

INPATIENT HOME FOLLOW-UP PHONE CALL FORM

PART I

- 1. Discharge Date: _____ Diagnosis: _____ New meds: _____
 High risk for readmission Hospice referral Home Health referral Home equip Drains
- 2. Discharge to: Home SNF/Rehab/Nursing Home/Transfer to Higher Level of Care
- For your safety, we will be following up with a phone call in the next few days.**
- 3. What is the best telephone number to reach you? _____
- 4. What is the best time to reach you? _____
- 5. May we leave a message? Yes No
- 6. Language: English Spanish other: _____

- 7. **OB ONLY:** Vaginal Delivery Cesarean Section
- 8. **OB ONLY:** How are you feeding your baby? Breast Bottle

PART II – Home Follow-up Phone Call Attempts

Date/Time: _____ Results: _____ Initials: _____
 Date/Time: _____ Results: _____ Initials: _____
 Date/Time: _____ Results: _____ Initials: _____

PART III

***** DO NOT GIVE ANY CLINICAL ADVICE*****

Script: "This is _____; I am a nurse at Dignity Health Hospital. I am calling to see how you are doing since going home from the hospital. How are you feeling?" _____

- 1. How would you describe/rate your pain, if any, related to your health condition/surgery/delivery? Pain Scale Level: ____
- 2. How are you managing your pain? Meds Heat/Ice Other
- 3. When did you get your prescriptions filled? Yes No Reinforced
- 4. What are the side effects of (new medicine)? Yes No Reinforced
- 5. Can you tell me about your home instructions? Yes No Reinforced
- 6. When is your appointment with your doctor/clinic? Yes No Reinforced
- 7. *If Home Health was ordered:* When is Home Health scheduled to visit you? Yes No Reinforced
- 8. **OB ONLY:** Tell me how you are progressing with feeding your baby? Yes No Reinforced
- 9. **OB ONLY:** Have you been feeling sad or nervous since your discharge? Yes No

10. We are always looking for ways to improve. What is the one thing that we could have done differently to make your stay in our hospital more comfortable? _____

11. We are always looking for opportunities to recognize exceptional care. Could you tell any physicians or caregivers/staff so that we can recognize them? _____

Additional Comments (include issues that came up during call and who/what dept referred):

I appreciate you taking the time to speak with me today about your follow up care. You may also receive a survey in the mail. We appreciate your taking the time to fill it out; your feedback will help us improve our care. Is there anything else I can do for you? (Respond, as needed). Thank you so much for allowing us to care for you [and your baby]. Rev 8.2014

Staff _____ **Date** _____

Home Follow Up Phone Calls Guidelines

PART I

1. Complete Discharge Date, Diagnosis, New medications, and information regarding discharge.
2. Discharge to: Check appropriate box. If patient is discharged to another facility home follow-up call is not made.
3. Obtain the best telephone number and best time to reach the patient.
4. Obtain permission from patient to leave a message if they are unavailable.
5. Indicate the language the patient prefers to speak.
6. If patient is delivered OB patient, indicate the type of delivery and if the patient is breast feeding.
7. ***Place form in appropriate area so that call be made.***

PART II

1. Call patient – if contact made with patient, complete Part III.
2. If no one answers or patient not available enter this in Part II. Indicate if you left a message, the phone was disconnected, wrong number or any other intervention ***If wrong number/disconnected, call is complete and no further attempts made.***
3. If unable to reach the patient after 3 attempts **form is complete.**
If the patient does not answer the phone and has given us permission to leave a message:
*Hi, this message is for _____ . This is name, a nurse from (x) unit at (hospital name).
If you'd like to call us back with any questions, comments or concerns, the unit's number is (xxx). We hope you're recovering well.*

PART III –

1. Introduce yourself, explain why you are calling, and ask how the patient is feeling.
If there are any health related issues, do not give medical advice over the phone. Instruct the patient to call the physician or ED, and after disconnecting, call the patient's physician to inform of concern.
2. Ask the patient/family to describe and rate any pain by using the pain scale.
Using the pain scale, indicate the intensity of the pain.
3. Ask the patient/family how they are managing the pain, if there is pain.
Check the correct box for what the patient is using for pain relief.
4. Ask the patient/family when the prescriptions were filled.
Check the "yes" box if the prescriptions were filled, the "no" box if they were not. If they did not get prescription filled ascertain why, explain importance, intervene if possible, and check "reinforced" box.
5. Ask the patient/family to describe the side effects of any new medications.
Check the "yes" box if the patient/family is able to describe appropriately, the "no" box if they could not. If they cannot, reinforce teaching and check "reinforced" box.
6. Ask the patient/family to explain the home instructions.
Check the "yes" box if the patient/family is able to describe appropriately, the "no" box if they could not. If they cannot, reinforce teaching and check the "reinforced" box.
7. Ask the patient/family when the follow-up appointment is.
Check the "yes" box if the patient/family has made the appointment, the "no" box if they have not. If an appointment has not been made, encourage them to do so by explaining the importance of the appointment and check the "reinforced" box.
8. If Home Health was ordered, ask the patient/family when Home Health is visiting.
Check the "yes" box if home health visit has been scheduled, the "no" box if it has not been made. If it has not been made, encourage the patient to notify them by explaining the importance of the visit and check "reinforced" box.
9. If OB Patient, ask the patient how feeding the baby is progressing.
Check the "yes" box if there is no problems with feeding, the "no" box if the patient is having difficulty with the baby feeding. If there are difficulties, reinforce education with patient.
10. If OB Patient, ask the patient if she is anxious or nervous.
11. Ask the patient if there is anything that could have been done differently to make the hospital stay more comfortable. Feel free to display empathy for the patient. This does not mean that you are to place blame or say we did something wrong. You can reflect empathy with comments like "I can see how frustrating that can be".

If the patient/family did not seem pleased, apologize and advise them that you will notify the unit's manager to call them:

I'm sorry your experience was unpleasant. I appreciate your honesty and we will use your suggestions to improve our care. If it so happens that you need to visit us again, I hope your next experience with us is more pleasant. As soon as we hang up, I will notify my manager who will be calling you. Thank you so much for your time. Take care.

12. Ask the patient if there were any physicians or hospital staff that provided exceptional care.

If the patient seemed pleased:

I'm so glad to hear you think so highly of us. I would like to let you know you may be receiving a survey at your home as well and we would appreciate it so much if you would take the time.

13. Document any person who has positively been recognized by the patient.

14. Close with the key words to end the discussion.

15. EVENT REPORTS MUST BE COMPLETED FOR THE FOLLOWING OUTCOMES:

- A. Readmitted 48 hours after discharge.
- B. Injuries, tears or lacerations even if from tape.
- C. Specific issues you can't resolve; c/o regarding a specific person: issues related to other departments.

16. Enter your name legibly as well as the date and time on the form.

17. After analysis, forms should be made part of the Health Information Record.

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