

The Patient Experience Post

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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

3 Important Reasons You Should Be Doing Discharge Phone Calls (and how to do them well!)

by Kristin Baird, RN, BSN, MHA

You've just spent a few days in the hospital. While there, you felt well cared for and supported by staff. They were there to ease your mind and your pain. Then you were discharged. Now what? Even though you may be feeling a bit better, the thought of being on your own is frightening. What if you have questions? How will you know what symptoms are normal and which ones need professional attention?

Too often there is a disconnect between the care that patients receive while in the hospital and what happens when they're discharged. That disconnect can result in miscommunication, readmissions, and lost opportunities to advance recovery and increase confidence. Hospitals around the country are obviously concerned about this issue and are working to ensure that the disconnects are minimized or eliminated. One highly effective tactic they're using is the post-discharge phone call.

There are three compelling **reasons** to conduct discharge phone calls:

- 1) **To maintain a warm connection** between your hospital and your patients
- 2) **To improve clinical outcomes**
- 3) **To aid in service recovery**

But, while most would agree that it's a good idea to conduct discharge calls, few healthcare organizations do this well—or consistently.

Hospital admissions are stressful for our patients. The world that we live in every day is foreign and often frightening to them. And even though we gave them discharge instructions, and reviewed those discharge instructions with them, the chances that they understood—or sometimes even remembered—that conversation can be slim. Discharge phone calls can help make sure that your patients know what to do next and realize that our relationship with them is not over when they leave our facility. In fact, that relationship may just be beginning! The follow-up call is a great way to make sure that they have made follow-up appointments or started rehab as prescribed.

Today's inpatients have higher acuities and shorter lengths of stay than ever before. Discharge phone calls, preferably within 24 – 48 hours of discharge, are critical. That's the timeframe when most patients will have questions and need reassurance, advice, and reinforcement of the information you provide upon discharge.

Let's take a closer look at the three primary **objectives** for discharge phone calls:

- 1) **To check on the patient's condition and support discharge instructions.** This follow-up can have a measurable impact on the patient's understanding of instructions as well as compliance with those instructions. This is a prime opportunity for hospitals to manage chronic conditions and avoid readmissions.
- 2) **To maintain a positive connection with the patient.** Discharge phone calls send a powerful message to the patient that you care about them, even after they have left your facility.
- 3) **To identify and resolve any service recovery issues.** While CMS regulations prohibit hospitals from asking HCAHPS questions in advance of the HCAHPS survey, and you don't want to overlap with the HCAHPS survey, it's still a good idea to seek patient perceptions about their recent experience with you.

Too often discharge phone calls are seen as "nice, but not necessary." Think again! These early interventions can enhance patient confidence, improve service and patient loyalty, and prevent unnecessary and costly readmissions. These readmissions will bring significant financial implications as of October 2012—when hospitals will be penalized for readmissions.

Developing a process to ensure that discharge phone calls are done well, and consistently, can not only improve your service to your patients, it can positively impact their clinical outcomes as well. The benefits are enormous and the effort required (while not insignificant) is not prohibitive and, contrary to common opinion, does not require the expertise or involvement of clinical staff. In fact, research has indicated that less than 5 percent of all discharge calls require any clinical advice!

The question is no longer "Should we be doing discharge calls?" The answer to that question is a resounding "YES!" The question then becomes, "How will we effectively and consistently make these calls happen?"

When BerylHealth began offering post-discharge phone calls, many hospital leaders were skeptical that calls could be as effective when outsourced. After all, isn't it best if the nurses providing care did the follow up? Not necessarily.

The truth is that the patients in the beds have (as they should) the nursing staff's primary attention. Yesterday's discharged patients are a lower priority, so calls don't get made in a timely fashion. When they are made, the findings aren't tracked or trended in a meaningful fashion that will actually help to foster improvement.

With today's technology, a virtual team can review a patient's discharge instructions with them and gather critical information that can help you with continuous improvement. The calls get completed consistently and in a timely fashion, and your nursing staff is free to focus on the patients in the beds.



Transforming culture. Shaping patient experience.

Learn more about ways you can ensure that all of your customer interactions, including over-the-phone interactions, support your healthcare organization's brand, as in [Living Your Brand Promise](#), featuring Kent Seltman, co-author of *Management Lessons From Mayo Clinic*. As the former Director of Marketing at Mayo Clinic, Seltman was charged with managing the brand for this world-renowned organization. During this 90-minute presentation, you'll hear about crucial elements in aligning the brand promise with the patient experience in order to build trust and credibility with customers. For only \$89, you'll receive all this: pre-session worksheets, a session workbook, webinar slides, and an audio CD of the 90-minute webinar, complete with the Q&A session.

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Nurse, author, and consultant Kristin Baird, "Healthcare's Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader's Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000).