The Power of Clinical Callbacks: Preventing Early Readmissions with Clinical Callbacks

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Making the Patient Call Manager (PCM) Connection

- Quality Initiative
- Improve Clinical Outcomes
- Assist in Prevention of Re-Admissions
Reasons to call

Studies have shown that 19% of patients discharged from hospitals have an adverse event related to not understanding the details of their discharge instructions.

Studer Group ©, 2006
Reasons to call

Post discharge, approximately 51% of patients make at least one potentially harmful error taking their medications.

The Advisory Board, (2012)
Post Discharge Medication Errors

- Taking meds too long
- Missing doses
- Taking the wrong dose
- 23% of these errors were serious
- 1.8% life threatening

The Advisory Board, (2012)
Purpose of Patient Callbacks

- Reinforce discharge instructions
- Improve Clinical Outcomes
- Reduce patient anxiety
- Reduce patient complaints
- Reinforce patient perception of care
- Opportunity for quick service recovery

(Studer, 2009)
Patient Callbacks Save Lives

- ED Callback - Story
- Telemetry Callback - Story
Post Visit Phone Calls

- Whom do we call?
- When do we call?
- What should we ask?
- Does a clinician have to make the call?
CRMC Guidelines

- Calls download post discharge around 4am
- Post Discharge Calls are made by an RN within 24-48 hours (EBP)
- Patients remain in the system 72 hours
- Calls drop after 4 days or 3 attempts
- Re-schedule call for patient convenience
Implementation

- Decided on PCM questions and scripting.
- Implemented Patient Call Manager\textsuperscript{SM}, The Clinical Call System (PCM), May of 2011.
- Rolled out 2-3 units at a time with the exception of the Emergency Department.
- Cheyenne Regional has 23 Inpatient and Outpatient units live with PCM.
Process and Implementation

- Each unit was empowered to roll out PCM
- Units were given 4 weeks to hardwire process
- Managers were then held accountable to reach the goal
Process and Implementation

- Call backs are here to stay.

Coach....Support....Coach.....Results!

- Priority placed on goal achievement.

- Nursing Administration review weekly.

Studer Group®, 2011
Contact Goals

- **Inpatient:**
  - Attempts 100%; Completion 70%

- **Emergency Department:**
  - Attempts 100% of eligible patients;
    Completion 50%

Note: (Non-eligible patients are transfers, deaths, psych patients and those with no current phone number)
Contact Goals

- **Outpatient Services**
  - Attempts 100%; Contacts 70%
  - Includes: Endoscopy, Wound Care, Interventional Radiology, Diabetes Education

- **Outpatient Same Day Surgery**
  - Attempts 100%; Contacts 70%

Studer, (2011)
Actual Contact Results
October 2011 – August 2012

Inpatient: 9,887 Attempts
7,316 Contacted
74% Completion Rate
Actual Contact Results
October 2011 – August 2012

Outpatient: 6,636 Attempts
4,977 Contacted

75% Completion Rate
Emergency Department Results
October 2011 – August 2012

27,661 Attempts
14,937 Completed
54% Completion Rate
Avoiding Dropped Calls

- Due to Time – CRMC “Goal is zero”
- Inform the patient we will be calling within 24-48 hours
- Verify “best number to call”
- Obtain best time to call from the patient
Recommended Process

- Demographic Sheet
- Medication Reconciliation Sheet
- Discharge Instructions
- Encourage patients to essentially “teach back” their care instructions
ED’s Secrets for Success

- Give very detailed discharge instructions
- Encourage patients to make a list of their questions
  - Allow extra time for patients to ask questions
- Address patient’s pain control
  - Validate medication compliance and options
SDS’s Secrets for Success

- Create “Yellow Folders”
- Review discharge instructions
- Clarify pain control and medication options
- Reinforce education on wound care
- Encourage patient’s to call their physicians
Telemetry’s Secrets for Success

- Charge nurse ownership
- Staff compassion for their patients
- No Manager involvement

Cheyenne Regional Medical Center
Telemetry’s Secrets for Success

- Have patients “teach back” how to care for themselves
  - Ask if they are taking their medications as prescribed
  - May need assistance with filling prescriptions
  - Refer to Social Workers to assist (meds, Home Health etc.)
- Engage physicians when needed on calls
Overall What Works

- Connect and communicate the “why”.
- PCM’s success is a direct relationship with our patients.
- Nurses recognize their care impacts the quality of outcomes for our patients.
- The nurse/patient relationship has proven to impact our re-admission rates.

Cheyenne Regional Medical Center
Impact on Patient Satisfaction

- Extent felt ready for discharge
- Skill of the nurses
- Staff worked well together
- How well was your pain controlled
- Communication about medications
How well pain was controlled & after discharge call regarding stay

![Graph showing percentile rank for pain control after discharge. The graph compares different quarters (3Q11, 4Q11, 1Q12, 2Q12, and 3Q12TD) in terms of percentage of patients who felt their pain was well controlled (Yes) or not (No). The "n" size is indicated on the right y-axis.]
Re-Admission Cost Sample

Average cost per Medicare re-admission = $9,923/admit

- 20 patients readmitted w/in 30 days is $198,460
- 30 patients readmitted w/in 30 days is $297,690
- 20 per month for a year = $2,381,520

AHRQ, 2012
CRMC Inpatient Readmission Rates

“Acute Care Admit within 30 days of Acute Care Discharge”

- October 2011 - 13.59%
- July 2012 - decreased to 7.85%
- Reduction of 42%
Inpatient Admit within 30 Days of Inpatient Discharge (Any APR-DRG)

Data Source: Crimson
Acute Care Admit within 30 Days of Acute Care Discharge

Data Source: MIDAS+

Note: “Acute Care” does not include IP BHS, IP Rehab, Skilled Nursing, or IP Hospice.
When striving to provide high quality health care, only excellence matters. It’s important to consistently make a connection with our patient’s in order to provide them with the best care they deserve.

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Thank You!

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References


