

# READMISSION INTERVIEW TOOL

## *Focused Adaptation for Patients Previously Admitted with Sepsis*

### Purpose of Readmission Interview

1. Sepsis is a leading discharge diagnosis resulting in a high number of readmissions. In order to effectively identify ways to reduce avoidable readmissions for patients with sepsis, we must understand the root causes of sepsis readmissions. The “readmission interview” is 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 a patient’s discharge that resulted in a readmission.
2. Conducting interviews to elicit the patient/caregiver perspective, humanize readmissions, and understand root causes that go beyond diagnoses or other “risk” categories can further improve processes around the discharge and transition of patients with sepsis.

### Description

This tool focuses on sepsis-related readmissions, meaning patients that are treated and discharged during their index admission with sepsis and readmitted within 30 days for any reason.

### Example

*Patient John Smith is admitted on January 10 and treated for sepsis related to a urinary tract infection. He is discharged home on January 17. On January 24, he is readmitted for abdominal pain.*

This tool is adapted from the Agency for Healthcare Research and Quality’s Designing and Delivering Whole-Person Transitional Care: The Hospital Guide to Reducing Medicaid Readmissions (ASPIRE) Readmission Review Tool and prompts clinical or quality staff to elicit the patient or caregiver’s perspective about the readmission.

### Instructions

1. Identify patients in the hospital who were discharged with sepsis that have been readmitted for any cause within 30 days.
2. Ask the patients/caregivers if they are willing to have a 5- to 10-minute discussion about their recent hospitalizations.
3. Capture patient/caregiver responses at the bedside.
4. Review the interview findings using a root cause analysis method to determine the factors that led to the readmission.
5. Document your root cause analysis findings. See table 2 for example.
6. Use the root cause analysis findings to further improve processes around the discharge and transition of patients with sepsis.

## Staff

Quality improvement, nursing, case management staff.

**Note:** Some hospitals have found Patient and Family Advocates and/or Volunteers are well suited to conduct readmission interviews. It is recommended that a Social Worker or Case Manager review the first 10 interviews with the Volunteer and provide coaching as required.

## Time Required

5-10 minutes to conduct each patient interview;

3-5 minutes to analyze and summarize each patient/caregiver encounter

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

## Readmission Interview (5-10 minutes each)

The interview guide is intended to elicit the “story behind the chief complaint”—the events that occurred between the time of discharge and time of readmission. Rather than looking for the one reason for the readmission, capture all the factors that contributed to the readmission event.

## Analyze and Summarize Findings: Determining Root Cause and Lessons Learned (3-5 minutes each)

The purpose of a root cause analysis is to understand the factors underlying patient readmissions so that you can develop processes to prevent readmissions. When analyzing each patient interview, ask “why” 5 times to elicit the “root causes” of readmissions.

- ✓ Specifically seek to identify clinical, behavioral, social, and logistical factors that might have contributed to the readmission (see Table 1 for examples).
- ✓ Summarize the unique variables that contributed to this readmission (See Table 2 for examples). We have provided a blank table within the interview tool for this purpose.
- ✓ Describe any lessons learned that could prevent subsequent readmissions.

### RCA Tip: Utilize the “5 Whys”

For example, an interview might reveal that a patient did not take her medication, which then contributed to her rehospitalization.

- Why did she not take her medication?
- She did not take it because she did not have it. Why?
- She did not go to pick it up from the pharmacy. Why?
- Were there alternative solutions that she might have considered? What were they?
- What solution could have allowed her to access her medications easier? Why?

Continue to ask until you have identified opportunities that your hospital team can address (e.g., bedside delivery of medication, teach-back, medication reconciliation; such services may exist for some patients but not others or may be delivered as available rather than consistently).

Try to avoid citing disease exacerbations or noncompliance as root causes. If those are factors, ask “why” again.

