Tool 5: How To Conduct a Postdischarge Followup Phone Call

87. 1. Purpose of This Tool

The Re-Engineered Discharge (RED) aims to effectively prepare patients and families for discharge from the hospital, improve patient and family satisfaction, and decrease hospital readmission rates. The postdischarge followup phone call, the 12th component of the RED, is an essential part of supporting the patient from the time of discharge until his or her first appointment for followup care. Tool 2, How To Begin Implementing the RED, discusses the options for assigning staff to conduct the call.

All RED patients should be called 2 to 3 days after discharge by a member of the clinical staff. This postdischarge followup phone call allows the patient's actions, questions, and misunderstandings, including discrepancies in the discharge plan, to be identified and addressed, as well as any concerns from caregivers or family members. Callers review each patient's:

Health status,

Medicines,

Appointments,

Home services, and

Plan for what to do if a problem arises.

This tool addresses the person who will make the followup phone call. After reading this tool, you will:

Know how prepare for the phone call.

Be proficient in completing a postdischarge followup phone call.

Be able to conduct appropriate postcall actions.

88. 2. Preparing for the Phone Call

89. 2.1. Ensure Continuity of Care

If you are the discharge educator (DE) who provided the in-hospital RED components, you will be familiar with the patient. This will help you maintain continuity between the inpatient stay and the followup call. Still, you need to recognize that your patient is now in a different setting and you may need to tailor your communication style to the patient's current needs.

If your hospital has chosen to use a different person to provide the in-hospital RED components and to complete the call, you should:

Communicate with the DE in order to have a smooth handoff and obtain important information about the patient and family that the DE has learned while working with the patient.

Familiarize yourself with the patient by reviewing the information about the hospital stay thoroughly. (See Section 2.4 below.)

The remainder of this tool will instruct you as if you are not the DE.

90.2.2. Learn How To Confirm Understanding

Throughout the followup call, you will need to confirm that the person you are speaking with understands what you are discussing. One of the easiest ways to close the communication gap between patients and educators is to use the "teach-back" method. Teach-back is a way to confirm that you have explained to the patient what he or she needs to know in a manner that the patient understands. Patient understanding is confirmed when he or she explains the information back to you in his or her own words. Lack of understanding and errors can then be rectified with further directed teaching and reevaluation of comprehension.

A video demonstration of the teach-back method is available at: www.nchealthliteracy.org/teachingaids.html. Some points to keep in mind include:

This is not a test of the patient's knowledge; it is a test of how well you explained the concepts.

Be sure to use this technique with **all** your patients, including those who you think understand as well as those you think are struggling with understanding.

If your patients cannot remember or accurately repeat what you asked them, clarify the information that you presented and allow them to teach back again. Do this until the patient can correctly describe your directions in his or her own words.

91.2.3. Gather Necessary Documentation

Before the phone call, obtain the patient's hospital discharge summary, the After Hospital Care Plan (AHCP), and the DE's notes. If the discharge summary is not complete or if an AHCP was not generated for the patient, you will need to collect this information from other sources. These may include the hospital medical record, notes from the clinician who discharged the patient, the inpatient clinicians who cared for the patient, and the ambulatory medical record.

92.2.4. Review Health History and Discharge Plans

You will need to be familiar with the patient's health history and discharge plan before you make the followup phone call. Review the discharge summary and AHCP to find out about:

Diagnosis and condition at discharge. You will ask the patient about his or her health status and discuss symptoms.

Personal information, usual daily routines, relevant cultural practices, involvement of family, and relevant stressors and supports. This will help you make the call patient centered.

Followup appointments. You will find out whether appointments have been completed and plans for future appointments.

Home services and equipment. You will confirm that home services and equipment have been delivered as expected and discuss the need for additional home services.

93.2.5. Check Accuracy and Safety of Medicine Lists

While the patient was in the hospital, the DE should have completed medication reconciliation. The goal of inpatient medication reconciliation is to produce a correct and consistent list for the patient and clinicians, where the medication lists are identical in the discharge summary, inpatient medical record, AHCP, and, if possible, the ambulatory medical record.

In certain cases, however, this may not have happened (e.g., patient leaves against medical advice or sooner than expected, patient is discharged at a time when a DE was not available).

To check whether the patient has been given an accurate medicine list, compare the list of medicines on the hospital discharge summary with the medicines listed in the AHCP. If medication reconciliation was done correctly at discharge, these lists should match. If they do not match, resolve the issue before the followup phone call by talking to the hospital team (starting with the DE) and/or primary care provider (PCP),[i] depending on the nature of the inconsistencies or errors identified.

Doublecheck the medicine list for potentially harmful drug interactions. This should have been done as part of the in-hospital medication reconciliation process but may not have been completed for the reasons discussed above. If you identify any drug interactions, speak with the hospital team (starting with the discharging physician) to get clarification and make any necessary changes to the patient's medicines.

94.2.6. Identify Problems Patients Could Have With Medicines

Changes in medicine regimens can be particularly confusing to patients returning home. Note changes such as discontinuation of medicine taken prior to the hospital stay or a change in the dose. Any medicine with complicated instructions can also be a source of confusion. Pay special attention to medicines for which the adverse consequences of taking them incorrectly are severe.

Familiarize yourself with commonly known drug-food interactions and side effects prior to the call. This will enable you to actively elicit this information from the patient, as well as educate him or her on possible side effects.

95.2.7. Arrange for Interpreter Services

The DE should have noted on the contact sheet (see Appendix A) whether an interpreter is needed for the phone call. If an interpreter is needed and your hospital has not documented that you are proficient in the language, arrange for interpreter services before the call. You can use a qualified hospital interpreter by using a speakerphone in a private location or a three-way phone system. You may also use a telephone interpreter that your hospital contracts with. Notify your interpreter services department in advance of when you will need an interpreter, for how long, and in what language.

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i In this toolkit we use the term PCP to refer to the clinician who has main responsibility for the patient, although specialists or other clinicians may be in charge of the patient's care.

You may have an unanticipated need for interpreter services. This can happen if a patient or caregiver's English skills are sufficient for in-person communication but not for telephone communication, or if the need for interpreter services was not accurately recorded. Know the procedure to access immediate interpreter services.

More detailed information about using an interpreter, developing cultural and linguistic competence, and reducing disparities in health care communication is described in Tool 4, How To Deliver the RED to Diverse Populations at Your Hospital.

