

Healthcare Benchmarks and Quality Improvement

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Hospital uses service for follow-up calls

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Patient satisfaction rises

Calling patients after hospital discharge is a good quality improvement and patient satisfaction strategy, but it is often difficult to implement because of resource restraints.

San Juan Regional Medical Center in Farmington, NM, found a solution that has worked well for its facility: using an outside contractor to make the calls.

"We had our own in-house call center, and the nurses who did the Ask a Nurse line made the follow-up calls," says Catherine Zaharko, vice president of marketing at San Juan Regional Medical Center. "But there were a number of reasons why that wasn't working," Zaharko says. The chief problem was the hospital couldn't keep the nursing coverage it needed for the call center because of a nursing shortage in the region.

"So, we contracted out for the Ask a Nurse line, and we asked them to do the discharge follow-up calls, too," Zaharko says.

This provided consistency for the services. The Ask a Nurse line could be operated on a round-the-clock basis, and the discharge follow-up calls were reliably made within 24 to 72 hours post-discharge.

The discharge calls help the hospital identify areas that need improvement and help provide care continuity and safety to patients once they have left the hospital.

Patient safety is the top priority, Zaharko notes.

"We want to know if the patient is OK, if patients are taking their medications, if patients have someone at home to help them if they need assistance," she says. "The most important thing is patient safety."

These post-discharge calls also can have the side benefits of reminding patients to see their community physicians and identifying obstacles to their continuing medical stability, she adds.

"We can identify other things that might make it difficult for the patient to follow their discharge instructions and maybe find ways to help the patient be more compliant and avoid a readmission or emergency room trip," Zaharko says.

Another benefit is the information can help the hospital identify trends.

"Is transportation a problem for people in our community after discharge? Is access to 24/7 pharmacy an issue?" she says. "We could find a way to address these issues."

First, the hospital had to change its questions to make them more specific.

"We had been asking a lot of questions we thought were pretty soft," Zaharko says. "So, we changed our survey to make it far more specific: 'Do you have transportation? Do you know how to use your medications?'"

For example, San Juan Regional Medical Center has identified two

trends from the discharge follow-up calls. The first involved whether or not patients could identify who their nurse was vs. other caregivers, Zaharko says.

"We found that patients did not distinguish between caregivers," she explains. "So, we put a new process in place so that the patient does know who the nurse is."

A second trend involved hand-washing.

"We found that patients and their families were not aware when caregivers washed their hands upon entering or leaving their room, so we began hand-washing instructions by caregivers to patients to raise awareness," Zaharko says.

From the hospital's perspective, the post-discharge calls work, because these are seen by patients as a seamless part of the hospital's healthcare service.

"We will make a call to a patient who has been discharged from the hospital or emergency room within 24 to 72 hours after their stay," says Mark Williard, senior vice president, product management, at The Beryl Companies of Bedford, TX, which provides the post-discharge calls for San Juan Regional Medical Center.

"We look to see if they were satisfied with the services they received, how they were treated by nursing staff, and what they thought of their room and food services," he says. "We also give them an opportunity to highlight any good services they have

(over)

received, such as a particular nurse who treated them well.”

Hospitals use the kudos to recognize staff members found to be doing an especially good job.

“These first calls are made by non-clinicians, but they can result in a referral to a nurse if a problem is discovered,” Williard says.

“Called ‘escalations,’ these complaints might result in the call center staff notifying a nurse or the hospital for follow-up calls or treatments,” he adds.

“If something arises, typically it will occur in the first 24 to 72 hours, so if a patient has a fever that won’t go away or a new pain or some new condition that wasn’t apparent at discharge, then nurses escalate those back to the hospital for treatment,” he says.

“We find that fewer than 2% of calls wind up with an escalation, so it’s not a huge issue for the hospital,” Williard says.

Often, a patient might need more information or have a minor complaint, and all of these are transcribed and recorded for the hospital to review if necessary.

“These would be issues that do not need to be handled right away,” Williard says. “Emergency service issues are rare, but on every call we have information that will help with future changes in care.”

The call service also provides a second type of call (called a clinical call) that is made by a nurse, also within 24 to 72 hours post-discharge, he adds.

“These are placed to higher acuity level patients and to those with higher risk of readmission,” Williard says. “With those calls, our focus is on trying to identify whether patients have a situation that could lead to a readmission.”

“Hospitalists at San Juan Regional Medical Center identify patients at risk for readmission, and then all of these patients are called post-discharge by a non-clinician,” Zaharko says.

The patients are asked these questions:

-How do you feel today?

-Have you gotten your prescription filled?

-Are you taking your medication as prescribed?

-Do you understand your discharge instructions?

-Did you make an appointment with your primary care physician?

At San Juan Regional, the patient calls are escalated to a hospital nurse if there are any medication or other clinical questions, Zaharko notes.

“We want those kinds of calls escalated to our clinician so we can identify if we’re being clear enough with our discharge follow-up instructions,” she adds. “We want to make sure our nurses are providing enough information for the patient.”

Other healthcare facilities may choose to have a contractor’s call center nurse handle those calls.

“Our nurse is logged into the medical record of the client, and so if the patient has any questions about the discharge, then the nurse can clarify those for the patient,” Williard says. “We accept this call for those facilities that have electronic records, but we have faxed solutions for those without an electronic record.”

As increasing numbers of hospitals move to electronic medical records (EMR), the discharge follow-up process will be more seamless, Williard predicts.

“Our vision is that anything that happens on this call will go on an EMR, so there will be a history of all points of care, including what happens on the discharge call,” he says.

The post-discharge services result in higher patient satisfaction, according to data Beryl collected as part of pilot studies. In one case, the survey showed that patients who were called after discharge reported satisfaction with their hospital stay 76.4% of the time vs. 72.5% for patients who had not received the call.

On some measures, the difference was more striking. For instance, when asked if nurses listened carefully to them, patients who received the post-discharge call expressed satisfaction 81% of the time, vs. 69.1% for those who did not receive the call. Also, when asked whether the staff did everything to help with the patient’s pain, patients who received the post-discharge call were satisfied 83% of the

time vs. 75.2% for those who did not receive a call.

Post-discharge calls to patients are the right strategy and should be routine, Williard says.

“One of our clients said, ‘You know, I get a call from the vet after my pet has been seen, and it’s the right thing to do after our patient has been seen,’” he says. “Discharge calls can provide a warm touch and collect any information that might improve care.”