


# WHAT'S *Right* IN HEALTH CARE




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## Discharge Calls—A Tactic that Improves Quality and Saves Lives

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**PIKEVILLE MEDICAL CENTER** Our mission is to provide quality, regional health care in a Christian environment.



## Presentation Objectives

- Describe the rollout process for implementing discharge calls and use of Studer Group's Discharge Call Manager<sup>SM</sup>
- Describe specific positive patient quality, improved patient perception and safety results documented as a result of the implementation of the discharge call process
- Relate the components of the call, i.e. establish empathy, manage clinical outcomes, reward & recognition of staff, capture patient perception of service and harvest process improvement

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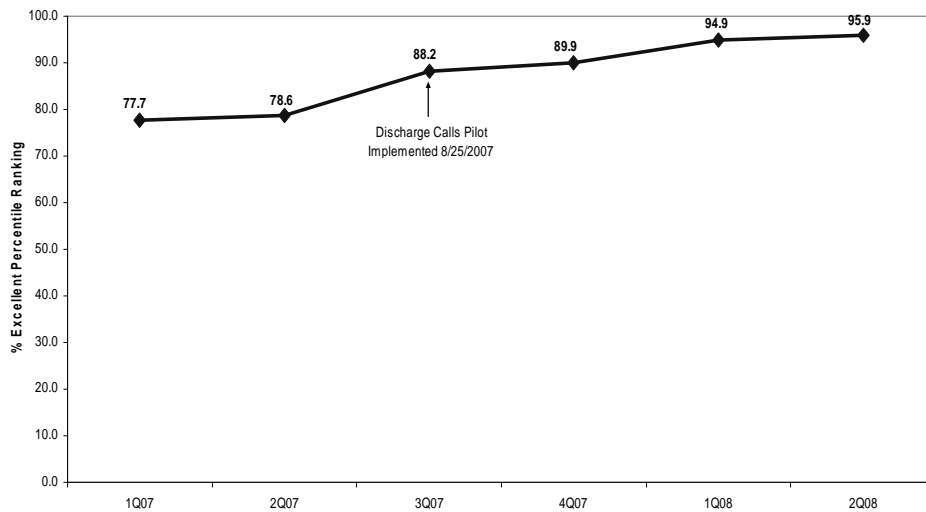
## The "why" and "how"



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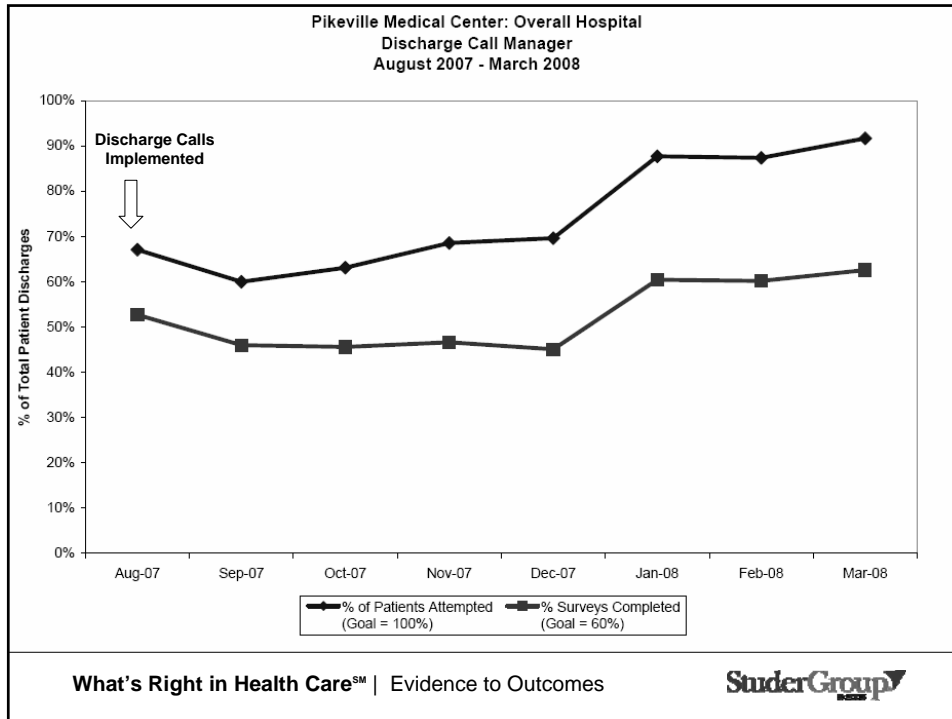
Pikeville Medical Center: Overall Inpatient  
Overall Quality Patient Satisfaction: Pre vs. Post-Implementation of Discharge Calls  
January 2007 - May 2008