96. 3. Conducting the Phone Call

97. 3.1. Whom and When To Call

Before discharge, the DE will have collected contact information from the patient to facilitate reaching the patient or caregiver via phone within 72 hours of discharge. This information is written on the contact sheet, found in Appendix A. It includes:

Patient's desire to have a legal proxy or caregiver receive the phone call, if applicable.

Preferred language and need for interpreter (for person receiving the call).

Contact information for patient, proxy, and caregivers.

Ideal time of day and day of the week to reach patient, proxy, and caregivers.

When you plan your calls for the day, note that calls will vary in length, from approximately 20 to 60 minutes. The type of patient population you target can affect the length of calls. Patients taking more medicines will require longer calls.

Start your calls 48 hours after discharge. If the patient has delegated the phone call to his or her legal proxy (the person with legal authority to act on behalf of the patient) or his or her caregiver, call that person first.

Call the patient or legal proxy or caregiver designated to receive the call at the time of day listed as the best.

If you cannot reach this person the first time, make several attempts over the next few days.

If you still cannot reach this person, call the next contact on the list. If you cannot reach or do not get useful information from the contacts on the list, check the information on file at the hospital for additional contact numbers.

98. 3.2. What To Say

The followup phone call consists of five components:

Assessment of health status.

Medicine check.

Clarification of clinician appointments and lab tests.

Coordination of postdischarge home services.

Review of what to do if a health or medical problem arises.

Appendix B contains a patient call script developed by the RED team to provide guidance for completing the call. Some hospitals, however, have found the call script too time consuming. Appendix C contains an adaptation of the patient call script that Oneida Healthcare created for their patient population. Adapting the call script for your hospital and your RED patient population will focus the call and make efficient use of your time. Appendix D contains a script to be used when calling caregivers instead of patients. Appendix E contains a data collection sheet for documenting the call.

These scripts are just a guide. The phone calls will require flexibility and creativity. You will problem solve with patients and caregivers and refer any issues that require further intervention to the appropriate clinical team member. Appendix F portrays a fictionalized followup phone call, in which Brian, a nurse at the hospital, speaks with Mrs. Smith, a patient with congestive heart failure. This script, designed to be used at a training session for staff performing followup phone calls, gives you a sense of how a conversation might go.

3.2.1. Verify Availability To Talk and Need for Interpreter Services

After introducing yourself, ask if it is a good time to talk. If it is not, get a precise time when you can call back. If the person says he or she only has a limited amount of time available, try to prioritize and tailor the call to meet the needs of that person.

Even if the contact sheet indicates that an interpreter is not necessary, you should independently assess the need for an interpreter. The DE may have assumed that people who could speak English without an interpreter at the hospital could comfortably complete the phone call in English. The telephone, however, presents another hurdle as it removes context, body language, and lip movement.

If you have any sense that the patient or caregiver is not proficient in English and you are not documented as proficient in the preferred language, let him or her know that you would like to use an interpreter. If an interpreter is not immediately available, schedule a time to call back.

Try to establish an open communication style so patients or caregivers share their hesitations or problems they are having with the discharge plan. Ask them to locate and bring the AHCP and all medicines, supplements, and traditional remedies to the phone.

3.2.2. Assess Health Status

You will ask about the patient's:

Comprehension of the reason for his orher hospital visit;

Perception of any change in health status since discharge; and

Understanding of how to manage any medical changes or whether he or she needs to seek medical care for any concerns (either relating to the primary discharge diagnosis or any new problems).

If the patient's health status has deteriorated, a plan of action may be needed. Interventions for patients reporting feeling worse since discharge due to primary discharge diagnosis, adverse drug event, or other symptoms may include:

Providing patient education.

Checking whether the patient is taking medicine as directed.

Checking labs and reviewing medicine list for cause of complaint.

Advising the patient to attend an upcoming scheduled appointment with his or her PCP.

Recommending patient action (e.g., take a medicine that was prescribed to take as needed, limit activity).

Advising the patient to call his or her DE, PCP, or specialist.

Advising the patient to go to urgent care or the emergency department.

Consulting with the DE, inpatient physician/team, or pharmacy.

Alerting the PCP.

Arranging a same-day sick appointment.

Determining the family's perception of the patient's status.

3.2.3. Check Medicines

The medicine check involves making sure patients or caregivers understand what the patients' medicines are for and how to take them. This part of the phone call can be lengthy, since each medicine needs to be reviewed: name, when they take it, how much they take, how they take it, why they take it, and any problems or side effects.

There are many potential barriers to adherence. Your job is to encourage the patient to share the most accurate information regarding what interferes with his or her willingness or ability to take the medicine. You might find it helpful to think about three sources of nonadherence:

Intentional nonadherence.

Inadvertent nonadherence.

System/provider error.

Intentional nonadherence. When a patient has chosen not to take a medicine that is part of the discharge plan or insists on taking medicine in a manner other than prescribed or that is contraindicated. Reasons for patient's intentional nonadherence include:

Personal, family, or cultural concerns regarding medicine;

Concern regarding actual or feared side effects; and

Difficulty filling prescriptions, including access to the pharmacy, insurance issues, and financial problems.

Inadvertent nonadherence. When a patient is not following the treatment plan due to difficulty understanding the plan or an inability to execute it. Examples of inadvertent nonadherence include:

Failure to remove discontinued medicine from a pillbox.

Inability to pay for or pick up medicines.

Inability to understand instructions such as "take on an empty stomach" or "do not take with dairy products."

System/provider error. When the hospital did not do something it was supposed to. Examples of system/provider errors include:

Conflicting information (e.g., the AHCP lists one type of antibiotic while the prescription was issued for another).

Missing information (e.g., AHCP did not list when patient should take medicine).

Missing pieces of the discharge plan (e.g., prescription was not issued at discharge).

Some nonadherence problems can be solved by providing education to fill in knowledge gaps. Others may require your contacting the patient's pharmacy, PCP, or DE or the inpatient physician who discharged the patient if there are any discrepancies between the discharge summary/AHCP and what the patient reports. If clarifying misunderstandings does not work with patients who are intentionally nonadherent, try enlisting the assistance of family members and spiritual leaders or traditional healers. See Tool 4, How To Deliver the RED to Diverse Populations, for more on the family and community's role in patient treatment.

Once discrepancies are resolved, you will probably have to follow up with the patient with an additional phone call. Always conduct teach-back to confirm that the patient or caregiver understands how to take medicines. The box below illustrates how postdischarge phone calls can expose and resolve cases of intentional nonadherence.

