Post-visit phone calls improve clinical outcomes, increase patient satisfaction, and decrease costly and unnecessary return visits to the emergency department as well as readmissions to the hospital. In one study of 400 patients, almost 1 in 5 patients reported an adverse event after discharge.\(^1\) Forty-eight percent of those events were preventable! In an August 2005 follow-up study, the researchers found that of those adverse events reported by patients in the original study, 71% were significant, 13% were serious, and 16% were life threatening.\(^2\) Because most emergency departments only admit 14% to 18% of their total patient volume, more than 80% of patients will return home after their ED visit.

Yet, one study found that 65% of discharged patients said no one talked to them about managing their care at home.\(^3\) Many patients will be confused or misunderstand their discharge instructions. They may not fill their prescription because of cost, concerns, or questions. In fact, according to an article in the February 2003 issue of Annals of Internal Medicine, the authors noted that confusion or misunderstanding about discharge is 1 of the top 8 patient dissatisfiers and frequently leads to noncompliance with physician discharge orders, particularly around medication administration.\(^1\) As a result, the authors noted that it is crucial to contact patients within the first 72 hours after discharge to minimize adverse events and improve clinical outcomes. In my experience, ED post-visit phone calls are most effective (to show care and concern, improve clinical outcomes, and decrease readmissions) when made within 72 hours of discharge.

Before You Begin Making Calls

Similar to rounding for outcomes (described in my recent article “Rounding for Outcomes: An Evidence-Based Tool to Improve Nurse Retention, Patient Safety, and Quality of Care”)\(^4\), post-visit phone calls also provide an opportunity to harvest reward and recognition for staff and physicians, learn about the patient’s perception of care, gather process improvements, and identify trends.

Patients will tell you who your high performers are and where your opportunities for improvement lie. For example, patient satisfaction studies of emergency departments consistently show that patients’ top priorities are (1) managing pain well, (2) understanding their plan of care, and (3) being kept informed about delays. If you consistently hear patients say that staff were rude or rushed or they did not understand what to do when they went home, you can address these trends.

If you have not hardwired leader rounding on staff and patients before beginning post-visit phone calls, you will hear many complaints on the calls. By addressing the things that staff and patients tell you need to be fixed during the patient experience, you will obtain more wins during the follow-up calls. It is crucial to hardwire leader rounding on staff and patients before implementing post-visit phone calls to be successful. This sequencing also ensures that you have an effective accountability system in place to address follow-up concerns or complaints you identify during discharge phone calls.
Sample: ED Post-visit Phone Call Template

To be completed at time of discharge-

1. In order to provide _________ care, we would like to follow-up with a phone call in the next few days. May we have your permission to contact you?  Yes  No

2. Please verify your phone number:

3. What is the best time to reach you at that number?  Morning  Afternoon  Evening

4. Do you have any questions or concerns before you are discharged?

Follow up call

Attempts to contact:  Date  Time  Initials
Date  Time  Initials

Introduction

My name is ________. I am a nurse calling from ________. Dr. ________ asked that I call to see how you are feeling.

Comments: ________________________________________________________________

1. Are you having any pain?  Yes  Pain Level ________  No  N/A
How are you managing your pain?  Medication  Heat/Ice  Elevation  Other

2. Have you filled your prescriptions (if applicable)?  Yes  No (review)  N/A

3. We want to ensure you understood your plan of care. Did your discharge instructions answer all of your questions?  Yes  No (review)

4. Do you feel you were kept informed during the duration your stay?  Yes  No (review). Comments ________________________________________________

5. Have you made a follow up appointment?  Yes  No (review)

Closing

6. We always want to make sure our patients receive _________ care. May I ask how your overall care was? _______________________________________

7. What is one thing you feel we could do to improve? _______________________________________

8. Are there any individuals whom you would like me to compliment for the care they provided? _______________________________________

Thank you note sent  Yes  No
Further Follow up  Contact MD  Contact Charge Nurse  Contact Nurse Mgr
Other
Signature of RN ___________________________ Date/Time ___________________________

FIGURE 1
Sample ED post-visit phone call template. N/A, Not applicable; MD, doctor of medicine; Mgr, manager, RN, registered nurse. Reprinted with permission from the Studer Group.
How and When to Make the Calls

The long-term best practice goal is to attempt to call 100% of eligible patients discharged home, reaching 60% of patients within 72 hours after discharge from the emergency department. Why? Research shows that more than 90% of adverse events will happen within the first 72 hours of discharge. Ineligible patients include those who were admitted or transferred, psychiatric patients, or those who died in the emergency department.