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## Discharge Call Benefits

- Reduces patient anxiety; establishes empathy
- Reconfirms discharge instructions
- Manages clinical outcomes
- Assists with reward & recognition of staff/physicians
- Captures & reinforces patients' perception of service and harvests process improvement
- Allows opportunity for service recovery as appropriate
- Reduces complaints and claims

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## Discharge Call Manager- Benefits

- Accelerates the discharge call process throughout the organization by automation
- Holds people accountable for making calls
- Enhances tracking and follow up on the issues
- Enhances tracking and follow up on reward and recognition
- WOWs Joint Commission and other external agencies
- Eliminates manual processes, standardizes content, and improves the management of information

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## Implementation Process

- Communicate implementation plan and ensure senior leader endorsement
- Train all pilot area leaders and potential callers
- Establish Unit or Department goals for % of successful calls completed
- Leaders complete the discharge call for the first two-three weeks after "Go Live"
- Train and test leaders and frontline staff for competency

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## Implementation Process, continued

- Callers to attend a basic applications class for training on the Discharge Call Manager
- Competency assessment to be completed for each caller
- Attempt to call 100% of patients; start with 1-2 patients per day/per caller
- Calls to be initiated no later than 72 hour after discharge
- 3 call attempts to be made per patient
- Caller to be monitored and feedback provided


## Implementation Process

- Leader to track feedback and length of calls
  - Positive feedback received
  - 3-5 minutes per call
- Leader to collect information for review (obtained from the "Report Function" in Discharge Call Manager)
  - Education provided on opportunities for improvement
  - To be added as an agenda item for Senior Leader Meetings and/or the Accountability Meeting Model
  - Results to be reported positively



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**Discharge Call Manager  
Rollout & Results  
Telemetry**



## Implementation Process-Telemetry

- For the first two weeks after “go live” date (8/27/07) leaders made all discharge calls
- After the first two weeks, calls were transitioned to the frontline staff
  - Nursing staff attended a basic applications class to learn the system
  - Each caller received a competency test
  - Calls were made to 100% of patients
  - Calls were made no later than 72 hour after discharge
  - 3 calls attempted per patient
  - Nurses making calls were monitored to ensure the use of key words (Key words included: “Telemetry” unit @ PMC)
  - Positive feedback was managed up weekly and coaching given as appropriate (multiple managing up opportunities provided to senior leadership)
  - Compliance data was tracked and linked to PRC results- Key Drivers

### Implementation Tips/Outcomes:

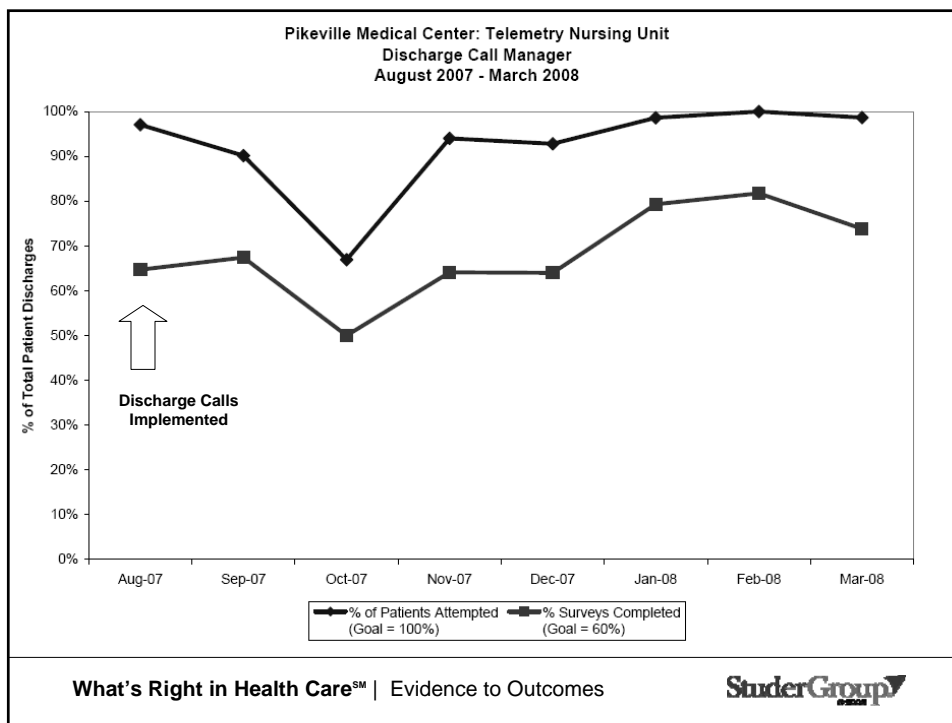
- First two-three weeks
  - Feedback shared in real time during huddles at nurses station
  - Staff recognized/rewarded publicly for positive comments made
  - Positive comments also posted on white boards- Staff became very competitive which encouraged more consistent use of the "I" in AIDET
- First seven months
  - 994 calls made (97% attempted)
  - 679 calls completed (73% completed)