3.2.4. Clarify Appointments

check that the patient or caregiver knows about all followup appointments (e.g., primary care followup, lab test, specialist) and their dates, times, and locations; the purpose of the

appointments; and that the patient can make it to the appointments. For example, if the patient has identified a support person to assist with transportation and other logistics, find out if the patient has sought and is receiving help from that person. You will need to problem solve with the patient if there are barriers to keeping appointments.

3.2.5. Coordinate Postdischarge Home Services

check whether the patient has received home services and durable medical equipment that are scheduled and listed on the AHCP. You will need to intervene if services or equipment have not been received on time. Also check that caregivers have been available as expected. If a caregiver has not been available, explore alternatives, such as someone else who could help out or services available in the community (e.g., Meals on Wheels; spiritual leaders, clergy, or congregants).

3.2.6. Discuss What To Do If a Problem Arises

Always end the call by reviewing what the patient or caregiver should do if a problem arises at any time (any hour and day of the week). Make sure patients and caregivers understand:

What types of emergency and nonemergency situations they may encounter.

What to do in case of an emergency.

How to call the patient's PCP, including after hours.

99. 4. Documenting Your Call

You will need to document your calls, both for the patient's medical record and to allow hospital management to monitor the information for quality improvement purposes. For example, your hospital may identify common errors patients make and use this information to improve teaching to other patients with similar regimens or conditions. More detail for this process is included in Tool 6, How To Monitor RED Implementation and Outcomes.

Documentation includes:

Call attempts.

Patient's health status.

Problems with medicines.

Appointment status.

Patient's postdischarge actions.

Followup actions you take.

Appendix E contains a sample of a data collection form you can use to document your followup phone calls.

100. 5. Communicating With the Primary Care Provider

After you have completed a call, you may need to communicate with the patient's PCP. You can do this in a number of ways, such as via secure email, flag in the electronic medical record (if the PCP is part of your hospital system), fax, or phone. If you call and cannot speak directly to a medical staff person within the PCP's office, you will need to follow up with another form of communication. Commonly, secure electronic communication is the most efficient means to transmit patient information. Below are three examples of emails to alert providers.

101. Appendix A. Contact Sheet

If possible, pull information from patient's medical record. Confirm correct information with patient. Identify the best time of day or days to reach the patient and other contacts.

Patient Name: _____

OK to send letter (Y / N)

Address
Street _____Apt #_____

City, State _____ ZIP Code _____

Email address _____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: __ home __ cell phone __ work

Home Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Cell Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Work Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Contacts

Name of Contact 1: _____

Relationship: _____
Caregiver? (Y/N) __
Proxy? (Y/N) __
Designated to receive followup phone call? (Y/N) __
Notes: _____

_____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: __ home __ cell phone __ work

Home Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Cell Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Work Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Contacts

Name of Contact 2: _____

Relationship: _____
Caregiver? (Y/N) __
Proxy? (Y/N) __
Designated to receive followup phone call? (Y/N) __
Notes: _____

_____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: __ home __ cell phone __ work

Home Phone: ( )_____ OK to leave message? (Y/N)___

Best time to call: _____

Cell Phone: ( )_____ OK to leave message? (Y/N)

Best time to call: _____

Work Phone: ( )_____ OK to leave message? (Y/N)

Best time to call: _____

102. Appendix B. Postdischarge Followup Phone Call Script (Patient Version)

This form reinforces the information provided to the patient at discharge. The patient's discharge information should be available to the interviewer at the time of this call.

CALLER: Hello Mr./Ms. _____. I am [caller's name], a [type of clinician] from [name of hospital]. You may remember that when you left, the [hospital name] discharge educator, [DE name], mentioned you'd receive a call checking in on things. I am hoping to talk to you about your medical issues, see how you are doing, and see if there is anything I can do to help you. Do you mind if I ask you a few questions so I can see if there is anything I can help you with?

Is this a good time to talk? It will probably take about 15 to 20 minutes, depending on the number of medicines you are taking.

If yes, continue.

If no, CALLER: Is there a better time that I can call you back?

103. A. Health Status Diagnosis

CALLER: Before you left the hospital, [DE name] spoke to you about your main problem during your hospital stay. This is also called your "primary discharge diagnosis." Using your own words, can you explain to me what your main problem or diagnosis is?

If yes, confirm the patient's knowledge of the discharge diagnosis using the "teach-back" method. After the patient describes his or her diagnosis, clarify any misconceptions or misunderstandings using a question and answer format to keep the patient engaged.

If no, use this opportunity to provide patient education about the discharge diagnosis. Then conduct teach-back to confirm the patient understood.

CALLER: What did the medical team at the hospital tell you to watch out for to make sure you're o.k.?

Review specific symptoms to watch out for/things to do for this diagnosis (e.g., weigh self, check blood sugar, check blood pressure, create peak flow chart).

Measure patient's understanding of disease-related symptoms or symptoms of relapse (e.g., review diagnosis pages from AHCP).

CALLER: Do you have any questions for me about your main problem [diagnosis]? Is there anything I can better explain for you?

If yes, explain, using plain language (no jargon or medical terms).

If no, continue.

CALLER: Since you left the hospital, do *you* feel your main problem, [diagnosis], has improved, worsened, or not changed? What does your family or caregiver think?

If improved or no change, continue below.

If primary condition has worsened,

> **CALLER:** I'm sorry to hear that. How has it gotten worse? Have you spoken to or seen any doctors or nurses about this since you left the hospital?
>
> > **If yes, CALLER:** Who have you spoken with/seen? And what did they suggest you do? Have you done that?
> >
> > Using clinical judgment, use this conversation to determine if further recommendations, teaching, or interventions are necessary.
> >
> > Record any action patient/caregiver has taken and your recommendations on the documentation sheet.

CALLER: Have any new medical problems come up since you left the hospital?

If yes:

> **CALLER:** What has happened?
>
> **CALLER:** Is there anyone else involved in your care that I should talk to?
>
> **If yes,** Name: _____
>
> Phone number: _____
>
> **CALLER:** Have you spoken to anyone about this problem? Prompt if necessary: Has anyone:
>
> Contacted or seen PCP?
>
> Gone to the ER/urgent care?
>
> Gone to another hospital/provider?
>
> Spoken with visiting nurse?
>
> Other?

Following the conversation about the current state of the patient's medical condition, consider recommendations to make to the caregiver, such as calling PCP, going to emergency department, etc. Record any actions and recommendations on documentation sheet.

