



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 3/24.

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 [Go to question #7]
 - 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) [Go to question #7]
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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