### Implementation Tips/Outcomes continued

- User Reports are posted on a weekly basis
- Recognition and reward provided to the staff member who made the most discharge calls that week
- The DCM application is time efficient, user friendly, and provides the patient the opportunity to voice any concerns or compliments

## Reward and Recognition

Staff member Brandi Morgan, LPN is a Fire Starter for the Discharge Call Manager. From the very beginning Brandi was enthusiastic about making discharge calls and today she leads our unit in # of calls completed. The first Monday after "go live" I logged onto the DCM and we had 100% of calls completed. Brandi had taken the time out of her daily assignment to make sure all calls had occurred. The staff was very excited to hear the patients' positive comments. Brandi continues to set the standard for caller performance on our unit. Thank you Brandi!



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## User Report

User Report

Unit(s): (leave blank for all) From: 08/01/2007 To: 4/22/2008 Run Report Export To E

--  
 7SU  
 ARH  
 AUC  
 BCC

Units counted:  
TEL

User	#Calls Attempted	#Patients Contacted	#Surveys Completed	#Do not survey	#Busy Signal	#Wrong Num
Bartley, Tonya	42	24	19	0	1	1
Brock III, James	308	164	156	0	7	15
Childers, Levonnie	66	39	29	0	6	1
Counts, Stephanie	8	4	2	0	0	1
Deskins, Vicki	56	46	38	0	3	0
Fletcher, Amanda	72	45	39	2	5	4
Gentry, Angela	66	47	35	0	1	3
Hamilton, Barbara	55	38	30	0	0	1
Justice, Sara	86	51	46	0	3	3
Kirk, Julie	3	2	1	0	0	0
McKinney, Kimberly	51	28	23	0	3	0
Morgan, Brandi	363	216	195	1	11	11
Mullins, Michelle	1	1	0	0	0	0
Ratliff, Wanda	42	30	23	0	5	1
Robinson, Patricia	25	11	10	0	0	3
Stidham, Stephanie	4	1	1	0	0	0
Taylor, Staci	53	25	21	1	3	7
Thacker, Kathy	2	1	1	0	0	1
Trimble, Willia	14	7	4	0	1	0
Tussey, Melissa	9	5	5	0	0	0
Vanover, Nicole	126	71	68	0	3	5

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## #1 Key Driver on PRC

Key Drivers of Excellence for TEL by Quarter

Nurses' Instructions/Explanations of Treatment/Tests

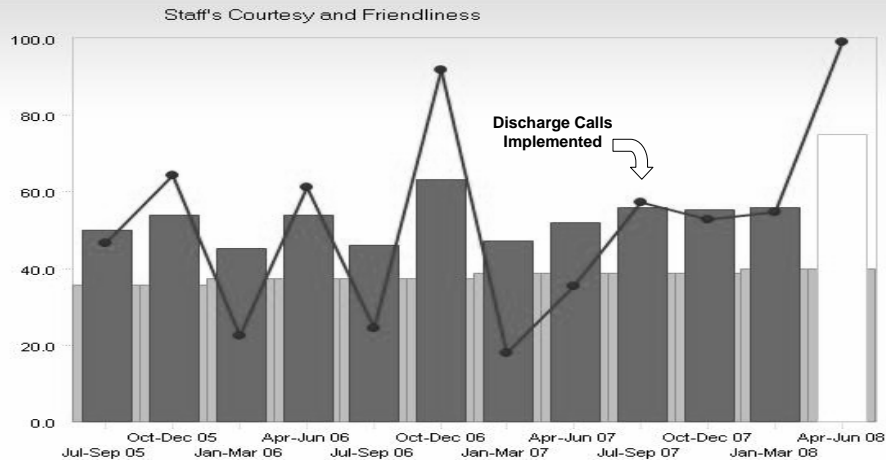
Quarter	Discharge Calls Implemented
Jul-Sep 05	30
Oct-Dec 05	40
Jan-Mar 06	30
Apr-Jun 06	45
Jul-Sep 06	55
Oct-Dec 06	45
Jan-Mar 07	35
Apr-Jun 07	45
Jul-Sep 07	45
Oct-Dec 07	50
Jan-Mar 08	55
Apr-Jun 08	75

