



New York State  
Partnership  
for Patients  
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Readmission Reduction Through  
Partnerships with Patients and Families  
Hospital/Skilled Nursing Facility Collaborative

Evaluation

Name of Hospital or Skilled Nursing Facility: \_\_\_\_\_

Please rate the following by placing a check mark in the appropriate box:

	Excellent	Good	Fair	Poor	N/A
<b>Extent to which program objectives were met</b>					
Building and strengthening relationships across care settings					
Incorporating the patient and care partner into the care transitions process					
Standardize communication and information exchange processes					
Development of care transitions teams across care settings					
<b>Amount of useful information and ideas provided</b>					
Chance that the information provided will improve effectiveness and results					
Chance that the collaborative meetings will continue					
Chance that future collaborative meetings will include additional post-acute care partners					
<b>NYSPFP team</b>					
Knowledge of content and process improvement strategies					
Quality of team meetings					
Overall satisfaction of collaborative					

Please list any additional comments or questions that you may have:

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Please list any suggestions you have for future performance improvement initiatives related to readmission reduction:

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What have you found most helpful about the collaborative?

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