“Listening to Your Patients: They Want Discharge Calls”

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Conducting follow-up calls to patients after they have left a hospital is an established industry best practice for care coordination. Providing outreach within the first 48 hours ensures a patient’s safe transition to home. It is during this window of time that patients are at greatest readmission risk and often haven’t followed up with their physician (Jenks, Williams & Coleman, 2009). Even with ample evidence substantiating the importance of additional outreach, not all hospitals effectively re-engage with patients who have left their facility to ensure their needs were fully met.

**It’s What Patients Want**

In February 2013, National Research Corporation polled 21,236 individuals for their opinions on discharge calls as part of its consumer perception program (Market Insights Survey, 2013). Questions asked included:

- Some hospitals call each of their patients to check on them after they’ve gone home. They make sure patients do not have any questions about their care or their medication. Do you think patients could benefit from a call like this (Yes/No)?
- A hospital that calls to check on their patients after they’ve gone home…” response options were randomized and respondents were encouraged to select all items that applied:
  - Is striving for high quality care
  - Is ensuring patient safety
  - Has caring doctors and nurses
  - Is trying to make more money
  - Is intruding on patients’ privacy
- I would rather use a hospital that calls to check on its patients than a hospital that does not (Yes/No).
- Have you or a family member ever received a call like this from a hospital (Yes/No)?

*Do patients believe receiving a discharge call has value?* Over 88% of individuals surveyed reported yes (Figure 1). Organizations that have not started a formalized program or are having difficulty hardwiring their discharge call process are behind the curve in delivering a service that patient’s state they want.

*What do patients believe about hospitals that conduct an outreach call after their departure?* Patients viewed hospitals that conduct outreach calls as (in order of prevalence): Striving for high quality care (54%); Ensuring
patient safety (53%); Caring doctors and nurses (47%); Trying to make money (4%); Intruding on patient privacy (2%) (Figure 2). Delivering quality, ensuring safety, and having caring staff are all consumer perceptions of hospitals that have a discharge call program.

**Would patients prefer a hospital with a discharge call program?** Over 72% of respondents either strongly agreed or agreed that they would rather use a hospital that calls to check on patients after discharge, and only a quarter of individuals responded with neutrality (Figure 3). This suggests there is very little risk to hospitals implementing a discharge call program from a consumer perspective.

**Do hospitals deliver on discharge calls?** Even though over 88% of patients believe a follow-up call is desirable for ensuring a safe and ideal recovery, less than half (46%) of patients reported receiving a call on their own behalf or for a loved one (Figure 4). Often this is due to resource constraints by the hospital—finding the staff or time.

If patients want a discharge call, and best practice indicates hospitals should be providing follow-up outreach, how does a program become built?

**Jumpstarting a Discharge Call Program Infrastructure**

**Leveraging Need.** The first step is to determine where the need for a discharge call program is best leveraged internally. Hospitals often have multiple initiatives occurring at once, and competing priorities are commonplace. Leveraging need includes identifying burning platforms for change, assessing the organization’s internal ‘present state’ of discharge calls, and understanding where commitment can be mobilized among the team. These elements create the infrastructure for a sustainable and effective discharge call program.

**Identify Burning Platforms.** The Affordable Care Act signed into law on March 23, 2010, has increased the focus on organizational outcomes for every hospital across America. In general, there are four areas addressed within the legislation: stronger consumer rights and protections, more affordable healthcare coverage, better access to healthcare, and provisions that are intended to strengthen the Medicare program (The White House, n.d.). Under the Act, hospitals with high 30-day readmission rates are subject to penalty for patients hospitalized due to congestive heart failure, pneumonia, and acute myocardial infarction, chronic obstructive pulmonary disease, coronary artery bypass graft surgery, percutaneous transluminal coronary angioplasty, and other vascular procedures. The Act gives organizations time to adjust, with the first three conditions already implemented under the legislative timeframes, and the remaining conditions to be implemented in 2015. Additionally, hospitals are subject to a 1.0% reimbursement withholding of Medicare patient diagnostic related grouping (DRG) reimbursement from the Centers for Medicare and Medicaid Services (CMS), which will increase by 0.25% per year from the legislative implementation until a 2% threshold is reached in 2015. The withheld return is based upon hospital performance of their Hospital Consumer Assessment of Healthcare Providers (HCAHPS) survey outcomes.

