

## What is this tool?

This template guides impactful follow-up communication between the hospital and community-based medical providers — such as skilled nursing facilities, home health, hospice, palliative care, behavioral health and rehabilitation/therapy facilities — to ensure these organizations have the information they need to optimally care for the patient and ultimately, reduce hospital readmission.

## How to use this tool

Complete the information at the top of the form for internal tracking purposes.

Ask the questions in the tool to a community-based medical provider staff member at the transferring facility familiar with your patient and complete the form.

Collect and analyze data to identify opportunities for improvement. Consider using an Excel spreadsheet or other data aggregate tool.

Share with your team and consider program changes to address frequently reported issues.

## Tips

Identify the best times to contact each community-based medical provider and cluster calls to facilities where possible to simplify conversations.

To set the stage for open communication, introduce yourself to the community-based medical providers/organizations that receive the most admissions or referrals to your facility via a pre-call visit or meeting. This may be accomplished during team meetings.

Assign someone to collect and analyze data from completed Circle Back Interview Tool forms on a regular basis. This helps you identify commonly occurring issues that can impact the community-based medical providers' ability to deliver optimal care to the patient. Address the concerns with your internal readmissions workgroup and team.

If any common issues or trends are identified, share them with your team partners and communicate how the issue will be resolved to strengthen the partnership between the hospital and the community-based medical providers.

Patient name (For internal use only) \_\_\_\_\_ Medical record #: \_\_\_\_\_

Name of community-based medical provider: \_\_\_\_\_

Date of admission/ referral to the community-based medical provider or, if admitted, admit date:  
\_\_\_\_\_

Date of hospital index admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of interviewer: \_\_\_\_\_ Date of call: \_\_\_\_/\_\_\_\_/\_\_\_\_

Who is providing the information from the community-based medical provider?

Nurse     Nursing supervisor     Social worker     Other

If Other, please describe: \_\_\_\_\_

1. Did patient transportation from the hospital to the facility for inpatient stay occur without incident?

- Yes     No     N/A

If no, what was the issue? \_\_\_\_\_

2. Did transportation issues exist for attending appointments?

- Yes     No     N/A

If yes, what was the issue? \_\_\_\_\_

3. Were all materials included in admission/ transfer /referral packet?

- Yes     No

If no, what was missing? \_\_\_\_\_

4. Were there any discrepancies with the:

a. medication orders?

- Yes     No

b. medication reconciliation forms?

- Yes     No     Form not present

c. narcotic prescriptions?

- Yes     No     N/A

d. If narcotics were ordered, was Naloxone ordered?

Yes  No  N/A

If yes for any of the above, describe the discrepancies \_\_\_\_\_

5. Was the patient's clinical presentation the same as the information received from the hospital?

Yes  No

If no, please describe: \_\_\_\_\_

6. If the patient required follow-up care for specialty services, was all necessary information provided to ensure they received the follow-up care?

Yes  No  N/A

If no, what services or appointments needed clarification? \_\_\_\_\_

7. Did the patient or care partner have any concerns or issues with the transition from the hospital to your services?

Yes  No

If yes, what were the concerns? \_\_\_\_\_

8. Is there anything that could have been done differently to help you to provide excellent care to the patient?

Yes  No

If yes, please describe what the hospital could have done differently? \_\_\_\_\_

Elements included in this tool were adapted from Emily Skinner's work on Circle Back