

Questionnaire: Inpatient Hospital Transitions (IHT) NICU Questionnaire

IHT NICU Questionnaire

1. Member discharge/transition plan, does the hospital request outreach and assistance from the Member's RAE?

(Please select one.)

- Simple Discharge-RAE assistance declined
- Complex Discharge-RAE assistance declined
- Complex Discharge-RAE assistance requested

2. What is the anticipated level of care upon discharge/transition?

(Please select one.)

- Home
- Home with Skilled Nursing
- Long Term Acute Care
- Other

2.5.1. Please explain:

3. Are there comorbidities and/or chronic conditions impacting the member's transition or discharge?

(Please select one.)

- Yes
- None

3.2.1. Please explain:

4. Are medication barriers a risk post discharge?

(Please select one.)

- Yes
- No

4.1.1. What types of barriers?

(Please select between 1 and 11 items.)

- Dependence on High Flow Oxygen
- Financial Constraints
- Frequent Changes in Medications
- High Risk Medications
- Knowledge Deficit
- Logistical Challenges
- Polypharmacy
- Reduced Mobility
- Transportation
- Ventilator Dependence
- Other

4.1.1.12.1. Please explain:

5. Is the Member expected to discharge/transition with more than 10 medications? (Please select one.)

- Yes
- No

5.1.1. Please explain:

6. Member is pending transition/discharge but has needs that may be a barrier to transition/discharge?

(Please select between 1 and 14 items.)

- Behavioral Health Needs
- Cognitive Disability
- Durable Medical Equipment
- Home Health
- Occupational Therapy
- Personal Care Services
- Physical Disability
- Physical Therapy
- Private Duty Nursing
- Skilled Nursing Need
- Speech Therapy
- Supplies
- Wound Care
- Other

6.15.1. Please explain:

7. Has the hospital identified a risk of readmission for the member?

(Please select one.)

- Yes
- No

7.1.1. Please explain:

8. Please provide any additional information for the RAEs not previously mentioned:

9. Point of Contact Name:

10. Point of Contact Hospital:

11. Point of Contact Phone Number:

12. Point of Contact Email: