not yet discharged <input type="checkbox"/> Own home <input type="checkbox"/> Home with home health <input type="checkbox"/> Relative/caretaker home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Nursing home/long-term care facility <input type="checkbox"/> Home with hospice <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____
Following Doctors' Suggestions	
22. Do you feel that you know how to take care of yourself when you leave the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
23. Do you have any trouble paying for medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
24. Do you have any trouble getting to the drugstore to pick up your medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
25. Are you supposed to follow any doctor's recommendations for your health, like a special diet, or exercises, or not smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
25a. If yes, do you have any ideas for helping	

to make it easier for you to follow these recommendations?	
26. How can we improve how we help you or others prepare to leave the hospital?	
27. Is there anything else you would like to tell us about your experience?	