

## Background

Post-discharge phone calls are an empirically supported best practice for improving the patient experience and reducing readmissions in hospitals<sup>1</sup>. The Agency for Healthcare Research and Quality (AHRQ) recommends that follow-up calls be made to patients within 48-72 hours of discharge<sup>2</sup>. To meet industry standards and stay connected with their patients, providers are working to develop creative role-sharing and accountability structures specific to their institutions.

## The Problem

The challenge for most providers, especially those with high discharge volumes, is not adoption, but practicality and sustainability of post-discharge calls. The emergency department at Glendale Adventist Medical Center (GAMC) experienced this obstacle first-hand. With daily discharges often exceeding 100 patients, it proved unmanageable for front-line staff to balance the task of post-discharge calls with their direct patient care duties.

Nursing leadership explored several options for assigning accountability, including floor nurses, ED physicians and the nurse manager on the unit. In the demanding, fast-paced environment of the ED, these team members were understandably unable to provide significant or sustained attention to the task. Consequently, none of the approximately 2800-3000 patients discharged each month received a follow-up call.

## The Solution

Clinical Care Extenders are aspiring health care professionals receiving hands-on, experiential education through COPE Health Solutions, while rotating among different clinical and administrative departments in a hospital setting. With project management support from the COPE Health Solutions team, Glendale Adventist Medical Center



*“Without COPE Health Solutions, GAMC would not have a post-discharge call program in our Emergency Department, which provides a conduit for GAMC to capture opportunities for reward, recognition, and improvement.*

*The CCEs are clearly selected with purpose and have always provided outstanding, compassionate care to all.”*

– Jennifer McDonald, Customer Relations Manager,  
Glendale Adventist Medical Center

leveraged their Clinical Care Extender (CCE) program to achieve two objectives:

- 1) Increase the number of post-discharge calls attempted; and
- 2) Identify opportunities for improvement in the delivery of patient care.

Dedicating CCEs to discharge calls allowed the nursing staff to focus on patient care at the bedside. Additional operational benefits included identification of gaps in patient instruction pre- and post-hospitalization and documentation of inaccurate patient contact information.

COPE Health Solutions provided CCEs with customer service training and orientation to a pre-approved script, which improved the consistency and quality of the calls being made to patients. Three attempts were made to contact each patient, and calls were marked ‘complete’ if the patient was reached and all questions were resolved. CCEs were also trained to escalate patient calls that required clinical intervention by nursing staff.

In addition, a focus on recruiting culturally competent and linguistically fit individuals allowed the initiative to impact GAMC’s prevalent Armenian patient population by selectively training two callers fluent in Armenian.



# Making Post-Discharge Calls Sustainable in High-Volume Patient Care Environments

## Outcomes

Since November 2013, CCEs have carried out over 99% of the discharge calls attempted for the emergency department at GAMC. Additional interns were on-boarded to the project each quarter, allowing the impact of the initiative to grow over time. Recent data shows that of the 8,800 patients discharged from the emergency department between March 2014 and May 2014 (Figure 1), CCEs attempted calls to 41% (over 3,600 calls).

	Calls Attempted	Calls Completed
Pre-Implementation	0%	0%
Average: March-May	41%	18%

**Figure 1.** Percent of patients discharged from the emergency department for which calls were attempted and completed from March-May, 2014

## Conclusion

The Clinical Care Extender program is a best-fit solution for Glendale Adventist Medical Center to facilitate post-discharge calls in an area with high patient volumes. This partnership is successful due to selective recruitment, intense training, and consistent accountability, which has resulted in over 8,000 calls attempted to date.

Subsequent efforts will aim to increase recruitment of CCEs in order to attempt calls to all patients discharged from the emergency department, and to expand the initiative to support additional inpatient units.

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## References

<sup>1</sup> Patricia L. Harrison, MPH et. al. "The Impact of Post discharge Telephonic Follow-Up on Hospital Readmissions." Population Health Management (2011): 27–32. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128446/>>.

<sup>2</sup> Checklist for Post-Discharge Follow-up Phone Calls: Project RED (Re-Engineered Discharge) Training Program. August 2011. Agency for Healthcare Research and Quality, Rockville, MD. <<http://www.ahrq.gov/professionals/systems/hospital/red/checklist.html>>.



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Our Vision:

Our clients are leaders in adding value for consumers through innovations in population health management, talent development and alignment of financial incentives.