


## SJML - Data Collection Sheet for Case Nurses for Readmitted Patient Interviews

<b>Patient Name:</b> _____					<b>Date of Admission:</b> _____					 <p style="margin-top: 10px;"><b>St. Joseph Mercy Hospital - Livingston</b> (Place patient label here)</p>	
<b>Admitting Date / Diagnoses</b> (prior hospitalization): _____											
<b>Discharge Date/ Diagnoses</b> (prior hospitalization): _____											
<b>Admitting Date/ Diagnoses</b> (current hospitalization): _____											
<b>MR#:</b> _____					<b>Case RN initials:</b> _____						
<b>Date of call:</b> _____					<b>Length of call (min):</b> _____						

#	Question	Responses							Notes/Comments/Other
		Yes	No	Don't Know	PCP	Spec.	Can't afford	Not able to	
1	How do you think you became sick enough to be readmitted to the hospital?								
2a	Did you have an appointment with your physician before you returned to the hospital?								
2b	If yes, which physician did you see?								
2c	If not, why not?								
3	Did you have any difficulties scheduling an appointment with your doctor? Describe.								
4a	Is there any reason you're not taking your medications every day?								4b. Describe:
5	Describe your typical meals at home.								
6	Staff: What do you think caused this patient to be readmitted?								
<b>Other Comments:</b> _____									