

# The Readmission Interview

## **The Challenge**

Readmissions remain a significant issue for many patients. Providers and readmission teams review numerous reasons for patient readmissions, including various data such as diagnoses, days of activity, and discharge locations. Understanding why a patient was readmitted can go beyond the medical diagnosis and staff may not perceive they have the time to interview patients.

#### The Idea

The readmission interview consists of five questions which should take staff about 10 to 15 minutes to conduct. Use the five questions below to gather important information from patients and/or their caregivers regarding why they returned to the emergency department or were readmitted to the hospital. Encourage the caregiver to be present when the patient is interviewed. Start by interviewing 10 to 25 patients to understand the patient and systems-based root causes of readmissions. Clinical or non-clinical staff can conduct the interviews.

- 1. When did you notice something was wrong or that you were starting to have a problem? or What happened between the day you were discharged and the point you decided to return to the emergency department?
- 2. How long did this go on?
- 3. What did you do once you realized there was a problem?
- 4. Who did you ask for help?
- 5. Why did you or someone else decide you should go to the emergency department?

## **Impact**

By gathering detailed insights from patients and their caregivers, you can identify gaps in care trends and develop strategies to prevent further readmissions. These interviews provide a dedicated time for patients to share their experiences and challenges and generate valuable information that can help improve communication and support.

# **Steps for Implementation**

- 1. Obtain leadership support.
- 2. Identify a champion or the individuals conducting the interviews.
- 3. Identify 10 to 25 readmitted patients for interviews.



- 4. Call the patient or meet with the patient in person.
- 5. Document their chief complaints and all information shared. Sort information into themes and consider indicating categories of complaint types (clinical, behavioral, social, and logistical).
- 6. Share the results with your readmissions team and leadership.

## **Tips for Success**

- Start with one staff member and one patient to test your processes.
- Engage family members/caregivers when possible.
- Use clear communication with the patient, family and all providers.
- Know when to involve an interpreter and use plain language.
- Use various tools to accompany your conversation if needed (pictures, large print) (ensure that materials are no higher than a fifth-grade level).
- Listen for the "story behind the story" and identify issues beyond the chief complaint and discharge diagnosis such as social drivers of health or health literacy reasons for their return.
- Meet regularly as a team to review ongoing patient interview results.
- Incorporate this activity into proactive emergency department patient interviews if a person has been identified as a returning patient within 30 days.

#### Resources

<u>Designing and Delivering Whole-Person Transitional Care: The Hospital Guide to Reducing Medicaid Readmissions (ahrq.gov)</u>

The Readmission Interview | HQIN

Guide for Reducing Disparities in Readmissions (cms.gov)

### **References:**

<u>Designing and Delivering Whole-Person Transitional Care | Agency for Healthcare Research and Quality (ahrq.gov)</u>

Amy Boutwell, MD, Collaborative Health Strategies

# Put new ideas to work in your community:

The Readmissions Interview is one of several care transition interventions highlighted in HQl's <u>Ideas</u> <u>That Work series</u>. To explore other strategies for strengthening care coordination activities in your community, check out our <u>YouTube Playlist</u> and the <u>HQIN Resource Center</u>.

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