Calls should only take 2 to 3 minutes each. One easy model to follow is to have the night shift prepare the list of eligible patients to call and pass this on to the day shift each morning. The day-shift charge nurse distributes the calls evenly among all staff members and physicians who will be working that day and evening. Each person is responsible for completing their assigned calls during their shift. Calls are typically made between 8 AM and 8 PM using a standardized question template that focuses on key questions to ensure consistency (Figure 1). Ask staff to attempt each call 3 times. Decide within your organization if employees will leave a Health Insurance Portability and Accountability Act–compliant message when they cannot reach a patient. If so, agree upon what they will say.

Documentation is crucial to the overall success of discharge phone calls and must be considered an “always” behavior when making calls. Successful emergency departments use a standardized question template that staff uses to document at the time of the call. The manager collects and reviews these daily for the purpose of sharing wins and opportunities with staff and physicians. Documentation also allows you to identify trend issues that need resolution or course corrections. Leaders should share results daily in huddles or stand-up meetings and discuss findings weekly with their management team to determine appropriate courses of action.

Who Makes the Calls

I find that in high-performing emergency departments, all nurses and physicians participate in making calls daily. This creates awareness and buy-in from the team of caregivers about the strengths and opportunities that exist in the department.

ED support staff can also make post-visit phone calls. Many emergency departments have successfully used greet-
ers, volunteers, access/registration staff, ED technicians, unit secretaries, and staff on light duty. When using non-licensed staff, it is critical to provide adequate training and ensure that there is a clear process for them to follow if the patient needs to be referred to a nurse or physician for follow-up. Many emergency departments have the shift charge nurse on point to take immediate calls that require clinical follow-up.

Track Your Calls

Just like with rounding for outcomes, tracking results is integral to success. If you are using a manual system, ask staff to place their completed post-visit phone call logs in a central place at the nurse’s station once they are complete (Figure 2).

At the end of the day or the next morning, the manager or charge nurse can review the tracking logs for trends and opportunities and enter key data into a central spreadsheet. By logging the number of calls attempted and percentage contacted, you will learn how well the process is working and who is making calls. Higher contact rates correlate with better results. In my experience, emergency departments will begin to yield results when they attain at least a 60% contact rate.

Return on Investment

Those high-performing emergency departments that are calling 100% of eligible patients discharged home and reaching 60% of them are experiencing a number of positive outcomes as below.

Higher Patient Satisfaction

Post-visit phone calls are a “wow” factor for patients. In my experience, post-visit phone calls typically increase patient satisfaction 25 to 30 percentile points. In fact, Hackensack University Medical Center in Hackensack, New Jersey, tested the impact of ED post-visit phone calls by adding a question to their patient satisfaction survey: Did you receive a follow-up phone call the day after your visit? Patients who received a call were far more likely to recommend the hospital (98th percentile) than those who did not receive a call (56th percentile).

Increased Understanding of Discharge Instructions and Lower Readmission Rates

In the Hackensack study, there was also a difference of 7 mean points in how well patients understood discharge instructions—which represents the difference between ranking in the bottom quartile or top decile of this vendor’s ED national database. The calls provide an additional opportunity for the patient to ask questions about medication and discharge instructions. This in turn increases patient compliance with physician instructions for better clinical outcomes. As a result, there are fewer return visits to the emergency department.

Higher Employee Engagement

Staff who make discharge phone calls feel strongly connected to purpose, worthwhile work, and making a difference. They tell me that they feel a sense of doing what they went into emergency medicine to do and have a greater sense of confidence that their patients are receiving quality clinical care and understanding the physician’s discharge instructions.

Fewer Patient Complaints

If you have hardwired leader rounding first as recommended previously, you will most certainly hear fewer patient complaints when you make post-visit phone calls. In fact, fewer complaints during the calls will help you to validate that the changes you are making during the patient experience are working.

Greater Patient Loyalty and Market Share

Post-visit phone calls bring positive word of mouth that inspires patient loyalty and grows your volume, not just from patients but from your staff, who will tell people in the community how proud they are to work in your emergency department.

Conclusions

With results like these, how can you afford not to make post-visit phone calls? Having made hundreds of calls myself and having worked with many leaders, I know that once you make the calls and experience the value, you will never go back. Post-visit phone calls provide a quick return on the investment of your time. Within 60 to 90 days, your staff will be happier, and you will have fewer patient complaints and benefit from fewer readmissions to the emergency department.

REFERENCES


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