

Post Discharge Phone Calls

OVERVIEW OF ISSUE

Post discharge phone calls are a tool used to promote patient safety, patient satisfaction and potentially reduce readmissions. It has been shown that patients are at a high risk of experiencing an adverse event within 72 hours of discharge, many of which are preventable. A post discharge¹ phone call, when made by a healthcare professional who utilizes a script, can help identify post discharge issues and subsequent needed interventions.

KEY POINTS

- A script should be used to guide the conversation during a post discharge phone call.
- The person making the phone call must have the appropriate education, skills and experience to act on the information obtained during the phone call.
- Use of a standardized question set and response criteria is recommended to analyze call data.

THINGS TO CONSIDER

- Post discharge phone calls should occur between 24 - 72 hours after discharge.
- Healthcare professionals can assist patients by clarifying questions regarding medications and discharge instructions; confirming follow-up appointments; and following up on symptoms after discharge.
- Where in place, healthcare professionals providing telephone advice should adhere to their professional standards and facility policies; healthcare professionals are professionally accountable for advice given over the telephone.

Implementation Strategies

- Inform the patient at discharge regarding the post discharge phone call program; determine if an interpreter will be required. Ask whether the patient wants/does not want anyone at their phone number to know that someone from the healthcare organization will be calling.
- Identify who will be making the post discharge phone calls (nurses and pharmacists are routinely utilized to undertake this) and provide training including how to intervene with post discharge issues. Ensure (and document) that each healthcare

professional authorised to conduct post discharge phone calls has demonstrated the appropriate education, skills and experience to deal with issues that arise.

- Develop a call script which includes a mix of open and closed-ended questions:
 - Avoid leading questions and medical jargon; use clear and unambiguous terms to ensure that patients are aware of the dangers of noncompliance with discharge instructions.
 - Ensure that healthcare professionals speak to the patient directly whenever possible and allow sufficient time for the phone call.
 - The healthcare professional should provide their name and designation to the patient at the commencement of the call.
- Ensure access to the health record for the healthcare professional so that information is readily available (e.g. medication list, members of healthcare team).
- Implement a standardized protocol/policy on post discharge phone calls that includes:
 - Whose role it is to make the phone call.
 - Callers' script including guidance on whether telephone advice is provided or not.
 - Use of standardized questions, response

1. Forster A, Murff H, Peterson J, et al. (2003). The incidence and severity of adverse events affecting patients after discharge from the hospital. *Annals of Internal Medicine*, 138(3), 161-167.

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rating scale and ensure callers are trained on consistent interpretation of responses.

- Algorithm to help triage issues identified during the call with other members of the healthcare team and to determine if/when a second call may be necessary.
- What to do if the patient does not answer the phone (e.g. leave a message or not; if message is left provide a call back number where messages will be retrieved) and how many attempts will be made.
- What to do if someone else answers the phone and the patient does not want anyone else in the household to know that they received healthcare services.

- Track and review call outcomes so that issues, feedback for staff, and process improvements can be identified.

Liability Considerations

- If a health problem is identified during the phone call, interventions may include: providing patient education; reviewing patient medication adherence; advising the patient to contact their family physician or go to the nearest emergency department.

Documentation

- Ensure consistent documentation of the following:
 - Date and time of the phone call;
 - Who was spoken to (name, telephone number and address of the patient);
 - Information received by the patient including warnings about emerging health issues;
 - Advice or information given;
 - Referral and follow-up information;
 - Healthcare professional's name and signature.
- Retain the documentation with the patient's health record.



REFERENCES

- Agency for Healthcare Research and Quality. (2011). [Checklist for post-discharge follow-up phone calls](#) [Training Program].
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