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## #2 Key Driver on PRC

Key Drivers of Excellence for TEL by Quarter

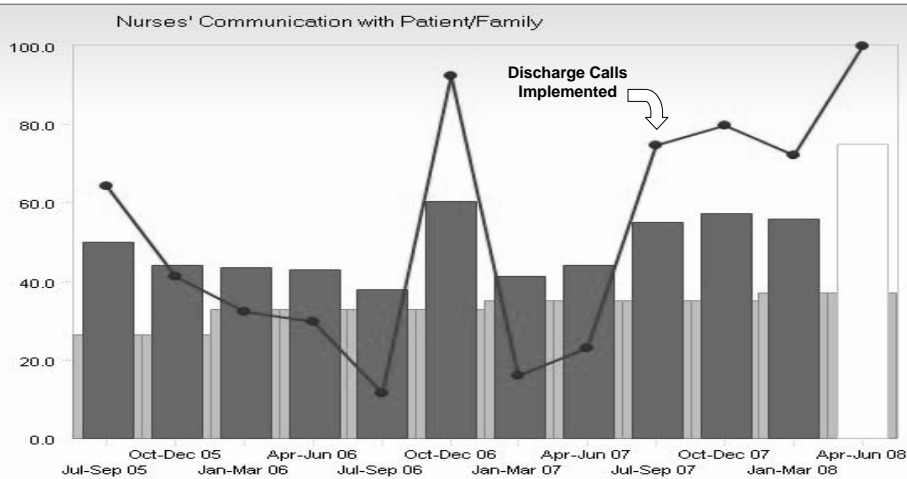


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## #3 Key Driver on PRC

Key Drivers of Excellence for TEL by Quarter




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## Patient Story on Telemetry

A discharged patient was embarrassed to tell the nursing staff she could not afford her medication. When the nurse called post discharge, she asked the patient if she was taking her medication as prescribed. The patient informed the nurse she did not have the money to buy her medication. The nurse contacted our social worker who enrolled the patient in a medication assistance program which provided her the needed medications. The patient was extremely thankful for the help and the nurse realized the purpose and importance of the DCM as a result of this patient interaction.

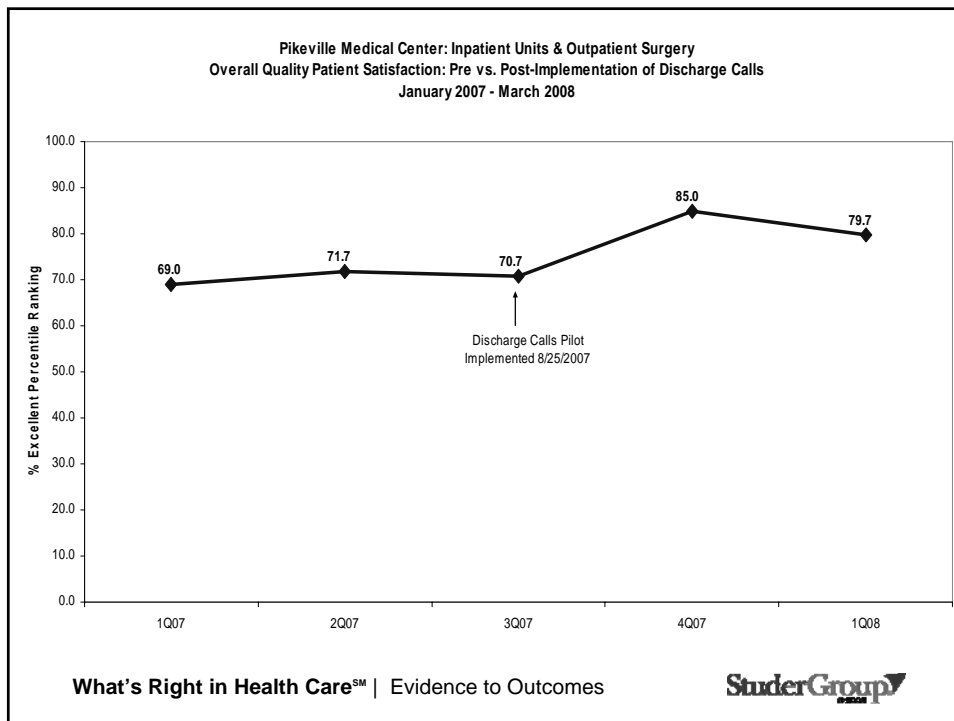
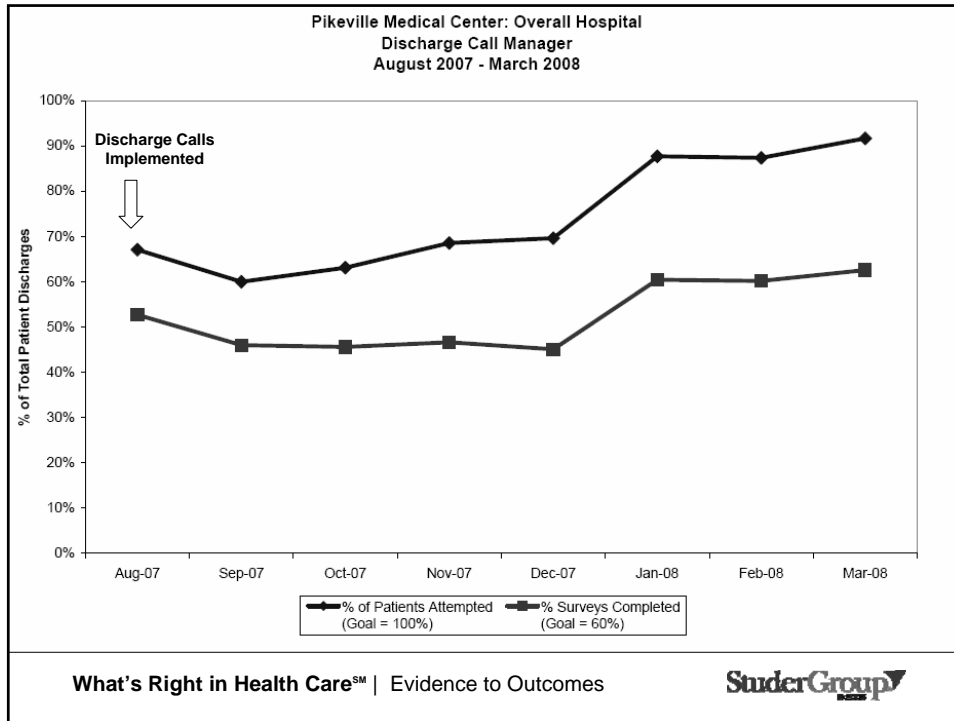