104. B. Medicines

High Alert Medicines

Use the guide below to help monitor medicines with significant risk for adverse events.

Drug Category	What To Look For
Anticoagulants	Bleeding; who is managing INR
Antibiotics	Diarrhea; backup method of birth control Should not taken at same time as calcium and multivitamin
Antiretrovirals	Review profile for drug interactions
Insulin	Inquire about fasting blood sugar
Antihypertensives	Dizziness If yes, suggest patient space out medicines (keep diuretic in a.m.)
Medicines related to primary diagnosis	Focus on acquisition and medication adherence

Can you bring all of your medicines to the phone, please? We will review them during this call. Bring both prescription medicines and over-the-counter medicines, the ones you can buy at a drugstore without a prescription. Also, bring any supplements or traditional medicines, such as herbs, you are taking. Finally, could you also please bring to the phone the care plan that we gave you before you left the hospital?

CALLER: Do you have all of your medicines in front of you now?

CALLER: I'm going to ask you a few questions about each one of your medicines to see if there is anything I can help you with. We will go through your medicines one by one.

First of all, I want to make sure that the medicines you were given were the right ones. Then we'll discuss how often you've been able to take them and any problems or questions you might have about any of them.

Choose one of your medicines to start with.

What is the name of this medicine? The name of it should be on the label. **If the patient is using a generic,** check that he or she understands that the brand and generic names are two names for the same medicine.

At what times during the day do you take this medicine?

How much do you take each time?

> **If the patient answers in terms of how many pills, lozenges, suppositories, etc.** What is the strength of the medicine? It should say a number and a unit such as mg or mcg.

How do you take this medicine? **If there are special instructions** (e.g., take with food), probe as to whether the patient knows the instructions and whether he or she is taking the medicine as instructed.

What do you take this medicine for?

Have you had any concerns or problems taking this medicine? Has anything gotten in the way of your being able to take it? Have you ever missed taking this medicine when you were supposed to? Why?

Do you think you are experiencing any side effects from the medicine?

> **If yes,** Could you please describe these side effects?

Are you taking any other medicines? Repeat list of questions for each medicine.

After patient has described all medicines, ask: Are you taking any additional medicines that you haven't already told me about, including other prescription medicines, over-the-counter medicines, that is, medicines you can get without a prescription, or herbal medicines, vitamins, or supplements?

If patient has been prescribed medicines that the patient hasn't mentioned, ask whether he or she is taking that medicine.

> **If yes,** go through the list of medicine questions.
>
> **If not,** probe as to why not. **If patient is unaware of the medicine,** make a note to check with discharge physician as to whether patient is supposed to be taking it, whether a prescription was issued, etc.

CALLER: Have you been using the medicine calendar (in your care plan) that was given to you when you left the hospital?

If yes, provide positive reinforcement of this tool.

If no, suggest using this tool to help remember to take the medicines as directed. **If patient has lost care plan,** offer to send a new copy of AHCP by mail or email.

CALLER: Do you use a pill box?

If yes, provide positive reinforcement of using this tool.

If no, suggest using this tool to help remember to take the medicines as ordered.

CALLER: What questions do you have today regarding your medicines and medicine calendar (if using)?

CALLER: Does your family or caregiver have any questions or concerns about your medicines?

Please note on the documentation sheet any recommendation you made to the patient and followup actions you took.

105. C. Clarification of Appointments

CALLER: Now, I'm going to make sure you and I have the same information about your appointments and tests that are coming up. You were given appointments with your doctors [and for lab tests] when you left the hospital. Can you please tell me:

What is the next appointment you have scheduled?

Who is your appointment with?

What is your appointment for?

When is this appointment?

What is your plan for getting to your appointment?

Are you going to be able to make it to your appointment? Is there anything that might get in the way of your getting to this appointment?

> **If yes,** Let's talk about how we can work around these difficulties.

If patient plans to keep appointment, ask, Do you have the phone number to call if something unexpectedly comes up and you can't make the appointment?

If patient can't keep appointment, get the patient to reschedule: As soon as we hang up, can you call to reschedule your appointment? **If patient is unable or unwilling to make the call to reschedule,** offer to make the call: I can reschedule that appointment for you. What days and times would you be able to make an appointment? **After you get several times, say,** Thanks. I'll call you back when I've been able to set up the appointment. **If patient refuses to cooperate,** consult the DE and hospital team.

Do you have any other appointments scheduled? **If yes,** repeat the set of questions. **If no,** but other appointments are scheduled, ask, Are you looking at the care plan? Are there any other appointments listed there? Review these appointments.

106. D. Coordination of Postdischarge Home Services (if applicable):

CALLER: Have you been visited by [name of service, e.g., visiting nurse, respiratory therapist] since you came home?

If no, CALLER: I will call to make sure they are coming soon.

CALLER: Have you received the [name of equipment] that was supposed to be delivered?

If no, CALLER: I will call to make sure it is coming soon.

CALLER: I understand that [name of caregiver] was going to help you out at home. Has [name of caregiver] been able to provide the help you need?

If no, CALLER: Are you going to call [name of caregiver] to see if she [or he] is going to be able to help you?

> **If no,** Is there anyone else that could help you out? Can you call [her/him] to see when [she/he] could come?

107. E. What To Do If a Problem Arises

CALLER: Before we hang up, I want to make sure that if a medical problem arises, you know what to do. If you're having an emergency, for example [give disease-specific examples, e.g., chest pain, trouble breathing], what would you do?

If patient does not say, "Call 911," explain the need to get an ambulance so he or she can see a doctor right away, and confirm patient understanding.

CALLER: And what about if you [give example of urgent but not emergent problem] in the evening? What would you do then? Check if patient knows how to reach the doctor after hours. **If DE help line operates after hours,** check that the patient knows that and can find the number on the AHCP. Confirm understanding.

CALLER: And what about if you are having a medical problem that is not an emergency, such as [give disease-specific examples] and want to be seen by your doctor before your next scheduled appointment, what would you do?

If patient does not know, instruct: You can call your doctor's office directly and ask for an earlier appointment. Sometimes your doctor is very busy, so if you are having difficulty obtaining an appointment, ask if you can be seen by someone else in the office, such as a nurse, nurse practitioner, or physician's assistant. Confirm understanding.

CALLER: Just to make sure we're on the same page, can you tell me what you'd do if [create nonemergent scenario]?

If patient answers incorrectly, ask: Do you have your doctor's phone number handy? It should be on the care plan on the appointments page. **If patient can't tell you the number, say,** Let me give you the phone number for your primary care doctor just in case. Do you have a pen and paper to write this down? Do you need me to mail or email you another copy of your care plan?

