Postdischarge Telephone Calls by Hospitalists as a Transitional Care Strategy

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ABSTRACT

OBJECTIVES: To determine whether treating hospitalists can identify and address early postdischarge problems through a structured telephone call.

STUDY DESIGN: Prospective cohort study.

METHODS: We studied patients insured through a managed care program who were discharged from a general internal medicine service of a university-affiliated public safety net hospital (Denver Health Medical Center) between March 1, 2012, and October 31, 2013. The hospitalist who treated the patient during their hospitalization contacted them 48 to 72 hours after discharge and completed a structured telephone assessment. We assessed the type and frequency of problems identified, the proportion of calls in which problems were independently addressed by the hospitalist, the proportion referred for additional managed care services, and the duration of calls and subsequent care coordination.

RESULTS: Treating hospitalists identified 1 or more problems in 74 of the 131 patients (56%) contacted. The most common categories of problems were: new or worsening symptoms (41%), difficulty accessing recommended follow-up care (21%), and medication issues (20%). Hospitalists independently managed the problems identified in 68% of the calls; additional services were required in 32%. Median time spent per call was 8 minutes (interquartile range, 5-12).

CONCLUSIONS: Treating hospitalists identified problems in over half of patients contacted by telephone shortly after discharge, the largest proportion of which were new or worsening symptoms. Hospitalists were able to address the majority of problems identified through the single, brief telephone encounter without utilizing additional resources.

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The period immediately following hospital discharge has been identified as a major patient-safety gap in which misunderstandings and medical errors frequently occur.[1-3] Approximately 20% to 30% of medical patients experience an adverse event after discharge, resulting in a variety of suboptimal outcomes.[4,5] The majority of these adverse events may be preventable, but they frequently occur early with respect to discharge and prior to patients being seen in the outpatient setting.[4-8] Thus, managed care organizations are seeking feasible strategies to bridge this important safety gap.

Although telephone calls to patients following hospital discharge have garnered interest as a way to assist them with a variety of issues related to their hospitalization, the results of studies examining the effectiveness of such calls have been mixed.[9-16] Very few of these studies have described calls made by the physicians who treated the patients during their hospitalization[11,12] and, to our knowledge, none have described such calls to adult patients by treating hospitalists. We theorized that hospitalists may be well-positioned to recognize and assist their patients with problems and concerns arising shortly after discharge. Accordingly, we studied whether the same hospitalist who cared for the patient during their hospitalization could effectively identify and efficiently address early postdischarge problems through a structured telephone call.

METHODS

Study Design and Setting

We conducted a prospective cohort study of patients who were discharged from a general internal medicine service by one of 19 participating hospitalists at Denver Health Medical Center, a 525 bed university-affiliated, urban public safety net hospital, between March 1, 2012, and October 31, 2013. We included English- or Spanish-speaking patients aged 18 to 89 years who were insured by Denver Health's own managed care organization. We excluded patients who lacked telephone access, those with a physical or cog-

nitive impairment precluding their participation in a telephone encounter, those who were incarcerated, known to be pregnant, and those discharged to a skilled nursing facility or hospice. The study was reviewed and approved by the Colorado Multiple Institutional Review Board with a waiver of consent.

Participating hospitalists assessed patients for eligibility and verified their telephone number prior to discharge on selected study days. Study days were selected such that the hospitalist knew they would be available to make the telephone calls 48 to 72 hours after discharge. Beginning at 48 hours post discharge, the hospitalists attempted to contact eligible patients by telephone. They were instructed to make 2 attempts to reach each patient, beginning at approximately 48 hours after discharge and making a final attempt at approximately 72 hours. Hospitalists either spoke with the patient directly or with a proxy selected by the patient. Telephone interpreters were utilized for Spanish-speaking patients.

TAKE-AWAY POINTS

We studied whether treating hospitalists could identify and address early postdischarge problems through a structured telephone call made 48 to 72 hours after hospital discharge.

- Hospitalists discovered problems in 56% of patients contacted, including a large burden of new or worsening symptoms. The problems identified in 68% of calls were managed by the treating hospitalist through the single, brief telephone encounter without requiring additional managed care resources.
- Telephone calls by treating hospitalists may be an effective and efficient method of identifying and alleviating early postdischarge problems. Managed care organizations might consider partnering with hospitalists to enhance patient safety following discharge.