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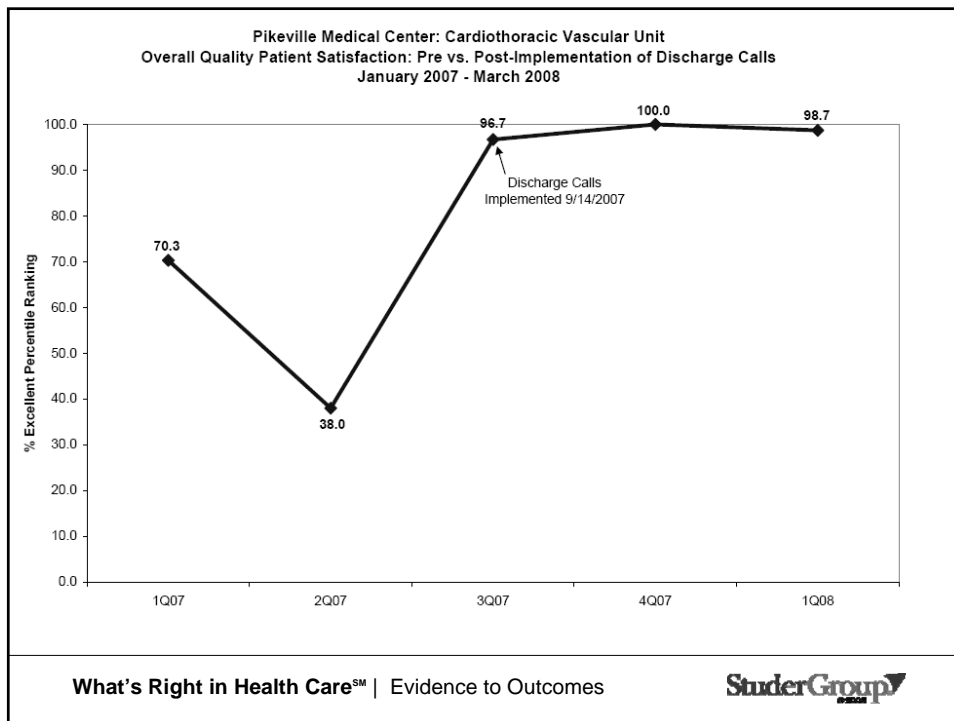
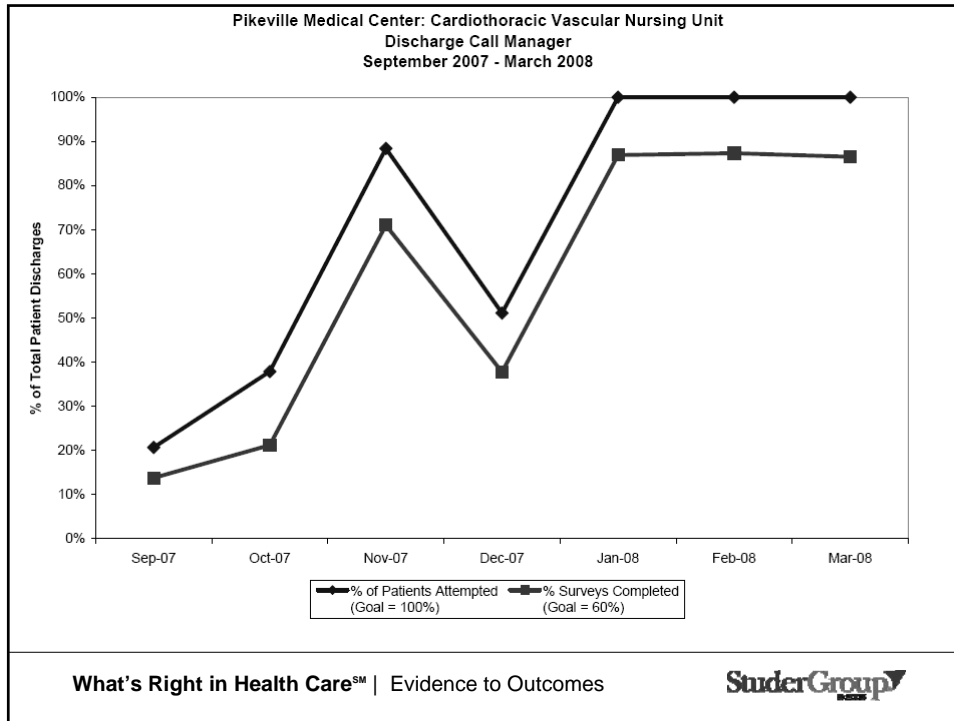
**Discharge Call  
Manager<sup>SM</sup>  
Results Across  
Hospital**