Because of recent changes in healthcare legislation, timely access to performance data has become increasingly important. Organizations have turned to HCAHPS results and other performance metrics to identify opportunities for improvement and evaluate their progress. A close analysis of HCAHPS outcomes coupled with information about an organization’s readmission rates, for example, may help to identify areas for improvement for future patients. Information gathered within 24 to 48 hours post-discharge, however, may help to identify areas for improvement for those patients who have just left the healthcare setting. Discharge calls are an organization’s opportunity to address these issues in real-time and work to prevent readmission and poor patient
experience ratings. Data gathered through discharge calls help organizations to identify where to focus their limited attention and resources through improvement initiatives.

**Assess Present State.** Prudent determination of next steps includes assessing the present state of an organization’s discharge call program. After identifying areas of need, it is important to determine what, if any, initiatives are currently underway to address those needs, and to evaluate the efficacy of those programs. Begin by identifying which units have implemented a discharge call program. Next, evaluate how well the programs are working (e.g., the frequency of outreach, contact rate, and number of issues identified and resolved) as well as the ability to monitor for quality, consistency of calls, and follow-up. And finally, determine if the program is sustainable based on the staffing model and department within which it is housed.

**Know Your Champions & Team.** As the organization’s present state is assessed, identification of internal champions becomes essential. Keeping a discharge call program ‘front and center’ is imperative for maintaining focus and ensuring necessary process improvements based upon the unfiltered patient voice. Senior leaders who can help support the discharge call program efforts should be identified and engaged early in the process. In addition to one or more executive-level sponsor, it is also important to have the support of someone who will interface daily with the individuals engaging in follow-up calls. This person, who is often part of the Quality department, helps to translate and communicate learnings across the hospital to drive improvement. The successful implementation of a discharge call program becomes evident when follow-up calls become part of the culture of the organization.

Finally, it is important to consider the skills and strengths of the individuals completing the outreach. This interaction is often the final impression of a patient’s stay. Individuals engaged in patient outreach need to be well versed in clinical and service recovery skills to address additional triaging that may come up during the call.

**Mitigating the ‘Accountability’ Barrier**

Significant barriers to program adoption are often a lack of resources to complete the discharge calls and holding the organization accountable to acting on issues that are uncovered in the process. Organizations often fail to create the infrastructure needed to track and monitor outcomes in real-time. However, technology is available where organizations can do this successfully while reducing their staff resources and operational overhead required for maintaining a discharge call program. Similar to leveraging technology to adopt a system of Electronic Health Records, organizations need to be looking for ways to remain nimble in the rapidly changing healthcare environment.

Aligning the discharge call program with strategic organizational initiatives helps to overcome challenges caused by lack of resources and accountability. Feedback received from patients transcends the nursing department and the individuals tasked with completing discharge calls, where it provides key information to leaders being held accountable for quality improvement at an organizational level. In an era of increasingly customer-centric healthcare, discharge calls have become a differentiator among hospitals as consumers are making their healthcare decisions.

Incentivized reimbursement, increased legislative focus on clinical outcomes, and accelerated importance on patient experience metrics has created a healthcare landscape in which it is critical to remain invested in patient care even after a patient has left the facility. Consumers are aligned with organizations in understanding
the importance and necessity of outreach after a hospital stay. Percent of market share, word of mouth, and patient perception are all important elements that drive where patients seek care when they need services, and research indicates that patients want and see value in post discharge follow-up calls. *Listen to patients—it’s what they want.*