**Table 1: Readmission Factors Example Matrix**

Clinical	Behavioral	Social	Logistical
Changing circumstances after discharge in a way that led to the readmission	A sense that readmissions are undesirable and frustrating	Challenges in accessing services: appointments, transportation, medications, equipment	Lack of coordination of post-discharge transitional care or follow-up
A report to the primary care provider of post-hospital symptoms or questions with instructions to return to the ED.	A sense that readmissions are O.K., expected, or otherwise as "following doctor's orders".	Lack of care giver and/or community support	A lack of specific instructions on what to do in the days following discharge
Chronic condition related to complication	A sense of leaving the hospital unprepared, or inadequately informed	<b>EXAMPLES</b>	

**Table 2: Examples of Root Cause Analysis Findings**

Example No.	Patient Description	Readmission Interview Findings	Key Finding
1. 24-year-old, dual-eligible female with HIV/AIDS	Hospitalized 8 times and visited the ER twice in the last year. First hospitalized with pneumonia.	<ol style="list-style-type: none"> <li>Clinical – Patient has chronic asthma with frequent exacerbations.</li> <li>Behavioral – Patient admits to frequent alcohol use and says that often forgets to take her medications after she is drinking.</li> <li>Social – Patient is homeless and stays most nights in a shelter.</li> <li>Logistical - When asked how the hospital can help her and others prepare she said, "It would have been helpful if the hospital had made an appointment for me".</li> </ol>	<b>Logistical</b> - Needed assistance navigating the health system.
2. 46-year-old Spanish-speaking-only female	Medicaid patient with breast cancer. Hospitalized 6 times and visited the ER 3 times in the past year.	<ol style="list-style-type: none"> <li>Clinical – Patient has been experiencing severe fatigue, nausea and vomited related to chemotherapy.</li> <li>Behavioral – Patient seems cooperative and willing to be engaged in her own healthcare decisions.</li> <li>Social – Patient is divorced and lives with her three children.</li> <li>Logistical - Patient received instruction in English, and her 12-year old daughter was asked to translate. Patient had poor understanding of prescription instructions.</li> </ol>	<b>Logistical</b> - No use of interpreter services; lack of Teach-Back to confirm understanding and clarify.

# Readmission Interview Guide

*The following questions and prompts are intended to help the interviewer guide the discussion.*

Suggested script to seek participation: “We are working to improve care after hospitalization for our patients that have been recently hospitalized for sepsis. We noticed that you were here recently and now you’re back. Would you mind telling me about what happened between the time you left the hospital and the time you returned? 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. It shouldn’t take more than 5-10 minutes. Would that be okay with you?”

## Who is being interviewed? (circle one)

Patient    Family/Caregiver    Both    Other (specify) \_\_\_\_\_

- **Why were you hospitalized earlier this month?**
  - Prompt for patient/caregiver understanding of the reason for hospitalization.
  
- **When you left the hospital:**
  - How did you feel?
  - Where did you go?
  - Did you have any questions or concerns? If so, what were they?
  - Were you told by anyone about what sepsis is?
  - Did anyone explain to you that after discharge, you might not feel well for a while, like having difficulty sleeping, fatigue, weakness, loss of appetite, depression or difficulty concentrating?
  - Were you able to get your medications?
  - Did you have an appointment with your primary care provider?
  - Did you need help taking care of yourself?
  - If you needed help, did you have help? If so, who?
  - Were you made aware of resources available for people who have had sepsis?
  
- **Tell me about the time between the day you left the hospital and the day you returned:**
  - When did you start not feeling well?
  - Did you call anyone (doctor, nurse, other)?
  - Did you try to see, or did you see a doctor or nurse or another provider before you came?
  - Did you try to manage symptoms yourself?
  - Prompt patient/caregiver to describe any self-management techniques they used.
  
- **In our efforts to provide the best possible care to you and others like you, can you think of anything that we—or anyone—could have done to help you after you left the hospital the first time so that you might not have needed to return so soon?**

## Your Interview Notes

<b>Clinical Readmission Factors</b>	
<b>Behavioral Readmission Factors</b>	
<b>Social Readmission Factors</b>	
<b>Logistical Readmission Factors</b>	