> **If yes,** confirm address or email.

CALLER: Do your caregivers have these numbers also?

If no, ask: Would you like me to email or mail a copy of your care plan to them?

If yes, confirm address or email.

CALLER: That's all I needed to talk to you about. We've covered a lot of information. What questions can I answer for you?

If none, CALLER: Thank you and have a good day. If you have to follow up with patient on anything, remind him or her that you will be calling back.

If the patient has questions, answer them.

108. Appendix C. Modified Script From Oneida Healthcare, Oneida, NY

109. TRANSITION SERVICES "After Hospital Care Plan"

Patient name: _____ Acct #: _____

Date: _____

110. Hello , my name is from Oneida Healthcare. I am hoping to talk to you about your medical issues, to see how you are doing, and if there is anything I can do to help you. Do you mind if I ask you a few questions so I can see if there is anything I can help you with? Is this a good time to talk? It will probably take about 15 minutes or so.

111. Before you left the hospital, I spoke to you about your main problem during your hospital stay. This is also called your "primary discharge diagnosis." Can you tell me the main reason you were in the hospital?

112. Do you have any questions for me about your diagnosis? Is there anything I can better explain for you?

113. Since you left the hospital, do you feel your main problem, , has improved, worsened, or not changed?

114. Have any new medical problems come up since you left the hospital?

115. Can you bring your new or changed medications to the phone, please?

116. I'm going to ask you a few questions about your new or changed medications to see if there is anything I can help you with. We will go through your new or changed medications one by one.

117. What is the name of this medication? The name of it should be on the label.

118.

119.

120.

121.

122.

123. What is the strength of the medication? It should say a number and a unit, such as mg, mcg, etc.

1.

124.

125.

126.

127.

128. How do you take this medication? How often do you take it? And at what time(s) during the day?

1.

129.

130.

131.

132.

133. Do you know the reason/purpose you are taking this medication?

1.

134.

135.

136.

137.

138. Do you have more medications to review?

139. Have you been using the medication calendar that was given to you on discharge?

140. Do you use a pill box?

141. What questions do you have today regarding your new or changed medications and/or medication calendar (if using)?

142. Now, I'm going to make sure you and I have the same information about your appointments and tests that are coming up. You were given appointments with your doctor(s) and for lab tests when you left the hospital. Can you please tell me what appointments you have scheduled?

143. What is your appointment for?

144. Are you going to be able to make it to your appointment?

145. Are you weighing yourself on a daily basis? ☐Yes ☐No (if applicable)

If no, why not? .

If yes, what was your weight today?

Are you aware that your physician needs to be notified if you gain more than 3 pounds in a day or 5 pounds in a week?

146. Are you using your oxygen as prescribed? ☐Yes ☐No (if applicable)

If no, why not?

147. Are you using your nebulizer as prescribed? ☐Yes ☐No (if applicable)

If no, why not?

148. Before we hang up, I want to make sure that if a medical problem arises, you know what to do. If you're having an emergency, for example, chest pain, trouble breathing, to name a few, you need to call 911 to get an ambulance so you can see a doctor right away. However, if you are having a nonemergent medical problem and want to be seen by your doctor before your next scheduled appointment, you can call your doctor's office directly and ask for an earlier appointment. Does that make sense to you? Do you have any questions about it?

149. Appendix D. Postdischarge Followup Phone Call Script (Caregiver Version)

CALLER: Hello Mr./Ms. _____. I am [caller's name], a [type of clinician] from [name of hospital]. When [patient's name] was at [hospital name], you were designated by [patient's name] and medical care team as the patient's caregiver. Before [patient's name] left the [hospital name], the discharge educator [DE's name] mentioned that you'd receive a call checking in on things and I'm glad to help with this call. I am hoping to talk to you about [patient's name]'s medical issues, see how you and [patient's name] are doing, and see if there is anything I can do to help you in his/her care.

Is this a good time to talk? It will probably take about 15 to 20 minutes, depending on the number of medicines [patient's name] is taking.

If yes, continue.

If no, CALLER: Is there a better time that I can call you back?

Is the [patient's name] there? Would you like [patient's name] to be involved in this call?

150. A. Health Status Diagnosis

CALLER: Before [patient name] left the hospital, a discharge educator, [DE's name], spoke to [you, patient name, and/or another caregiver] about [patient's name]'s main problem during his/her hospital stay. This is also called his/her "primary discharge diagnosis."

Using your own words, can you explain to me what [patient's name]'s main problem or diagnosis is?

If yes, confirm the caregiver's knowledge of the discharge diagnosis using the "teach-back" method. After the caregiver describes the patient's diagnosis, clarify any misconceptions or misunderstandings using a question and answer format to keep the patient engaged.

If no, use this opportunity to provide education about the patient's discharge diagnosis and conduct teach-back to confirm the caregiver understood.

CALLER: What did the medical team at the hospital tell you to watch out for to make sure [patient's name] is o.k.?

Review specific symptoms to watch out for/things to do for this diagnosis (e.g., weigh self, check blood sugar, check blood pressure, create peak flow chart).

Measure caregiver's understanding of disease-related symptoms or symptoms of relapse (e.g., review diagnosis pages from AHCP).

CALLER: Do you have any questions for me about [patient's name]'s diagnosis? Is there anything I can better explain for you?

If yes, explain using plain language (no jargon or medical terms).

If no, continue.

CALLER: Since [he/she] left the hospital, do *you* feel [patient's name]'s main problem, [diagnosis], has improved, worsened, or not changed?

If improved or no change, continue below.

If primary condition has worsened,

> **CALLER:** I'm sorry to hear that. How has it gotten worse? Has [patient's name] or you spoken to or seen any doctors or nurses about this since [he/she] left the hospital?
>
> > **If yes, CALLER:** Who have you or [patient's name] spoken with/seen? And what did they suggest you do? Have you done that?
> >
> > Using clinical judgment, use this conversation to determine if further recommendations, teaching, or interventions are necessary.
> >
> > Record any action patient/caregiver has taken and your recommendations on the documentation sheet.

CALLER: Have any new medical problems come up with [patient's name] since [he/she] left the hospital?