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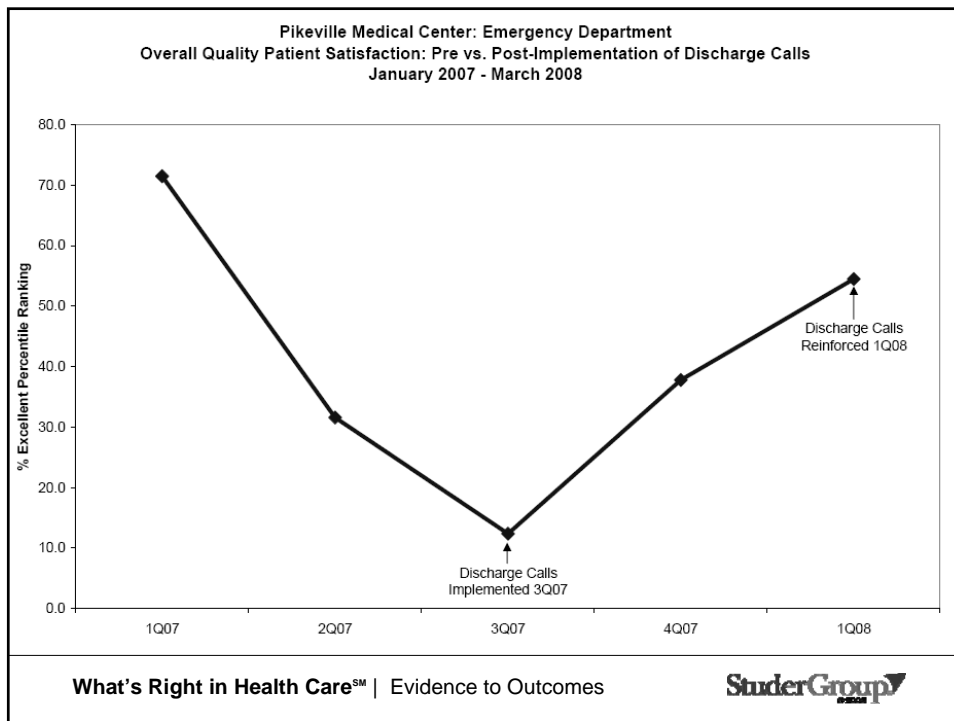
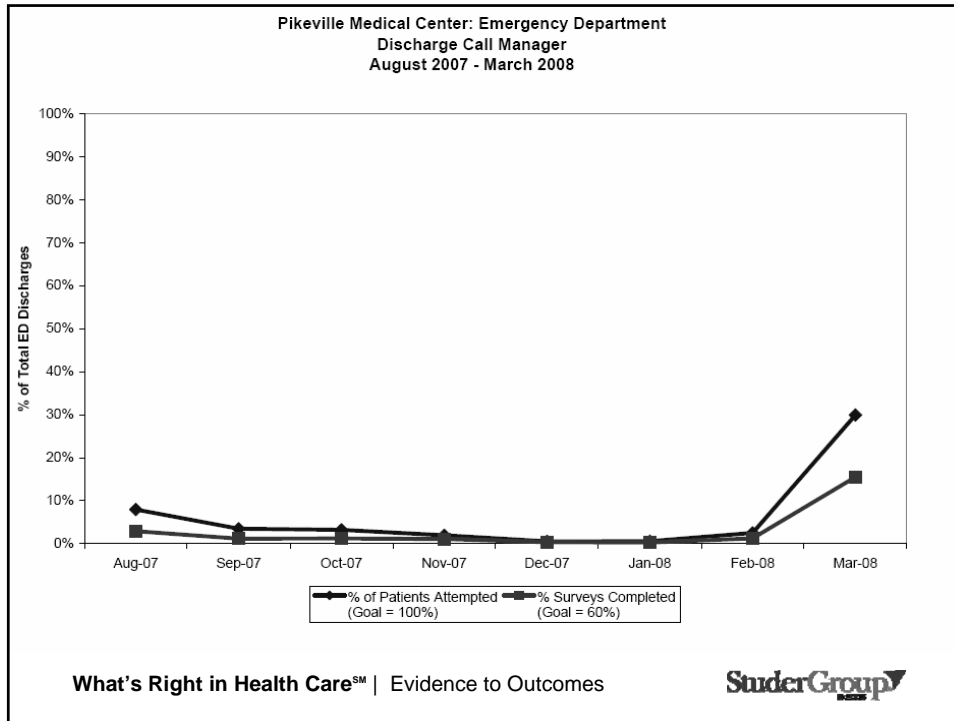
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