Post-Discharge Calls Script

Post-discharge telephone calls benefit patients discharged from the hospital and improve satisfaction as many patients have questions or face the risk of developing new or worsening symptoms within a few days post-discharge. Use the following discharge call outline to ensure that all patients are provided with consistent, crucial information.

POST-DISCHARGE PHONE CALL KEY ELEMENTS

A. Caller introduces himself/herself.
B. Confirm that the person on the phone is the intended patient and obtain permission to proceed.
C. Inquire about the patient’s current condition: Are there any new or worsening symptoms?
D. Assess the patient’s understanding of discharge instructions.
E. Ask whether prescriptions were filled as ordered.
F. Ask the patient if he/she understands the prescription orders.
G. Verify that a follow-up appointment was scheduled.
H. Probe for additional questions or concerns.
I. Notify the patient that they might receive a survey and encourage them to complete it and return it.
J. Thank the patient for choosing the facility and for taking the time for this call.

SAMPLE SCRIPTS

IF YOU REACH THE PATIENT

Customize this outline based on whether speaking with the patient or a family member.

A, B, C. "Hello. This is (caller name) from (facility name). On behalf of (facility name), I am calling to follow up with you since you have returned home. Do you have a few minutes to speak with me about how you’re doing?"

- If yes: “Thank you! How have you been feeling since you’ve been home?”
- If no: “OK. When would be a good time to call you back? We want to make sure that you are doing well and would like to check on you again.”

D. “Before you went home, we went over some instructions with you about how to take care of yourself at home and what things to watch for. Did you understand these instructions?”

- If yes, ask patient to repeat back (in summary) discharge instructions to ensure a healthy understanding.
- If no, probe for questions from the patient or review discharge instructions.

E. “I show that you were prescribed some (antibiotics) and (pain medication). Have you filled these prescriptions? Have you started taking these medications yet?”

- If no, probe for when prescriptions will be filled.

F. “Do you have any questions about your prescription instructions?”
G. “Have you scheduled your follow-up appointment with your doctor?”
   • If no, probe for when the appointment will be scheduled or offer to schedule it for the patient.

H. “Are there any specific questions or concerns that you have for me at this time?” (Hint: Be attentive to nonverbal communication such as hesitations and change in voice. Probe as needed and be prepared to perform service recovery.) “If you think of any questions or concerns after we hang up, please call me. Again, my name is (caller name) and my phone number is (phone number).”

I, J. “Thank you for your time today, (patient name). You may receive a patient satisfaction survey in the mail. If you do, I hope that you will take a few minutes to fill it out and return it because we rely on your feedback to improve our service. Your evaluation is very important to us and we are grateful for your time. Have a nice morning/afternoon/evening.”

IF YOU REACH A PATIENT’S VOICEMAIL

It is important that you follow your organization’s HIPAA policies regarding leaving information on voicemail or with family members. While there are different approaches to these topics that may be acceptable, your organization may have identified a specific approach that is expected of its employees.

“This is (caller name) from (facility name) with a message for (patient name). Please call us at (phone number).” If leaving a doctor’s name or facility name that would allow someone to infer the type of care the patient is receiving (e.g., obstetrics, oncology, etc.), it would be better to say, “This is the doctor’s office/hospital asking (patient name) to call us at (phone number).”

• HIPAA’s general rule is that whenever we disclose protected health information we must disclose only the minimum necessary amount that will achieve the intended purpose. Leave only the name of the facility, phone number, and other information necessary to confirm an appointment, or ask the individual to call back.
• Be sure to ask patients how they want to be contacted and whether messages can be left on voicemail at home. The patient’s preference should be made part of the chart and should be tracked by individual departments. (Under HIPAA, patients have a right to determine where and how they are to be contacted: by mail, by e-mail, at home, at the office, etc. This should be determined at the time of registration.) If the patient’s preference is unknown, leave little information on voicemail.

IF YOU REACH A FAMILY MEMBER

“Hello. This is (caller name) from (facility name). May I please speak with (patient name)?”

• If the person answering the phone probes for additional information, inform him/her that the purpose of the call is confidential and then ask again to speak with the patient.
OTHER POST-DISCHARGE CALL QUESTIONS TO CONSIDER

MEDICATIONS AND PRESCRIPTIONS

- Have you filled your prescriptions as ordered?
- How are you doing with your medications?
- What questions do you have about your medications?
- Were the instructions for your medications clear to you?

FOLLOW-UP APPOINTMENT

- Have you made your follow-up appointment with your doctor?
- What questions do you have about follow-up appointments?

HOME CARE

- Did you understand your discharge instructions?
- Has the home care nurse visited you yet?
- Has your home care equipment been delivered yet?
- Is there anyone else that helps take care of you that I should talk to?

PATIENT SATISFACTION

- Do you have any concerns or questions?
- How are you feeling?
- Would you like to recognize any individuals who provided exceptional service?
- What could we have done better or differently during your stay?
- How was your care?
- What was the one thing you think we did the best during your stay?
- I wanted to inform you that we care about patient satisfaction at (facility name), so you might get a survey in the mail. Please take a few minutes to complete it and put it in the mail.
- Would you like someone to call you back?

NEW OR WORSENING SYMPTOMS

- Are you having any pain? (check for complications)
- Have you been able to eat anything?
- How does the site where you had your IV look?