If yes:

> **CALLER:** What has happened?
>
> **CALLER:** Is there anyone else involved in his/her care that I should talk to?
>
> > **If yes,** Name: _____
> >
> > Phone number: _____
>
> **CALLER:** Have you or [patient's name] spoken to anyone about this problem? Prompt if necessary: Has anyone:
>
> > Contacted or seen PCP?
> >
> > Gone to the ER/urgent care?
> >
> > Gone to another hospital/provider?
> >
> > Spoken with visiting nurse?
> >
> > Other?
>
> Following the conversation about the current state of the patient's medical condition, consider recommendations to make to the caregiver, such as calling PCP, going to emergency department, etc. Record any actions and recommendations on documentation sheet.

151. B. Medicines

High Alert Medicines

Use the guide below to help monitor medicines with significant risk for adverse events.

Drug Category	What to look for
Anticoagulants	Bleeding; who is managing INR
Antibiotics	Diarrhea; backup method of birth control Should not taken at same time as calcium and multivitamin
Antiretrovirals	Review profile for drug interactions
Insulin	Inquire about fasting blood sugar
Antihypertensives	Dizziness If yes, suggest patient space out medicines (keep diuretic in a.m.)
Medicines related to primary diagnosis	Focus on acquisition and medication adherence

Can you bring all of your medicines to the phone, please? We will review them during this call. Bring both prescription medicines and over-the-counter medicines, the ones you can buy at a drugstore without a prescription. Also, bring any supplements or traditional medicines, such as herbs, you are taking. Finally, could you also please bring to the phone the care plan that we gave you before you left the hospital?

CALLER: Do you have all of [patient's name]'s medications in front of you now?

CALLER: I'm going to ask you a few questions about each one of [patient's name]'s medicines to see if there is anything I can help you with. We will go through his/her medicines one by one.

First of all, I want to make sure that the medicines [he/she] was given were the right ones. Then we'll discuss how often [patient's name] has been able to take them and any problems or questions you or [he/she] might have about any of them.

Choose one of [patient's name]'s medicines to start with.

What is the name of this medicine? The name of it should be on the label. **If the patient is using a generic,** check that caregiver understands that the brand and generic names are two names for the same medicine.

At what times during the day does [patient's name] take this medicine?

How much does [he/she] take each time?

> **If the caregiver answers in terms of how many pills, lozenges, suppositories, etc.** What is the strength of the medicine? It should say a number and a unit, such as mg or mcg.

How does [patient's name] take this medicine? **If there are special instructions** (e.g., take with food), probe as to whether the patient knows the instructions and whether he or she is taking the medicine as instructed.

What does [patient's name] take this medicine for?

Has [he/she] had any concerns or problems taking this medicine? Has anything gotten in the way of him/her being able to take it? Has [patient's name] ever missed taking this medicine when [he/she] was supposed to? Why?

Do you think [patient's name] is experiencing any side effects from the medicines?

> **If yes,** Could you please describe these side effects?

Is [patient's name] taking any other medicines? Repeat list of questions for each medicine.

After caregiver has described all medicines, Is [patient's name] taking any additional medicines that you haven't already told me about, including other prescription medicines, over-the-counter medicines, that is medicines you can get without a prescription, or herbal medicines, vitamins, or supplements?

If patient has been prescribed medicines that the caregiver hasn't mentioned, ask whether patient is taking that medicine.

> **If yes,** go through the list of medicine questions.
>
> **If not,** probe as to why not. **If caregiver is unaware of the medicine,** make a note to check with discharge physician as to whether patient is supposed to be taking it, whether a prescription was issued, etc.

CALLER: Have you or [patient's name] been using the medicine calendar (in the care plan) that was given to [patient's name] when [he/she] left the hospital?

If yes, provide positive reinforcement of this tool.

If no, suggest using this tool to help remember to take the medicines as directed. **If patient has lost care plan,** offer to send a new copy of AHCP by mail or email.

CALLER: Does [patient's name] use a pill box?

If yes, provide positive reinforcement of using this tool.

If no, suggest using this tool to help remember to take the medicines as ordered.

CALLER: What questions to you have today regarding [patient's name]'s medicines and medicine calendar (if using)?

CALLER: Does [patient's name] have any questions or concerns?

Please note on the documentation sheet any recommendation you made to the caregiver and followup actions you took.

152. C. Clarification of Appointments

CALLER: Now, I'm going to make sure you and I have the same information about [patient's name]'s appointments and tests that are coming up. Appointments were made with [patient's name]'s doctors [and for lab tests] before [he/she] left the hospital. Can you please tell me:

What is the next appointment [patient's name] has scheduled?

Who is the appointment with?

What is the appointment for?

When is this appointment?

What is the plan for getting [patient's name] to the appointment?

Is there anything that might get in the way of [patient's name] getting to this appointment?

> **If yes,** Let's talk about how we can work around these difficulties.

If patient plans to keep appointment, ask, Do you have the phone number to call if something unexpectedly comes up and [patient's name] can't make the appointment?

If patient can't keep appointment, get the caregiver to reschedule: As soon as we hang up, can you call to reschedule [patient's name]'s appointment? **If caregiver is unable or unwilling to make the call to reschedule,** offer to make the call: I can reschedule that appointment for [patient's name]. What days and times would [he/she] be able to make an appointment? **After you get several times, say,** Thanks. I'll call you back when I've been able to set up the appointment. **If caregiver and/or patient refuses to cooperate,** consult the DE and hospital team.

Does [patient's name] have any other appointments scheduled? **If yes,** repeat the set of questions. **If no,** but other appointments are scheduled, ask, Are you looking at the care plan? Are there any other appointments listed there? Review these appointments.

153. D. Coordination of Postdischarge Home Services (if applicable)

CALLER: Has [patient's name] been visited by [name of service, e.g., visiting nurse, respiratory therapist] since [he/she] came home?

If no, CALLER: I will call to make sure they are coming soon.

CALLER: Has [patient's name] received the [name of equipment] that was supposed to be delivered?

If no, CALLER: I will call to make sure it is coming soon.

CALLER: I understand that you were going to help [patient's name] at home. Have you been able to provide the help [he/she] needs?

If no, CALLER: Is there anyone else that could help [patient's name] out? Can you call [him/her] to see when [he/she] could come?

154. E. What To Do If a Problem Arises

CALLER: Before we hang up, I want to make sure that if a medical problem arises, you know what to do. If [patient's name] is having an emergency, for example, [give disease-specific examples, e.g., chest pain, trouble breathing], what would you do?

If caregiver does not say, "Call 911," explain the need to get an ambulance so patient can see a doctor right away, and confirm caregiver understanding.