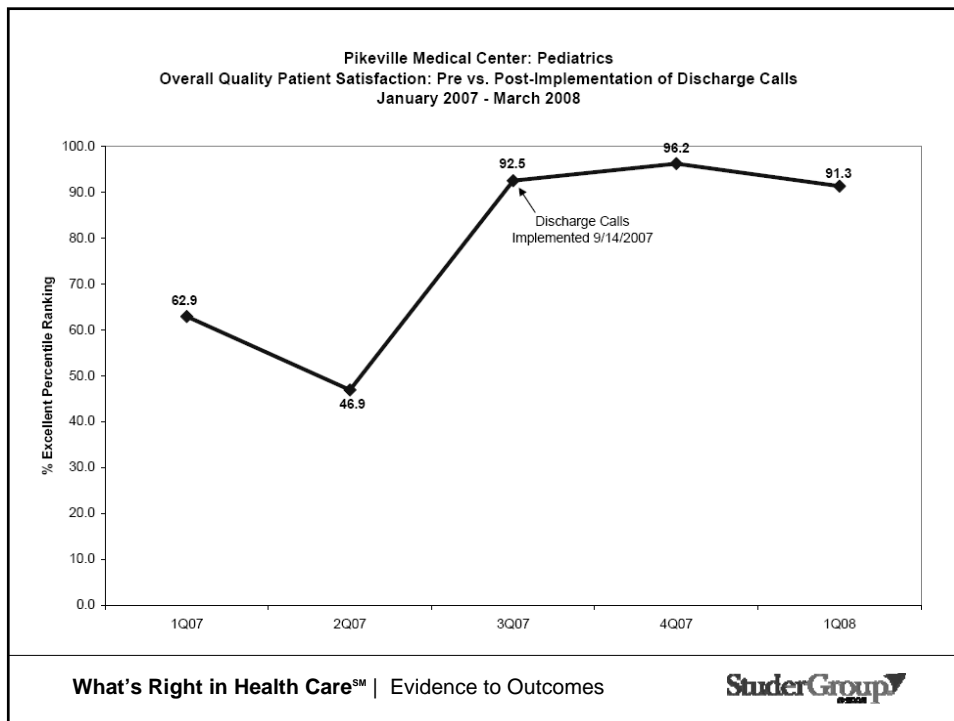
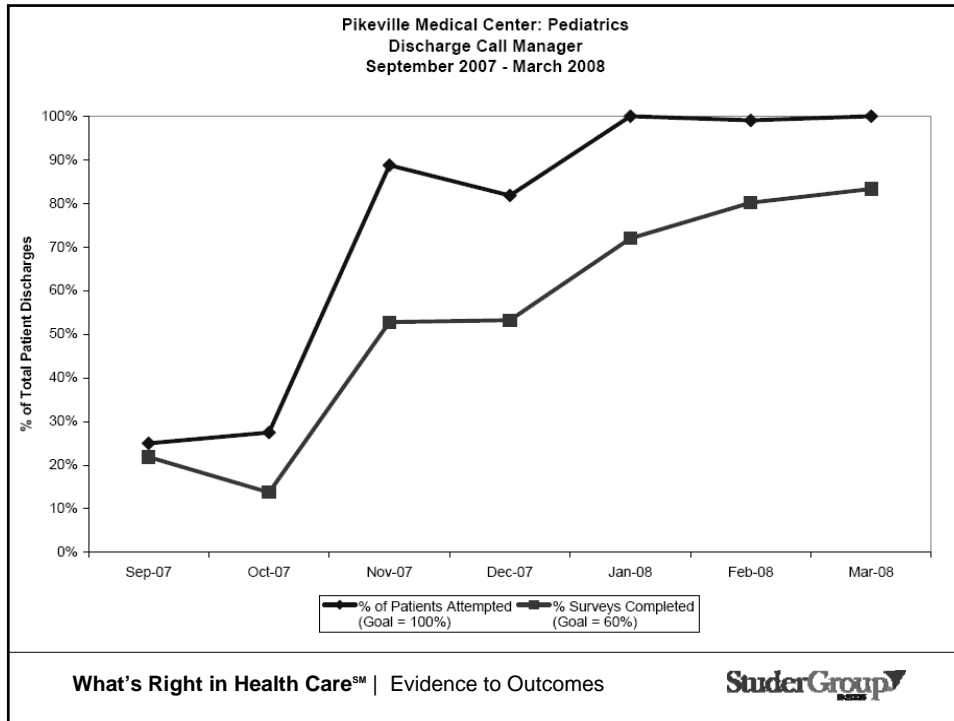
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**Overall Outcomes:**