Postdischarge Assessment

A structured assessment based on key components of Project Reengineered Discharge[17] was utilized by the hospitalist during the postdischarge calls (**eAppendix**, available at **www.ajmc.com**). Questions were organized within specific domains and prompts were used to encourage providers to perform "teach-back" at key intervals.[18] Hospitalists also had access to the patients' electronic health record (EHR), including information pertaining to their hospitalization, discharge instructions, and medication list. If the hospitalist determined that additional services were needed beyond what they could provide, then an electronic referral was sent to the Department of Managed Care at Denver Health Medical Center for resolution.

Within 2 weeks of the hospitalist call, patient navigators employed by the Department of Managed Care attempted to contact each patient who had received a hospitalist postdischarge call in order to evaluate their perceptions regarding the utility of the call and to determine whether the problem addressed in the initial call had been adequately resolved.

Variables Assessed

We collected demographic and clinical data from our EHR and assessed the following variables: a) the category and frequency of problems identified in the postdischarge call; b) the severity of the most significant problem, as perceived by the hospitalist, using a 100-point visual analog scale (with 1 representing the least serious problem and 100 representing the most serious); c) the proportion of calls in which a problem was identified that were independently addressed by the hospitalist; d) the proportion of calls for which additional managed care services were requested; e) the proportion of calls resulting in a recommendation to seek urgent/emergent care; f) the time spent by the physician on the call and any subsequent care coordination; g) each hospitalist's a priori assessment of the likelihood that each patient would have postdischarge problems identified in the call (assessed at hospital discharge using the previously mentioned visual analog scale); h) the types of managed care interventions requested; i) patients' perceptions regarding the usefulness of the call; and j) the navigators' determination of whether the problem(s) identified by the hospitalist had been adequately resolved.

Data Collection and Statistics

REDCap, a secure Web-based application, was used to collect and manage all study data[19]; analyses were performed using SAS Enterprise Guide version 5.1 (SAS Institute, Inc, Cary, North Carolina). A Student's *t* test or Wilcoxon Rank Sum test was used to compare continuous variables depending on the results of normality tests. Chi-square tests were used to compare categorical variables; $P < .05$ was considered to be statistically significant. We constructed a receiver operating characteristic (ROC) curve to evaluate the accuracy of the physician assessments in predicting postdischarge problems.

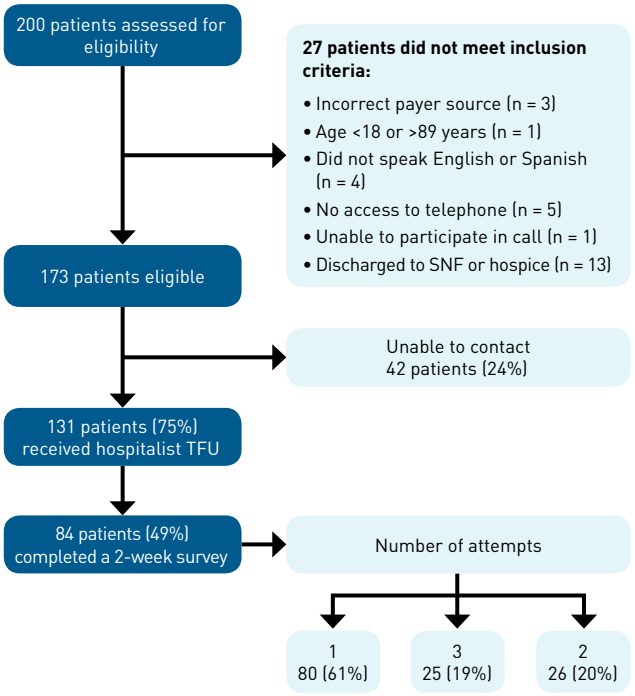
RESULTS

We assessed 200 hospitalized patients for eligibility, and 27 were excluded (**Figure**). Of the 173 eligible patients, 131 (76%) received a call from their treating hospitalist and agreed to participate in the survey. Assessments were completed on all 131 patients who received a call. We found no significant differences between any of the variables listed in the **Table** for patients who were successfully contacted versus those who were not.

