Question 1

- Original:

Did your health-care providers explain to you what your problem or diagnosis is, what steps were done to further explore that condition, what treatment was undertaken, and what will still need to be done after discharge?

- Revised:

How often do inpatients receive information about their diagnosis, steps done to explore it, treatments undertaken, and what needs to happen after discharge?

Question 3

- Original:

How can patients, family members, other caregivers and heath care teams work together to create effective discharge experiences that allow patients to feel empowered to manage their health once they get home?

- Revised:

For inpatients and or caregivers, what comprises a collaborative discharge process that allows them to feel empowered to manage their health at home?

Question 6

- Original:

How can we ensure shared decision-making and that patients and families are included in treatment decision-making and goals of care discussion?

- Revised:

What shared decision-making interventions ensure the patient's and surrogate's goals of care and treatment are defined?

Question 7

- Original:

How can education on medications, medical conditions, hospital care and discharge be better coordinated by the care team, and not so confusing and overwhelming to patients?

- Revised:

Does providing hospitalized patients and families with a transitions of care coach for coordinating education in medications, medical conditions, hospital care, and discharge improve patient and family-reported outcomes?

Question 14

- Original:

How do we ensure that information provided by the care team during hospitalization and at discharge was clearly understood and clearly communicated by patients and caregivers?

- Revised:

What are effective strategies to identifying and overcoming barriers to comprehension of information delivered to patients/caregivers during hospitalization?

Question 18

- Original:

Who do I call if I have any questions after I have been discharged?

- Revised:

What are the best methods for patients/caregivers to communicate questions to their healthcare team after discharge?

Question 21

- Original:

How can the hospital discharge hand off to other care facilities (e.g. SNFs), primary care providers and specialists be made smoother?

- Revised:

What are the best practices for transitions in healthcare?

-or-

How can transitions of care be more efficient and effective?

Question 23

- Original:

How can we use telemedicine technology to improve transitions of care and reduce re-hospitalization?

- Revised:

Can telemedicine technology be used to improve transitions of care or reduce 30-day readmissions compared to current standards in hospitalized patients?

Question 30

- Original

Which interventions improve medication reconciliation at key time points of the care trajectory (hospital/home, admission/discharge) and what are each intervention's outcomes?

- Revised:

What and when are the best ways to achieve medication optimization throughout patient transitions?

Question 33

- Original:

What are patient expectations related to the treatment of pain/ chronic pain?

- Revised:

During hospitalization, what are patient expectations for pain management?

Question 36

- Original:

Can hospital staff be more transparent about hospital practices (e.g. parking, cafeteria, rules about protocol for entering patient rooms, rounds, sleep interruptions)?

- Revised:

Would providing hospitalized patients and their care gives access to patient navigation resources result in increased satisfaction compared to current standards of care?