- Overall Hospital In-Patient % Excellent Percentile Ranking improved from 88.2 to 95.9 (implementation DCM 8/07 to 5/08)
- In 3 months of full implementation of Discharge Call Manager, 2,962 Reward and Recognition opportunities noted for staff and physicians
- 305 opportunities for improvement

**Constantly able to improve clinical outcomes through discharge calls by:**

- Re-educating patients on discharge instructions and medication
- Arranging for medical equipment for home
- Obtaining financial assistance for medication
- Advising patient to return to physician earlier than appointment based on feedback of clinical symptoms described during the call

## Great Stories



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## Clinical Outcomes:

- **Pediatrics:**

Patient with seizures and discharged home on Phenobarbital. During discharge call mother stated baby was not sleeping and had a rash. RN contacted pharmacy. Pharmacist identified this was an adverse drug reaction. RN re-contacted the mother and instructed to stop medication. Doctor notified and new appointment was made for child.

- **Cardiac Cath Lab and CTVU:**

Discharge call to two different cardiac cath patients revealed each patient had developed a large hematoma and did not understand the risks. Patients were advised to return to Emergency Department where problem was corrected and cardiologists notified.

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## Clinical Outcomes:

- **Oncology:**  
Discharge call with a family member revealed patient had fallen at home on numerous occasions and was in pain. Family assumed pain was from cancer diagnosis. Staff advised family to visit the ER. Patient was seen in ER and found to have a broken wrist. Family reassured and instructed in basic pain assessment for oncology patient.
- **Emergency Department:**  
Patient reported she was planning to stop taking her antibiotic because of information she read in an article about antibiotics and flu symptoms. ED nurse intervened by explaining to patient she had a bacterial infection (bronchitis) and needed the antibiotic.

## Process Improvement:

- **Inpatient Rehabilitation Unit:**  
Identified medical equipment was not always being delivered to home on day of discharge. New process-- social worker now verifies with equipment company of delivery prior to discharge.
- **Endoscopy:**  
Several patients complained during discharge call they were awake and had discomfort at start of endo procedures. Results trended to one physician. New process-- nurse administers sedation 5 minutes earlier and validates patient's level of consciousness prior to beginning procedure.

## Process Improvement:

- **Cardiac Cath Lab:**

Several patients complained of feeling very exposed and concern over privacy. Staff provided feedback and extra effort to maintain patient's privacy is now in place. Also, fewer staff are in procedure room during prep, and blinds were installed over monitor room windows for patient privacy.

- **Medical Floor:**

Multiple patient complaints of no baths. Director had staff meeting to address issue. Implemented a priority personal care sheet for shift supervisors to use with nurse assistants to validate physical care is completed. Also, decreased shift report time for nurse assistants.

## Lessons Learned- What we know now that we did not know in the beginning

- Competency testing of callers-- a must
- Population of accurate daily patient list bit of a challenge--build alignment with IT staff early
- Coach leaders on use & sharing of outcomes data earlier in process--30 days post implementation
- Tracking of call results-- share weekly
- Interim leadership had a negative impact on ED implementation-- select pilot areas carefully
- Reward and recognition--never too much

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**Thank You!**

James Brock  
Davy Crockett

