

Parkland Readmission Survey

Please complete the survey below.

Thank you!

GENERAL INFORMATION

- CSN _____
- Age _____
- Gender
- Female
 - Male
- Race
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other
- Ethnicity
- Hispanic or Latino
 - Not Hispanic or Latino
- Education level (Number of years of education, GED=12)
- _____ ((from SW or provider notes))
- Employment status
- Not employed
 - Full time employment
 - Part time employment
 - Not disclosed
- _____ ((from SW or provider notes))
- Income source
- No income source
 - SSI / SSDI and other disability
 - Family support
 - Job
 - Not disclosed
- _____ ((from SW or provider notes))
- Medical funding source
- Value Options
 - Medicare
 - Medicaid
 - Private Insurance
 - No funding source
 - Other
- _____ ((from SW or provider notes))

CURRENT VISIT (Readmission visit)

Has this patient had more than one visit to any hospital including Parkland in the last 30 days ?

- Yes
 No
 ((from provider notes or previous notes under 'Chart Review' tab))

In the last 31 days, this patient has been to Parkland or other hospitals the following number of times.

Is the reason for the recidivism visit related to a medical complaint ?

- Yes
 No

Is the reason for the recidivism visit related to a Psych complaint ?

- No
 New Psych issue
 Existing Psych Issue

Is the patient homeless ?

- Yes
 No
 ((from SW and provider notes))

Did the patient follow treatment recommendations from the last discharging hospital ?

- Fully
 Partially
 Not at all
 ((from SW and provider notes))

Did the patient utilize the resources provided by the last discharging hospital ?

- Fully
 Partially
 Not at all
 ((from SW and provider notes))

What was the primary complaint at the time of initial presentation to the hospital (e.g. Main ED, UCC, or OB ICC)?

- Primary medical complaint
 Capacity assessment
 Psychiatric medications refills
 Substance use issue (withdrawal/requesting 5, referral)
 Intoxication primary issue (violent or disorganized behavior included if 2ndary to intoxication)
 Psych referral - Mental health care follow up
 Social factors leading to psychosocial stress (i.e. shelter, food, respite)
 Symptoms of anxiety
 Symptoms of confusion (delirium, dementia)
 Symptoms of mania / hypomania
 Symptoms of depression
 Symptoms of psychosis (i.e. paranoia, disorganized thought process, hallucinations)
 Violence: Directed towards others (homicidal, aggressive, assaultive, intending to harm others)
 Violence: Self-directed (suicidal ideation, behavior, post suicide attempt)
 Other
 (Multi-select answer, please choose all items the patient reported at arrival (as documented in RN or provider notes in Main ED, UCC, or OB ICC).)

Please describe the other primary stated complaint.

What was the patients discharge diagnosis (as documented in the final "Assessment and Plan" note)?

- No Previous Psychiatric Diagnosis
- Anxiety disorder other
- Anxiety disorder unspecified (NOS)
- Bipolar Disorder
- Bipolar disorder other
- Bipolar disorder unspecified (NOS)
- Depressive Disorder (Major DD)
- Depressive disorder other
- Depressive disorder unspecified (NOS)
- Disruptive, Impulse control and Conduct disorder
- Intellectual disability
- Neurocognitive disorders
- AMS for any other reason
- OCD and related
- Panic disorder
- Personality disorders cluster A
- Personality disorders cluster B
- Personality disorders cluster C
- Psychosis disorder other
- Psychotic Disorder - Schizophrenia / Schizoaffective
- Psychotic disorder Unspecified (NOS)
- PTSD
- Somatic disorders
- Substance use disorder (including withdrawal)
- Other

(Multi-select answer, please select all items that apply (listed in the Assessment, Problem list or Clinical Impression that was addressed during the visit to Parkland, or per patient's report if any other hospital).)

Other Diagnosis

PREVIOUS VISIT (the visit before the current readmission)

How many days ago was the last admission to any ED or inpatient stay when the patient was seen by psych (if inpatient, use discharge date) ?

_____ ((from provider or SW notes or previous notes under 'Chart Review' tab))

Where was this previous visit ?

- Parkland
- Green Oaks
- Timberlawn
- Hickory trails
- Dallas Behavioral Health
- Clements University Hospital
- Other

Which other place ?

Was the patient homeless ?

- Yes
 - No
- ((from SW notes at that visit))

What was the primary complaint at the time of initial presentation to the hospital (e.g. Main ED, UCC, or OB ICC)?

- Primary medical complaint
 - Capacity assessment
 - Psychiatric medications refills
 - Substance use issue (withdrawal/requesting 5, referral)
 - Intoxication primary issue (violent or disorganized behavior included if 2ndary to intoxication)
 - Psych referral - Mental health care follow up
 - Social factors leading to psychosocial stress (i.e. shelter, food, respite)
 - Symptoms of anxiety
 - Symptoms of confusion (delirium, dementia)
 - Symptoms of mania / hypomania
 - Symptoms of depression
 - Symptoms of psychosis (i.e. paranoia, disorganized thought process, hallucinations)
 - Violence: Directed towards others (homicidal, aggressive, assaultive, intending to harm others)
 - Violence: Self-directed (suicidal ideation, behavior, post suicide attempt)
 - Other
- (Multi-select answer, please choose all items the patient reported at arrival (as documented in RN or provider notes in Main ED, UCC, or OB ICC at that visit).)

