

Home Health Interview

Date: _____ Interviewer: _____

HHA: _____

Staff Member(s) Interviewed

Name _____

Title _____

Length of Time (LOT) at Position & Agency _____

Qualifications/Credentials _____

Telephone: _____ Site Visit: _____

Is your agency For Profit Not for Profit Governmental

Is agency part of a hospital or healthcare system? Yes No

System Name _____

Is agency part of a multi-agency corporation? Yes No

System Name _____

Identify primary referring hospitals and hospitals to which you transfer (use chart?)

Are hospital admissions: direct or through the ED?

When patients need to be transferred, are beds usually available?

Average Medicare percentage of patients over last 3 months _____

Patient Population Characteristics:

Average age of patients _____ Average LOS _____

Has Case Mix Changed? Yes No

Who writes orders for home care: medications and treatments?

PCP Specialist ED Hospitalist Hospice Medical Director

Home Health Skilled Care and Services

What skilled and ancillary services are available?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Hospice | <input type="checkbox"/> IV Therapies | <input type="checkbox"/> Certified Home Health Aide |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Laboratory | |
| <input type="checkbox"/> Telehealth | <input type="checkbox"/> Social Work | <input type="checkbox"/> PCA |
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other |

Do you have a flu/pneumonia prevention program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you screen patients/residents for flu/pneumonia stats on admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a process for on-site immunization of patients/residents when indicated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you immunize staff against influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you educate families regarding the prevention of flu and pneumonia exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Staffing of Direct Care - Overview

Does the agency have:

Dedicated wound care nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Credentials?
Dedicated wound care team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
An infection control practitioner (IPC) with both training in and time allocated for this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, how many hours does the IPC work?
A dedicated staff development coordinator/educator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A fall prevention program that is ongoing and has a dedicated:	<input type="checkbox"/> Coordinator	<input type="checkbox"/> Team	
Standardized protocols for notification of physician of acute changes in status of patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Transfers

What are the top 3 diagnoses that cause your patients to be admitted to the hospital?

- 1) _____
- 2) _____
- 3) _____

If you are able to identify them, what are the top 3 diagnoses and/or reasons that cause your patients to be sent to the emergency room?

- 1) _____
- 2) _____
- 3) _____

How do you communicate with referring hospitals?

Is the medical and nursing information received from the hospital adequate to provide care to the patient: (choose one)

- adequate
- lacking some information that would be helpful, but is not critical
- lacking critical information for you to provide care?

How do you communicate when discharging to hospitals?

Does your agency have a policy and procedures that detail the specific information that should be sent to the hospital? Yes No

How do you follow-up on patients that were seen in the ED, and discharged back to home without a hospitalization?

Do you utilize an EMR? Yes No If Yes, Identify System _____

Are you currently able to share electronic health information with any acute care hospital? Yes, Identify Hospital _____ No

Potential to Prevent Transfers to the Acute Hospital

What are the major barriers to keeping your patients in the home (as opposed to transferring them to the hospital)? Identify which of these are within your agency's control?

Describe the agency's culture regarding the prevention of unnecessary transfers to the ED and/or hospital admissions.

Do you encourage patients/residents to have an Advance Directive? Yes No

How often are the patient, caregiver, and/or patient's family preferences /involvement/ opinion the major factor in an ED visit or hospitalization?

Not Very Often Sometimes Often

Telehealth

Do you have a Telehealth Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, date/timeframe when implemented:		
Staffing?		
Central monitoring or monitored by field nurse		
# of Units		
Who installs the unit?		
Criteria for participation:		
Patient/family education:		
Evaluation measures - Buy-in from:	<input type="checkbox"/> Staff <input type="checkbox"/> Physicians <input type="checkbox"/> Patient/Caregiver/Family	

Findings/results to date?

Quality Improvement

Is Quality improvement work coordinated through the corporate office?

Yes No

How often do you review QI/QM indicators?

Annually Quarterly Monthly Weekly Other_____

Do you have a QI Committee? Yes No

If yes, how often does the QI Committee meet?

Annually Monthly Quarterly Weekly Other_____

List the membership of the Committee and identify the chairperson:

Name	Position

What is your process or method of performing QI?

What is your method of developing and monitoring a Plan of Action (POA)?

Do you have a process for performing a root cause analysis (RCA)? Describe

Is the RCA reviewed by the QI Committee? Yes No

What are your most recent risk-adjusted QM rates for:

ACH	
OM	
Emergent Care	
Other	

What is your current QI focus? _____

Identify Best Practice tools that you have implemented:

HRA	
Patient ECP	
Med Reconciliation	
Med list @ discharge	
Planned phone monitoring visits	
Frontloading of visits	
SBAR	
FRA	
Other	

Have you reviewed the HH Campaign's BPIPs regarding:

- Patient Self-Management Yes No
- Disease Management Yes No
- Transitional Care Coordination Yes No

Implementation plans?

Educational

What are your preferences regarding education related to Care Transitions?

- | | | |
|---|--|---|
| <input type="checkbox"/> Webinar | <input type="checkbox"/> On-site education | <input type="checkbox"/> Regional or sub-set meetings |
| <input type="checkbox"/> Off-site education | <input type="checkbox"/> Conference calls | |

What topics are of interest related to Care Transitions?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Component | <input type="checkbox"/> QI process |
| <input type="checkbox"/> Model | <input type="checkbox"/> Family education/participation |

Meeting Site Information:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Interest in hosting | <input type="checkbox"/> Food | <input type="checkbox"/> Showcase accomplishments of facility |
| <input type="checkbox"/> Site availability | <input type="checkbox"/> AV equipment | |
| <input type="checkbox"/> Seating capacity | <input type="checkbox"/> Parking | |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Presenters | |

Additional Concerns and/or Comments:
