



Improving Post-Discharge Phone Call
Rates Using Health Scholars
A Case Study: St. Francis Medical Center

Improving Post-Discharge Phone Call Rates Using Health Scholars



Background: Benefits of a Post-Discharge Phone Program

Hospitals have improved patient outcomes and patient satisfaction scores via implementation of a successful post-discharge phone call program to achieve:

- Improved patient outcomes:
 - Patients receiving a post-discharge call were 23.1% less likely to be readmitted compared to patients who did not receive a call¹.
- Early detection of adverse events and more rapid problem resolution:
 - Out of 40,000 individuals interviewed during a post-discharge call, 21% reported an adverse event or problem², which was able to be addressed and resolved.
- Higher patient satisfaction scores:
 - There is a strong association between post-discharge calls and “likelihood-to-recommend the hospital” rating on a Press Ganey survey³.

A combined decrease in hospital readmissions and increase in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores positively affects a hospital’s Value Based Purchasing score and reduces payment penalties for readmissions.

¹ Patricia L. Harrison, MPH et. al. "The Impact of Postdischarge Telephonic Follow-Up on Hospital Readmissions." *Population Health Management* (2011): 27–32. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC_3128446/>.

² Loudon, Kathleen. *SHM 2009: Postdischarge Adverse Events Are Common, But Not as Common in Elderly*. May 2009. April 2013. <<http://www.medscape.com/viewarticle/703131>>.

³ David A. Guss, MD et al. "The Impact of Post-Discharge Patient Call Back on Patient." *The Journal of Emergency Medicine* (2013): 236– 241. <<http://www.emergencyexcellence.com/impactofpatientcallbacksJEM.pdf>>.

The benefits of reconnecting with patients post discharge are clear; however, allocating adequate resources to ensure a successful, formal post-discharge phone calls process has been a struggle for most hospitals.

The Problem

The most common barriers to establishing a formal post-discharge phone calls process are:

- a) Resistance from nursing staff to take on an additional task, and
- b) Lack of structured training for conducting post discharge calls⁴.

St. Francis Medical Center (SFMC) in Lynwood, CA experienced these barriers when hardwiring the post-discharge phone call process on inpatient units. However, it pursued a difference approach – a solution which has sustained positive results over the 5-month period since implementation.

The Solution

SFMC partnered with COPE Health Solutions' Health Scholar Program⁵ to first increase the number of post-discharge phone calls made (percent of calls attempted) and subsequently, increase the number of patients actually interviewed (percent of calls completed).

The initial goal of Health Scholar involvement in the post-discharge phone calls process was to jumpstart the process for inpatient units towards achieving a 100% attempt rate during the implementation phase.

Nine out of 320 Health Scholars from SFMC's Health Scholar program were selected to participate in the initiative under direct supervision from

“With supervision and guidance from the nurses...Health Scholars were able to jumpstart the discharge phone calls process for my nursing staff during the first phases of the process. This gave my nurses time to acquaint to the process and our numbers have boosted ever since.”

Jason Sydenham, RN, MBA
Clinical Manager, 4th Floor & 2
East Med/Surg Units (April 2013)

⁴ Kristin Baird, RN, BSN, MHA. *Post-discharge Calls: Review the pros and cons, then just do it.* 2010. Website. April 2012. <<http://baird-group.com/articles/post-discharge-calls-review-the-pros-cons-then-just-do-it>>.

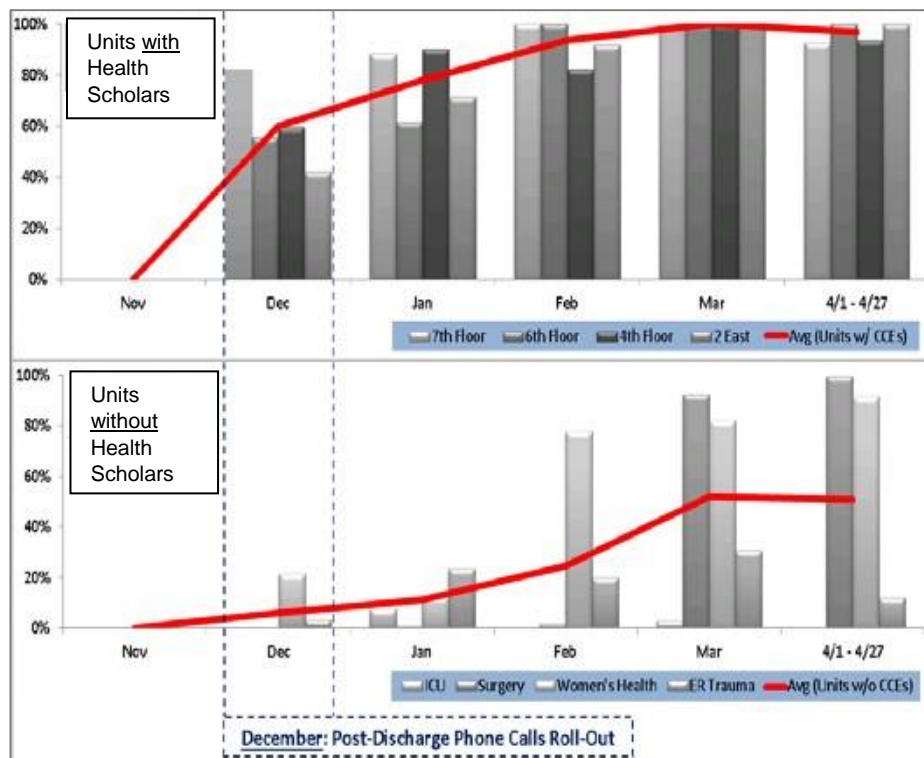
⁵ The Health Scholar program is a structured, professional experiential program designed to expose and train college & university-level students and career transition individuals to the realities of various health care professions.

nursing staff. Selected Health Scholars received a 3-hour training from SFMC's Patient Advocate/Satisfaction Coordinator and completed a training competency checklist signed off by SFMC's trainer. Health Scholars initiated all post-discharge phone calls by following a pre-approved script and forwarded all calls requiring clinical intervention to the nursing staff.

Results

Health Scholars were able to jumpstart the discharge phone calls process for four units – 7th, 6th, 4th floors and 2 East. Figure 1 indicates the catalytic effect of Health Scholar presence on achieving 100% attempt rates – all units on which Health Scholars assisted with the discharge phone calls process reached a 100% attempt rate within 3-4 months of implementation compared to units without Health Scholars. St. Francis Medical Center has benefited from an already-existing resource (Health Scholars) by reaching successful results more rapidly.

Figure 1: Average % Attempt Rates for Units with Health Scholars vs Units Without Health Scholars



Between 12/1/12 and 4/27/13, Health Scholars made a total of 1,971 post-discharge calls – spending on average 6 minutes and 11 seconds per call – yielding an impact of 208.4 nursing hours saved over a period of 5 months, which were reallocated to direct patient care.

Conclusion

The post-discharge phone calls initiative, in partnership with St. Francis Medical Center and COPE Health Solutions, resulted in a faster yield of 100% attempt rates for units that utilized Health Scholars compared to units that did not have Health Scholars. This unique solution indicated that Health Scholars are a resource on which the hospital could depend to rapidly produce successful results, especially in the first phases of initiative implementation with hospital staff. This study will be revisited after Health Scholars begin attempting post-discharge calls on hospital units that experienced a less rapid success rate at St. Francis Medical Center.



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