CALLER: And what about if [patient's name] [give example of urgent but not emergent problem] in the evening? What would you do then? Check if caregiver knows how to reach the doctor after hours. **If DE help line operates after hours,** check that the caregiver knows that and can find the number on the AHCP. Confirm understanding.

CALLER: And what about if [patient's name] is having a medical problem that is not an emergency, such as [give disease-specific examples], and wants to be seen by [his/her] doctor before his/her next scheduled appointment, what would you do?

If caregiver does not know, instruct: You can call [patient's name]'s doctor's office directly and ask for an earlier appointment. Sometimes [his/her] primary care doctor is very busy, so if you are having difficulty obtaining an appointment, ask if [patient's name] can be seen by someone else in the office, such as a nurse, nurse practitioner, or physician's assistant. Confirm understanding.

CALLER: Just to make sure we're on the same page, can you tell me what you'd do if [create nonemergent scenario]?

If caregiver answers incorrectly, ask: Do you have [patient's name]'s doctor's phone number handy? It should be on the care plan on the appointments page. **If caregiver can't tell you the number, say,** Let me give you the phone number for [patient's name]'s primary care doctor just in case. Do you have a pen and paper to write this down? Do you need me to mail or email you another copy of [patient's name]'s care plan?

> **If yes,** confirm address or email.

CALLER: That's all I needed to talk to you about. We've covered a lot of information. What questions can I answer for you?

If none, CALLER: Thank you and have a good day. If you have to follow up with caregiver on anything, remind him or her that you will be calling back.

If caregiver has questions, answer them.

155. Appendix E. Postdischarge Followup Phone Call Documentation Form

Patient name: _____

Caregiver(s) name(s): _____

Relationship to patient: _____

Notes: _____

Discharge date: _____

Principal discharge diagnosis: _____

Interpreter needed? Y N Language/Dialect: _____

Prior to phone call:

Review:

Health history

Medicine lists for consistency

Medicine list for appropriate dosing, drug-drug and drug-food interactions, and major side effects

Contact sheet

DE notes

Discharge summary and AHCP

Call Completed: Y N

With whom (patient, caregiver, both): _____

Number of hours between discharge and phone call: _____

Consultations (if any) made prior to phone call:

None

Called MD

Called DE

Called outpatient pharmacy

Other: _____

If any consultations, note to whom you spoke, regarding what, and with what outcome:

_____

_____

Phone Call Attempts

Patient/Proxy

Alternate Contact 1

Alternate Contact 2

156. A. Diagnosis and Health Status

Ask patient about his or her diagnosis and comorbidities

Patient confirmed understanding

Further instruction was needed

If primary condition has worsened:

What, if any, actions had the patient taken?

Returned to see his/her clinician (name):_____

Called/contacted his/her clinician (name):_____

Gone to the ER/urgent care (specify):_____

Gone to another hospital/MD (name):_____

Spoken with visiting nurse (name):_____

Other:_____

What, if any, recommendations, teaching, or interventions did you provide?

If new problem since discharge:

Had the patient:

Contacted or seen clinician? (name):_____

Gone to the ER/urgent care? (specify):_____

Gone to another hospital/MD? (name):_____

Spoken with visiting nurse? (name):_____

Other?:_____

Following the conversation about the current state of the patient's medical status:

What recommendations did you make?

Advised to call clinician (name):_____

Advised to go to the ED

Advised to call DE (name):_____

Advised to call specialist physician (name):_____

Other:_____

What followup actions did you take?

Called clinician and called patient/caregiver back

Called DE and called patient/caregiver back

Other:

157. B. Medicines

Document any medicines patient is taking that are **NOT** on AHCP and discharge summary:

_____

1. Document **problems** with medicines that are on the AHCP and discharge summary (e.g., has not obtained, is not taking correctly, has concerns, including side effects):

Medicine 1:

Problem:

Intentional nonadherence

Inadvertent nonadherence

System/provider error

What recommendation did you make to the patient/caregiver?

No change needed in discharge plan as it relates to the drug therapy

Educated patient/caregiver on proper administration, what to do about side effects, etc.

Advised to call PCP

Advised to go to the ED

Advised to call DE

Advised to call specialist physician

Other:_____

What followup action did you take?

Called hospital physician and called patient/caregiver back

Called DE and called patient/caregiver back

Called outpatient pharmacy and called patient/caregiver back

Other:_____

Medicine 2:

Problem:

Intentional nonadherence

Inadvertent nonadherence

System/provider error

What recommendation did you make to the patient/caregiver?

No change needed in discharge plan as it relates to the drug therapy

Educated patient/caregiver on proper administration, what to do about side effects, etc.

Advised to call PCP

Advised to go to the ED

Advised to call DE

Advised to call specialist physician

Other:_____

What followup action did you take?

Called hospital physician and called patient/caregiver back

Called DE and called patient/caregiver back

Called outpatient pharmacy and called patient/caregiver back

Other:_____

Medicine 3:

Problem:

Intentional nonadherence

Inadvertent nonadherence

System/provider error

What recommendation did you make to the patient/caregiver?

No change needed in discharge plan as it relates to the drug therapy

Educated patient/caregiver on proper administration, what to do about side effects, etc.

Advised to call PCP

Advised to go to the ED

Advised to call DE

Advised to call specialist physician

Other:_____

What followup action did you take?

Called hospital physician and called patient/caregiver back

Called DE and called patient/caregiver back

Called outpatient pharmacy and called patient/caregiver back

Other:_____

158. C. Clarification of Appointments

Potential barriers to attendance identified: ❑ Y ❑ N

List:_____

Potential solutions/resources identified: ❑ Y ❑ N

List:_____

Alternative plan made: ❑ Y ❑ N Details:_____

Clinician/DE informed: ❑ Y ❑ N Details:_____

159. D. Coordination of Postdischarge Home Services (if applicable)

Document any postdischarge services that need to be checked on and who will be doing that (caller/patient/caregiver).

160. E. Problems

Did patient/caregiver know what constituted an emergency and what to do if a nonemergent problem arose?

❑ Yes ❑ No

If no, document source of confusion:

161. F. Additional Notes

162. G. Time

Time for reviewing information prior to phone call:_____

Time for missed calls/attempts:_____

Time for initial phone call:_____

Time for talking to other health care providers:_____

Time for followup/subsequent phone calls to patient:_____

Time for speaking with family or caregivers:_____

Total time spent:_____

Caller's Signature:_____

163. Appendix F. Phone Call Role Play

CALLER: Hello Ms. Smith, I am Brian, a nurse from [Hospital]. When you left the hospital, Lynn, your discharge educator, mentioned you'd receive a call checking in on things and I'm glad to help with this call. I am hoping to talk to you about your medical issues, see how you are doing, and see if there is anything I can do to help you.

