



Transitional Care Pilot Partnership Survey

(To be completed by both Home Health Agency and Hospital after patient transition)

Partnership Surveys for Home Care or Nursing Home Services or Hospital and Physicians' Offices: To learn about problems patients may encounter after discharge or during episode of care, interview a nurse, physician or manager and complete this brief survey:

Provider setting being interviewed: Home Health Agency _____
(Please check) Hospital _____
Nursing Home _____
Physician office _____

Handoff information from our hospital to your facility is accurate Yes__ No__

Handoff information from our hospital to your facility is timely Yes__ No__

Handoff information from our hospital/home health agency to your facility is useful
Yes__ No__

Information critical to understanding patient's condition is effectively communicated
Yes__ No__

Care plans are known to patients being transferred from this hospital/home health
agency Yes__ No__

What do you need from us that would help you more? _____

What are we doing now that helps you most? _____

Is there an existing partnership with this facility or office? Yes__ No__