

HealthLeaders *Media*

Outsourcing Discharge Follow-up Calls Keeps Nurses at the Bedside

Mark Williard, for HealthLeaders Media, October 5, 2009

The head wound patient in the emergency department's bay three just threw up and a patient discharged over the weekend needs a follow up call regarding how he is recovering from his complicated procedure. Which patient is the priority? This dilemma is all too common for nurses and healthcare organizations that are striving to manage quality and patient satisfaction.

Study after study has shown that patients who have more interaction with nurses express higher satisfaction rates and increasing nursing time at the bedside has been shown to improve overall quality scores. The challenge, of course, is to reduce the administrative burden nurses carry so they can spend more time at the bedside. Studies conducted several years ago at Cedars-Sinai Medical Center in Los Angeles indicated that, on average, nurses spend as little as 25% to 30% of their time at the bedside, though many hospitals are successfully working to increase that percentage.

Given the positive effect nurses have on patient satisfaction

and quality, reducing the administrative burdens of frontline nurses should be one of the top priorities for nursing managers.

Nurses' responsibilities

In the wake of the country's nurse shortage, many nurses are wearing more than one hat during the workday, often taking their attention away from caring for patients at the bedside. One activity stealing this time is the responsibility to place calls to patients who have been discharged and need follow-up clarification on discharge instructions and prescribed medication. Nurses struggle to find time for this task while attending to their current patients.

These calls clearly have their place. The U.S. Agency for Healthcare Research and Quality recently cited that 20% of patients have a "complication or adverse event" after leaving a hospital. Many avoidable errors are due to patients misunderstanding post-discharge instructions such as cleaning a surgical site or taking prescriptions in correct

doses. Follow-up phone calls educate patients and can help prevent further complications. However, these calls can be time consuming for busy nurses.

Considering there is an average of 120 million ED discharges annually in the United States, let's assume healthcare organizations conduct follow-up calls with 40% of that population with an average call taking five minutes. This translates into at least 150 million minutes, or 104,166 days, on the phone reviewing post-discharge instructions—and that's for ED patients alone.

Additional resources

One solution for some facilities has been to assign post discharge calls from nurses to centralized call centers staffed by trained call advisors or experienced nurses. Some facilities choose to create their own in-house call centers, while others rely on outsourced healthcare call centers. In either case, well executed programs can have a significant effect on nurses' job satisfaction—as nurses benefit from a reduced workload—and patients' satisfaction scores, as patients

who receive post-discharge calls have been shown to have a more favorable impression of their care overall.

Medical City Hospital in Dallas is one facility that has outsourced its patient calls.

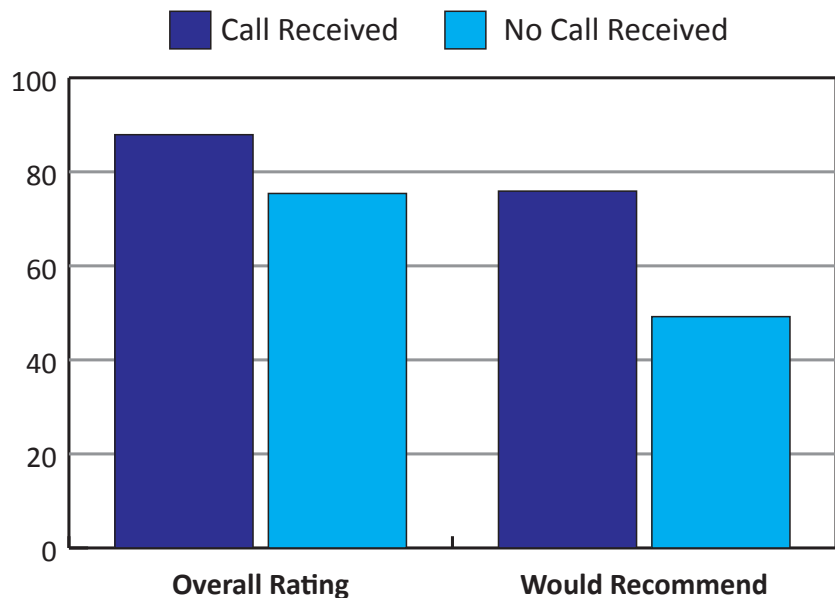
“We wanted to reduce or eliminate the need for our nursing staff team to engage in post-discharge calls if it meant they would be distracted from their current patient care duties,” says Britt Berrett, president and chief executive officer. “Using an outsourced call center staffed with personnel who are trained to answer clinical questions was the best choice for us.”

Results

The imperative to follow-up with patients after discharge is high because we know discharged patients can become readmissions if they fail to recognize the early onset of complications or if they fail to follow discharge instructions. However, there are two new factors spurring urgency in this arena. Medicare is positioning to eliminate payments for avoidable readmissions within 30 days of discharge, and it is tying reimbursement to HCAHPS patient satisfaction scores, making this an administrative priority for hospitals.

Many organizations are finding the right post-discharge program can help meet these challenges. A 200-plus bed Midwest hospital implemented a proactive call program for discharged ED patients and found a significant relationship between post-discharge calls and satisfaction scores. The chart below depicts

Overall Impressions by Score



the feedback generated based on a survey of 125 ED patients discharged between April 1 and June 30, 2009.

The scores represented above for overall rating shows the percent of patients who reported good, very good, or excellent care overall. The ‘would recommend’ data shows the percent of patients who said they would “yes, definitely” recommend the hospital to friends and family. Patients who received post-discharge calls were more likely to report good or better ratings of their overall care than their counterparts, and were more than 25% more likely to recommend the hospital.

One Florida hospital that aggressively used an outsourced call center strategy to manage inquiries from discharged patients uncovered an additional financial incentive. It estimated that it saved more than \$11 million in one year by providing appropriate telephone triage that prevented readmissions.

From both the financial perspective and the quest to drive clinical quality, providing proper patient follow-up demands special focus and a selective strategy in order to reduce this common burden on nursing staff. If handled well, nurses and patients both benefit.

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