PATIENT: How nice to hear from you.

CALLER: Do you mind if I ask you a few questions so I can see if there is anything I can help you with?

PATIENT: O.k.

CALLER: Is this a good time to talk?

PATIENT: Yes.

CALLER: It will probably take about 15 to 20 minutes, depending on the number of medicines you are taking.

PATIENT: That's o.k., it might help as I want to do the best I can to get better. Did you know my granddaughter is getting married this year? She is just the love of my life.

CALLER: Before you left the hospital, Lynn, the discharge educator spoke to you about your main problem during your hospital stay. Using your own words, can you explain to me what your main problem or diagnosis is?

PATIENT: Yes, I was admitted with congestive heart failure. It was the *second* time this year.

CALLER: Could you tell me your understanding of congestive heart failure?

PATIENT: It means my heart isn't pumping blood as good as it used to.

CALLER: What did the medical team tell you to watch out for to make sure you're o.k.?

PATIENT: Yes, they told me to take my medicine, weigh myself daily, eat a low-fat and low-salt diet….and if my weight increases by 2 pounds compared to what it was when I left the hospital then call the nurse in my doctor's office.

CALLER: Have you been able to do those things?

PATIENT: Yes, I try to stick to it as best I can, except at Easter when I always have ham. But my weight is 142, 2 pounds more than when I left the hospital.

CALLER: Have you called and told your doctor's office that?

PATIENT: Not yet, but I should, shouldn't I?

CALLER: Yes, I will remind you before we get off the phone. Since you left the hospital, do *you* feel your congestive heart failure has improved, worsened, or not changed?

PATIENT: I think I am about the same.

CALLER: What does your family think?

PATIENT: My son tells me I look much better than when I was in the hospital! He says I've been breathing easier too.

CALLER: Have any new medical problems come up since you left the hospital?

PATIENT: No, I don't think so.

CALLER: Can you bring all of your medicines to the phone, please? I'd like you to bring everything you are taking, even medicine that you get without a prescription, including vitamins, supplements, herbal remedies—everything. We will review them during this call. And can you also please bring the care plan you got before leaving the hospital?

PATIENT: O.k., give me a minute.

CALLER: Do you have all of your medicines in front of you now?

PATIENT: Yes, I have them now.

CALLER: I'm going to ask you a few questions about each one of your medicines to see if there is anything I can help you with. We will go through your medicines one by one.

First of all, I want to make sure that the medicines you were given were the right ones. Then we'll discuss how often you've been able to take them and any problems or questions you might have about any of them. Is that o.k.?

PATIENT: Yes.

CALLER: Choose one of your medications to start with.

PATIENT: This one is my small white pill. Do you know it? I have taken it for a long time, but now the name is different.

CALLER: What is the name of this medication? The name should be on the label.

PATIENT: FUR-O-SI-MIDE. That is hard for me to say. I used to take something that looked just like this called Lasix.

CALLER: Yes, furosimide and Lasix are the same thing.

PATIENT: That is confusing!

CALLER: Yes, it can be very confusing for people. What is the strength of the medication? It should say a number and a unit, such as mg, mcg, etc.

PATIENT: 20 mg.

CALLER: Great.

CALLER: How do you take this medicine? And at what times during the day?

PATIENT: I take it in the morning because it causes me to pee a lot, but not so much lately.

CALLER: You take it only in the morning?

PATIENT: Yes.

CALLER: And how many pills do you take in the morning?

PATIENT: One.

CALLER: I notice here in the records that the doctors in the hospital increased your medicine so that you are supposed to take one pill in the morning and another in the evening. Were you aware of that?

PATIENT: No, it was really rushed when I left the hospital. A nurse gave me a form to sign that has my medicines on it but I can't understand it. So, I'm taking what I took before I went to the hospital, the ones my doctor told me to take.

CALLER: Do you know the reason you are taking Lasix?

PATIENT: I know it makes me pee.

CALLER: Yes, it helps you to remove the extra fluid from your lungs. Are you o.k. with taking a second pill in the evening until you see your doctor next week?

PATIENT: I'd rather not, because I don't like having to get up at night to pee.

CALLER: For right now it's really important that you take that second pill in the evening to keep the fluid from building up in your lungs. You can talk with your doctor when you see her about cutting back, but for now we really need you to take a second pill in the evening. How about if you take it at 6 p.m.?

PATIENT: I guess I can do that.

CALLER: So tell me, how are you going to take your Lasix tomorrow?

PATIENT: I'll take one when I first get up, and one after dinner, around 5:30 or 6 p.m.

CALLER: That sounds great.

[ALL MEDS ARE REVIEWED AND IT WAS ALSO DISCOVERED THAT THE ASPIRIN THAT SHE IS SUPPOSED TO TAKE WAS LEFT OFF HER DISCHARGE LIST. SHE AGREES TO BEGIN TAKING IT.]

CALLER: Have you been using the calendar in your care plan that was given to you when you left the hospital?

PATIENT: Yes, I love it. It helps me a lot to keep track of my appointments.

CALLER: Now, I'm going to make sure you and I have the same information about your appointments and tests that are coming up. You were given appointments with your doctors and for lab tests when you left the hospital. Can you please tell me what appointments you have scheduled?

PATIENT: Yes, I have an appointment with my cardiologist next Tuesday at 3 p.m. in his office on Main Street.

CALLER: Great. How are you going to get there?

PATIENT: My sister is going to take me. She has an appointment in the same building that afternoon.

CALLER: And what about the appointment at the lab to have your Coumadin checked? Did you keep that appointment?

PATIENT: Oh yeah, my son has been out of work and just got a job so he couldn't take me that day.

CALLER: Let's talk about how we can work around these difficulties. Would it be o.k. if I called the home care service and asked if they could go to your house to draw your blood?

PATIENT: That would be wonderful. You are so nice.

CALLER: O.k., Mrs. Smith, those are all the questions I had for you. What questions do you have for me?

PATIENT: You know, I think you answered all my questions, even ones I didn't know I had! I could've ended up in the hospital again if it weren't for this call. [Hospital] provides wonderful care, don't they? It seems as if they really care about me.

CALLER: Thank you so much for your time, Mrs. Smith, take care.