



This is a brief assessment of your experience with the Discharge/Transfer Nursing Summary Note. There are only seven questions. Answering the questions should take less than five minutes. Your answers are confidential. Please complete this survey by 12/15.

1. In which health care facility do you work? _____
2. Please tell us about your job title:
 - a. Nurse (RN or LPN)
 - b. Case manager
 - c. Social worker
 - d. Discharge planner
 - e. Other position: _____
3. Please think about patients you have **received** or **admitted** in the past month from other providers or settings. About how often has this form come with the patient?
 - a. Never [Go to question #5]
 - b. Rarely (Less than ¼ of the time)
 - c. Occasionally (Between ¼ and ½ of the time)
 - d. Often (half of the time or more)
 - e. Not applicable (I don't receive or admit patients from other facilities at all) [Go to question #5]
4. Please rate letters 'a' through 'e' as the receiver of information using the following scale:

| | A lot better | Better | No difference | Worse | Much worse | Not relevant to what I do |
|---|--------------|--------|---------------|-------|------------|---------------------------|
| a. The information you receive now (on the Discharge/Transfer Nursing Summary Note) compared to the information received previously | | | | | | |
| b. Time needed to complete the admission process | | | | | | |
| c. Number of phone calls you must make to the sending facility for additional information | | | | | | |
| d. Receiving a comprehensive assessment of the patient's current health status | | | | | | |
| e. Your understanding of why the patient was transferred | | | | | | |



5. Please think about patients you have **sent** or **transferred** in the past month from other providers or settings. About how often has this form been sent with the patient?
- a. Never
 - b. Rarely (Less than ¼ of the time)
 - c. Occasionally (Between ¼ and ½ of the time)
 - d. Often (half of the time or more)
 - e. Not applicable (I don't send or transfer patients from other facilities at all)
6. Please rate letters 'a' through 'd' as the sender of information using the following scale:

| | A lot better | Better | No difference | Worse | Much worse | Not relevant to what I do |
|--|---------------------|---------------|----------------------|--------------|-------------------|----------------------------------|
| a. The information you send now (on the Discharge/Transfer Nursing Summary Note) compared to the information sent previously | | | | | | |
| b. Time needed to complete the discharge process | | | | | | |
| c. Number of phone calls you received from providers seeking additional information | | | | | | |
| d. Providing a comprehensive assessment of the patient's current health status | | | | | | |

7. THANK YOU for responding to these questions. If you have any other comments on the Discharge/Transfer Nursing Summary Note, please write them here:

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