Please describe the other primary stated complaint.

What was the patients discharge diagnosis (as documented in the final "Assessment and Plan" note)?

-
- No Previous Psychiatric Diagnosis
 - Anxiety disorder other
 - Anxiety disorder unspecified (NOS)
 - Bipolar Disorder
 - Bipolar disorder other
 - Bipolar disorder unspecified (NOS)
 - Depressive Disorder (Major DD)
 - Depressive disorder other
 - Depressive disorder unspecified (NOS)
 - Disruptive, Impulse control and Conduct disorder
 - Intellectual disability
 - Neurocognitive disorders
 - AMS for any other reason
 - OCD and related
 - Panic disorder
 - Personality disorders cluster A
 - Personality disorders cluster B
 - Personality disorders cluster C
 - Psychosis disorder other
 - Psychotic Disorder - Schizophrenia / Schizoaffective
 - Psychotic disorder Unspecified (NOS)
 - PTSD
 - Somatic disorders
 - Substance use disorder (including withdrawal)
 - Other
- (Multi-select answer, please select all items that apply (from SW and provider notes).)

Other Diagnosis

Who among Psych teams saw the patient ?

- No body from Psych
 - Psych in Main ED (MD Provider)
 - Psych in Main ED (NPP Provider)
 - Psych ED (MD Provider)
 - Psych ED (NPP Provider)
- (Choose all that apply)

Which Tier level dealt with the patient ?

- Tier 1 (Only SW saw pt)
- Tier 2 (Psych Team saw pt, but no observation or Collateral needed and disposition carried out after first full eval.
- Tier 3 (Pt held for obs or Collateral confirmation)
- Not applicable

Where was the disposition of the patient?

- Home
- Family member's home
- Hotel / Shelter
- Boarding home
- Crisis Residential
- Drug Rehab
- Nursing home
- Jail
- Psych Hospital
- Other
- Unknown (Pt cannot tell, records from discharging hosp not available)

Other dispo location

Which Hospital

-
- 8N at Parkland
 - Baylor Garland
 - Charlton Methodist
 - Dallas Behavioral Health
 - Green Oaks
 - Green Oaks McKinney
 - Hickory Trail
 - Mayhill
 - Methodist Richardson
 - Millwood
 - Presbyterian
 - Sundance
 - Timberlawn
 - VA Dallas
 - Zale Lipshy
 - Other

Which Rehab / Crisis Unit

- 24 hour club
- Dallas Life Foundation
- Homeward bound
- Nexus
- Salvation Army Residential (ARC)
- Souls Harbor
- Turtle Creek
- Union Gospel Mission
- Other

What was the Suicide Screen score (as documented in the "Flowsheets" tab) ?

- No Risk Identified
- Moderate Risk Identified
- High Risk Identified

What was the final risk assessment report for ACUTE Risk?

- Low
- Moderate
- High
- Provider Risk assessment wasn't required
- Was not documented despite Provider involvement

What was the final risk assessment report for CHRONIC risk?

- Low
- Moderate
- High
- Provider Risk assessment wasn't required
- Was not documented despite Provider involvement

What was the follow up plan ?

- Nothing documented about follow up
- No F/Up Indicated
- Follow up set up by us (VO Pt)
- F/up Indicated (patient to set it up)
- Patient already has f/up

REASONS FOR READMISSION

As a general assessment, does it appear that this visit was related to / or continuation of an unresolved issue from the previous visit

- Identical or very similar to previous visit
- Related but not identical
- Not related but could have been picked and addressed
- Totally unrelated

Problems with Outpatient follow-up ?

- None
- Missed appointment
- Did not understand follow-up instructions
- Clinic unable to provide services
- Other problem

Problems with Referrals ?

- None
- Did not use referrals
- Facility unable to provide services
- Referred to wrong facility
- Referrals not given
- Other problem

Problems with transportation ?

- None
- Transportation not available for medical appointment
- Transportation not available for psychiatric appointment
- Transportation not available for substance treatment
- Transportation not available for housing
- Transportation not available to obtain prescribed medication
- Other problem

Problem with Housing ?

- None
- Homeless
- Could not get in to shelter
- Banned from shelter
- Asked to leave current housing
- No ID
- Does not like or could not tolerate current housing
- Other problem

Problem with Medications ?

- No problems
- Unable to fill prescription
- Did not go to pharmacy
- Declined by pharmacy
- Unable to afford prescribed medication
- Lost prescription
- Unable to tolerate (side effects) prescribed medication
- Refused to take prescribed medication
- Did not understand need to take prescribe medication
- Forgot to take medication
- Afraid of medication
- Confused about how to take medication
- Other problem

Your opinion : Do you think any of the following could have prevented or reduced that chances of the recidivism visit.

	Strongly agree	Agree	Disagree	Strongly disagree
Filling prescriptions on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication with F/up Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication with Family or other care taker such as Case Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better availability of Dugs/ETOH resources WITHIN Parkland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better availability of Dugs/ETOH resources OUTSIDE Parkland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing Intensive Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting with existing Intensive Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short term housing solution (overnight stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term housing solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional continuity of care provided by Parkland (Treatment beyond stabilization such as treatment plan in place until f/up or prescriptions confirmed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments?

Reviewers Name

(First name, Last name)