

OASIS Alert

Case Study: HOW TO GET YOUR PATIENTS TO CALL YOU FIRST

Education, handouts and your staff's attitude are key.

Finding out how your staff really feel about patients calling them may be your first clue as to why patients go to the ER instead.

Don't overlook: Agencies must acknowledge and plan for the fact that a patient being admitted from the hospital or rehab center is going from 24 hour nursing care to having a nurse visit two or three times a week, and from therapy three times a day to therapy two or three times a week. If agencies don't, that patient may end up back in the hospital, warned **Maria Thurlow** with Greensboro, NC-based **Advanced Home Care**.

To successfully reduce acute care hospitalization rates, agencies need to develop a culture of "facing the brutal facts," Thurlow told her audience at the **Association for Home & Hospice Care of North Carolina's** May 2006 convention in Durham, NC. This includes auditing all adverse events and understanding why they happened, she said.

Advanced Home Care found these four approaches important for encouraging patients to call the agency first--unless they were experiencing a life-threatening emergency, Thurlow said.

- **Get the patient started right away.** On the first visit, along with safety and falls prevention measures and other important strategies, instruct the patient about who to call and what to do if there is a problem.

Tip: AHC provides a customized ad-mission brochure to answer as many questions as possible. It includes pictures related to the patient's condition that the nurse on call can refer to over the phone.

- **Make the patient feel "warm and fuzzy."** Reassure the patient that he can call the agency day or night. Let him know the "nurse is waiting to hear from you" at the first sign of a problem. Encourage him not to wait to call. Be sure the staff understands the importance of responding positively to the calls and tie incentives to this.

- **Set up a call system that works for your staff.** AHC uses a telephone triage nurse with access to patient records as the first level of response. If the problem can't be handled over the phone, another nurse is on call to make a visit.

Bonus: "There was no incremental cost to switch" from the previous system with one on-call nurse, Thurlow reported.

- **Front load visits.** Plan to have one of the disciplines visit each day at first. Coordinate these visits to "strategically clump" them in the first five to 14 days after hospital discharge. And remember to call the patient to check on her condition.