

Nursing Home Interview

Date: _____ Interviewer: _____

Facility: _____

Staff Member(s) Interviewed: _____

Name: _____

Title: _____

Length of Time (LOT) at Position & Facility: _____

Qualifications/Credentials: _____

Telephone: _____ Site Visit: _____

Is your facility: For Profit Not for Profit Governmental

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

Name the system: _____

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

Name the system _____

Identify primary referring hospitals and hospitals to which you transfer:

Primary Referring Hospitals	Transfer Hospitals

Are hospital admissions: _____ direct or _____ through the ED?

When residents need to be transferred, are beds usually available? Yes No

What is the total number of beds? _____LTC:_____Sub-Acute: _____

Do you have any specialty unit beds (Alzheimer's/Dementia, Behavioral, Hospice, Vent, Other)? Yes No

Average Medicare percentage of patients/residents over last 3 months _____

How many physicians work in this facility? _____

Is it one group practice? Yes No

How many hours is the Medical Director on-site per week? _____ Available on-call? _____

Who writes orders for medications and treatments?

Medical Director PCP Specialist Hospitalist

Nursing Home Skilled Care and Services

What skilled care resources are available? (Check all that apply)

- 24/7 presence of at least one RN
- Oxygen therapy:
 - Piped in (at least some rooms)
 - Requires canisters
- Ability to start and administer intravenous fluids on a 24/7 basis
- Ability to get new medications quickly (i.e., 4-6 hours)
- Ability to get on-site "stat" laboratory testing (i.e., results in 4-6 hours)
- Ability to get on-site "stat" X-rays (i.e., results in 4-6 hours)
- Physical therapy at least 5 days per week
- Occupational therapy at least 5 days per week
- Speech therapy at least 5 days per week
- Social work availability daily
- Dietician availability daily
- Advanced Practice Nurse: Days a week _____ On call _____

	Yes	No
Do you have a Palliative Care Program?		
Do you have a flu/pneumonia prevention program?		
Do you screen patients/residents for flu/pneumonia status on admission?		
Do you have a process for on-site immunization of patients/residents when indicated?		
Do you immunize staff against influenza?		
Do you educate families regarding the prevention of flu and pneumonia exposure?		

Staffing of Direct Care - Overview

Nursing Hours per resident per day: _____ (Also available from NH Compare)

CNA Hours per resident per day: _____ (Also available from NH Compare)

Annual CNA turnover rate: _____

Does the facility have:	Yes	No
A dedicated wound care nurse?		
A dedicated wound care team?		
An infection control practitioner with both training in and time allocated for this position?		
If <u>yes</u> , how many hours/week does the infection control practitioner work?		
A dedicated staff development coordinator/educator?		
A fall prevention program that is ongoing and has a dedicated coordinator and/or team?		
Standardized protocols for notification of medical staff of acute changes in status of residents?		

If yes, do the protocols have:

	Yes	No
A <u>specific</u> list of conditions that require immediate notification?		
Standards for response time?		
Back-up availability in case of no response?		
Communication format?		
Do you have access to a behavioral specialist?		

Transfers

What are the top 3 diagnoses that cause your residents to be sent to the emergency room?

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

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

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

How do you communicate with referring hospitals?

Is the medical and nursing information received from the hospital: (choose one)

Adequate to provide care to the patient in your facility?	<input type="checkbox"/>
Lacking some information that would be helpful, but is not critical?	<input type="checkbox"/>
Lacking critical information for you to provide care?	<input type="checkbox"/>

How do you communicate when discharging to hospitals?

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

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

Potential to Prevent Transfers to the Acute Hospital

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

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

Does your facility have a policy and procedures for Do Not Hospitalize (DNH) orders?
Yes No

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

About what percentage of the residents in your facility have:

Advance Directives _____

DNR Order _____

DNH Order _____

How often are the resident and/or resident's family preferences/involvement/opinion the major factor in an ED visit or hospitalization: _____

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

How often does the QI Committee meet?

Annually Quarterly Monthly 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

Educational

What are your preferences/needs regarding education related to Care Transitions?

- Webinar
- On-site education
- Regional or sub-set meetings
- Off-site education
- Conference calls

What topics are of interest related to Care Transitions?

- Component
- Model
- QI process
- Family education/participation

Meeting Site Information:

- Interest in hosting
- Site availability
- Seating capacity
- Cost
- Food
- AV equipment
- Parking
- Presenters
- Showcase accomplishments of facility

Additional Concerns and/or Comments:



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