

Improving Discharge Phone Call Compliance

Primary Investigators: Jaclyn Hughes BSN RN, Jolanta Zabielska BSN RN CPAN,
Caitlin Moran MBA BSN RN
New York Presbyterian Hospital, New York, New York

Introduction: The immediate period following a hospitalization is a vulnerable time for patients. Discharge phone calls are an outlet for post-operative patients to express concerns related to their hospitalization and care.

Identification of the problem: An area of opportunity was identified with discharge phone call compliance. A singular nurse had been designated to complete discharge phone calls but was often reassigned to provide patient care. Discharge phone call compliance was low and/or made several days following discharge. Post-operative patients were asking, "Why were they receiving a follow up call so many days later?"

QI question/Purpose of the study: To improve overall patient satisfaction and experience resulting in the ability to address immediate post-operative concerns.

Methods: Every nurse was asked to complete three discharge phone calls per shift. Daily broadcasts via inter-hospital communication were used as a reminder. Weekly data was posted for the team showing our unit compliance and individual's compliance in completing their three calls. During our daily huddles, shout outs were made for individuals who completed the most phone calls.

Outcomes/Results: Nurses were observed being proactive in completing discharge phone calls every shift. Team leaders were reminding staff to complete their discharge phone calls instead of reminders from management. The completion rate of discharge phone calls have increased following implementation resulting in a 100% attempt rate of calls to patients in comparison to the 64% attempt rate pre-intervention. Secondly, our patient experience was improved, evident by our Outpatient and Ambulatory Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) scores for "information regarding recovery". Pre-intervention results were 78% and post intervention results were 87%.

Discussion: Providing staff with caller statistics during daily team huddles contributed to overall success. Limitations included the workflow of the PACU such as patient flow, number of cases per day, staffing, and unpredictable factors relating to patient care.

Conclusion: It was founded that by providing staff education and daily reminders, this greatly improved staff compliance. Ultimately, patient overall satisfaction and experience scores improved.

Implications for perianesthesia nurses and future research: The ability to address concerns is vital in overall patient care and well-being. Interacting with patients post-operatively is essential and should continue to be assessed and evaluated for areas of opportunity for improvement.