HOSPITAL PRE-DISCHARGE VIRTUAL PATIENT INTERVIEW

Clinical Protocol: RN Care Management (example)

Protocol Summary – *Goal:* To facilitate successful hospital transition for patients by proactively meeting with patient and nurse for collaborative sign out prior to discharge focusing on medication changes, red flags, assessment of patient activation, discharge needs, and follow-up appointment.

Here is an example of how it has been done at West County Health Centers:

Setting up the meeting:

1. WCHC RN is notified of pending discharge by hospital discharge planner, WCHC social rounder, or hospital discharge nurse and sets up a rough time to have meeting.
2. At agreed upon time, the WCHC RN starts an "instant meeting" using the Cisco Jabber functionality.
3. The "meeting number" located at the upper left corner of the meeting when started is communicated to hospital medical surgery clerk by telephone.
4. Hospital clerk connects to the meeting using the iPad WebEx app by entering the meeting number.
5. Hospital RN and West County RN have initial RN-RN sign out as described below.
6. Hospital RN then brings iPad to the room to start the meeting with the patient/family/care giver.
7. *Note: family/care givers who are remote can join the meeting in a similar way if appropriate.*

Meeting content:

1. WCHC RN and hospital RN should have an initial conversation and sign-out of salient events and potential issues with successful discharge.
2. WCHC RN to make introductions if not already familiar with patient/care giver and introduce concept of meeting is to help facilitate a smooth transition home.
3. WCHC RN should ask hospital RN and patient to give a summary of what happened during the hospitalization, in front of the patient to make sure there is agreement from the patient as to the important events of the hospitalization.
4. Focus discussion on potential barriers to successful transition from perspective of hospital RN and patient/care giver.

(more)

5. Review medication changes and ensure plan is made for getting needed medications prior to discharge.
6. Discuss needs for DME or other aids and plan for getting these items.
7. Review patient activation measure with hospital RN and discuss any insights from the experience of caring for the patient in the hospital that may be important to know.
8. Review red flag symptoms and get a sense of needed education or knowledge gaps or barriers.
9. Review needed follow up items including need for labs, PT/INR, x-rays.
10. Review follow-up appointments with non-WCHC: PT, wound care, specialty follow up.
11. Review follow-up appointment with WCHC and/or home transition visit.

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Hospital RN Template

Working with the iPad:

- Enter the meeting number in the WebEx app – connect to audio using the internet.
- Start your video and enlarge the picture for a better visual experience.
- Position the iPad to have the best video experience for you (and the patient).

RN-RN Sign-out:

- **General Summary**: Begin with a general summary of the reason for admission and hospital course.
    - Highlight new diagnoses, new allergies, procedures, complications that occurred during the hospitalization
- **Transition care**: Discuss important items for a successful discharge
    - Review discharge medications and highlight new or changed medications
    - Review follow up items such as pending labs, need for follow-up appointments, DME, wound care, etc.
    - Highlight your own concerns or identified barriers to success upon discharge.
    - Review the LACE tool to identify high risk for readmission.
- **Lessons learned or insights**: You have insights from your time with the patient that could be critical to successful transition or invaluable for a more comprehensive or holistic view of your patient – share with us!
- **Bring in others**: If appropriate bring in other members of your team that might have insight or wisdom to pass on.
    - Discharge planning, Social Work, Behavioral Health, Pharmacy, Hospitalist team, wound care, etc.

Patient-RN-RN Interview:

- **Introductions**: Introduce this interview and those involved in the meeting.
- **Set a shared agenda**: "We think this is a great opportunity to make sure we are all on the same page for making this transition home successful. Is it ok with you if we review what happened in the hospital, talk about important items that your WCHC nurse should know about when you go home and give you a chance to talk about concerns or potential barriers to being successful at home?"
- **Review Discharge items**:
    - Focus on medications, red flags symptoms, follow up needs, and follow up appointments.

- Offer a chance for the patient to teach back.

- **Patient preferences and concerns**: Give the patient a chance to identify concerns, talk about preferences for follow up and home visit (if needed), and help to lead the follow up plans. Lead the patient to focus on barriers, concerns, transportation support needs, etc. if needed.

- **Wrap up**: Close the meeting and ask if there are any other items that would be helpful.

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Primary Care RN Template

Setting up the meeting:

- Talk to the Medical Surgery ward clerk to establish a good meeting time for your patient.
- Launch an instant meeting and give the ward clerk the meeting number.
- Turn on your camera, connect to audio and enlarge the picture for a better experience.

RN-RN Sign-out:

- **General Summary**: Introduce yourself and listen as the hospital RN gives a general summary of the reason for admission and hospital course.
    - Highlight new diagnoses, new allergies, procedures, complications that occurred during the hospitalization
- **Transition care**: Discuss important items for a successful discharge
    - Review discharge medications and highlight new or changed medications.
    - Review follow up items such as pending labs, need for follow-up appointments, DME, wound care, etc.
    - Highlight your own concerns that you have with your patients based on any history and focus on what items may be important as an outpatient.
    - Review the LACE tool to identify high risk for readmission.
- **Lessons learned or insights:** Engage around insights that the hospital RN may have and bring up any issues that know about that are important to discuss.

Patient-RN-RN Interview:

- **Introductions**: Receive the introduction from the Hospital RN.
- **Set a shared agenda**: The hospital RN will start with a shared agenda – help with this if needed. "That sounds like a great start – is it ok if we also talk about …?"
- **Review Discharge items**:
    - Focus on medications, red flags symptoms, follow up needs, and follow up appointments.
    - Offer a chance for the patient to teach back.
- **Patient preferences and concern**s: Give the patient a chance to identify concerns, talk about preferences for follow up and home visit (if needed), and help to lead the follow up plans. Lead the patient to focus on barriers, concerns, transportation support needs, etc. if needed.
- **Wrap up**: Close the meeting; ask if there are any other items that would be helpful.