



## POST VISIT CALLS

Solution

### *What...*

Utilizing a systematic process for making a post-visit call to a specified group of patients (or their designee) to extend the continuum of care to follow up to provide additional support and clarify instructions. These calls are part of the quality care continuum as patients transition to home or another level of care.



Discharge from any setting is a time of overwhelming concern and confusion for patients. Research shows that confusion over discharge instructions is one of the top patient dissatisfiers.

From several studies, the benefits of such calls can improve patients' clinical outcomes, engagement, and compliance with the plan of care, reduce chances of being readmitted or seeking emergency care, and increasing satisfaction with the care received.

The Annals of Internal Medicine published a study that revealed 19% of patients reported adverse events (drug events and procedure-related injuries) post-discharge. 48% of these were preventable.

Maybe you've considered post visit calls to be "nice, but not necessary." Or, maybe you've considered them to be only about checking in on the patients' satisfaction. While these calls do promote a feeling that patients are cared for, they are primarily intended for the safety of patients. "This isn't the NICE thing to do – it's the RIGHT thing to do!



***“More than ever, we need to connect to our patients throughout their healthcare journey.”***



# How...

Making a call to a patient seems like a simple task. Yet, several key questions must first be explored to develop a customized protocol for post visit calls:

- ▶ Which patients will most benefit from a post-visit call? In some care units, it may be all patients (e.g., all surgical patients), in other care units, it may be based on specific risk factors (e.g., all chest pain patients discharged from the ER).
- ▶ What processes will be used to identify which patients should be called?
- ▶ Who will make the calls and when?
- ▶ How will attempted and completed calls be tracked?
- ▶ What is the standard template for these calls?
- ▶ How are staff trained to make these calls?

**Supported by recommendations from AHRQ, consider how to best incorporate these elements into the post-visit call:**

- ▶ Assess the patient's current health status. How are they doing since their patient care encounter (e.g., visit, procedure, inpatient stay).
- ▶ Do a complete check on the patient's medications. Often, a medication reconciliation was conducted during the encounter – but do it again during this call! Medications are a common point of confusion for patients.
- ▶ Clarify appointments and follow up diagnostic tests. Organizations often do a great job of queuing up follow up appointments, but it's amazing how many times our patients need reinforcement!
- ▶ A review of what to do should a problem arise. Make sure they know who to call for any issue that might come up, or if an issue is identified - assist them now.
- ▶ Who can I recognize for you? Isn't this a great time to point to positives? Ask your patients whom they remember as exceptional.
- ▶ Follow up and follow through after the call. What do you need to document and act upon based on what you discovered during the call?



## AVOIDING DUPLICATION

Consider this, a patient is discharged from an outpatient surgical center. The staff at that center have a practice of post visit calls to the patient the next morning after the procedure. As well, the surgeon's office does too. If this is happening in your medical community, consider how to collaborate and coordinate for one call (yet, the sharing of information as to the outcome of the call).. Patients don't likely want - or need - to receive duplicate calls from various caregivers all checking in on the same things.

## TIPS FOR SUCCESS

- 1.** On discharge, let the patient (or designee) know that someone will be calling in 24-48 hours. If you set the expectation – you have to deliver. This is a good time to verify their phone/contact information, and receive permission to leave messages if you cannot reach them in person.
- 2.** The calls are assigned to staff just like other important patient care responsibilities
- 3.** Follow up with celebration and recognition - what are some of the stories of patient wins from post visit calls - small wins and even "I saved a life today on a post visit call!"
- 4.** Learn from your patients - are there common findings/trends from these calls (e.g., we need to improve our patient/parent discharge teaching on post-operative bleeding after tonsillectomies, etc.)
- 5.** Call community partners - if the patient is returning to a nursing home or to their home with home health, the nursing staff may be the more appropriate recipient of the post visit call.
- 6.** Many electronic health records have the ability to support the preparation for - and documentation and follow up from - post visit calls.



Consider the other nursing skills and practices that the staff should be equipped with to competently navigate post visit calls:

- 1.** Assessment Skills - Asking the right questions (armed with the right information about the patient's visit and their post-visit instructions) helps to assess the patient's current situation and status.
- 2.** When reinforcing post visit instructions or providing teaching, utilize the Teach Back method to validate the patient's understanding. Remember, this is not a test of the patient - it is a test of how well you are explaining in a way that they can understand and act accordingly.
- 3.** Incorporate active listening and telephone etiquette skills.
- 4.** Staff should be familiar with the Service Recovery protocol. Most patient complaints can be resolved on the call; yet, staff need to know how to appropriately provide service recovery and to know what to do in follow up to these complaints.