A total of 107 problems were identified in 74 of the 131 patients (56%). A single problem was identified in two-thirds of patients while the remaining one-third had multiple problems identified. Forty-eight of these 74 patients (65%) initially denied having had any problems following discharge, but problems were subsequently discovered as a result of further questioning by the treating hospitalist using the structured survey.

Forty-one percent (44 of 107) of the problems identified were: new or worsening symptoms. The next most common categories

FIGURE. Patient Selection and Flow



SNF indicates skilled nursing facility; TFU, telephone follow-up.

were: difficulties obtaining follow-up appointments (23 of 107; 21%), medication issues (21 of 107; 20%), and problems understanding or executing discharge instructions (9 of 107; 8%). The remainder of the problems were related to home care services (5 of 107; 5%) and the capacity for self-care (5 of 107; 5%). Physician assessment regarding the severity of what they considered to be the most significant problem identified during the call was a median of 49 points (95% CI, 25-69) on a 100-point visual analog scale.

We found no statistically significant differences for any of the demographic or clinical variables assessed for patients in whom a problem was identified versus those in whom no problem was identified (Table). The hospitalist assessment at hospital discharge, regarding the likelihood of a patient subsequently experiencing problems, was a mean score of 67 of 100 (95% CI, 50-76) when a problem was reported versus a mean score of 49 of 100 (95% CI, 28-67) when a problem was not reported (both $P = .002$). However, the ROC curve depicting the accuracy of hospitalist assessment in predicting postdischarge problems had an area under the curve (ie, C statistic) of only 0.66.

Hospitalists were able to independently address the problems identified in the majority of calls (50 of 74; 68%), while the problems identified in 24 of 74 calls (32%) required referral to the Managed Care Department. The most common managed care services requested were: a nurse follow-up call (15%), transportation assistance (9%), and health coaching (8%). Eight patients—representing 11% of those in whom problems were identified—were referred to the emergency department (ED) or the urgent care clinic for evaluation as a result of the problem identified in the call.

Hospitalists spent a median of 8 minutes per call (interquartile range [IQR], 5-12) and a median of 10 minutes per case, including any subsequent care coordination (IQR, 6-16). Median time spent per call and per case when a problem was identified was 10.5 minutes (IQR, 7-16) and 13 minutes (IQR, 9-22) versus 6 minutes (IQR, 4-8) and 7 minutes (IQR, 5-10) when no problems were identified, respectively (both $P < .001$).

Eighty-four patients (64% of the patients who received a hospitalist call) were contacted by a patient navigator within 2 weeks and completed an additional survey. Of these, 77 (92%) believed the hospitalist call was "helpful" and 47 (56%) had problems discovered in the original call. Of the 47, 39 (83%) reported that they had "received the help necessary to resolve the problem(s) discussed" in the initial call. Navigators believed that the problem had been adequately resolved in 43 of 47 cases (91%).

Patients who received a hospitalist postdischarge call were less likely to be rehospitalized for inpatient or observation stays within 30 days (19 of 131; 15%) than those who were not able to be contacted (12 of 42; 29%) ($P < .05$). Patients who had problems identified in the call were more likely to have an ED or urgent care visit within 30 days of discharge (15 of 74; 20%) than those who did not (4 of 57; 7%) ($P < .05$).

DISCUSSION

Telephone contact with patients after discharge has been proposed as a way to address problems occurring in this period, but a large systematic review examining studies of postdischarge calls by a variety of healthcare providers found there was insufficient evidence to conclude that this intervention was effective.[9] The results of several more recent studies have also been mixed.[10-16] Most of these studies utilized nurses and pharmacists as callers. We know of only 1 other study describing postdischarge calls by treating hospitalists and it was performed in a pediatric population.[12]

Our study of postdischarge telephone calls by treating hospitalists revealed several important findings. First, hospitalists discovered problems in over half of the patients they contacted between 48 and 72 hours after discharge, and new or worsening symptoms accounted for the largest proportion of these problems. Second, hospitalists could not reliably predict which patients were likely to encounter problems. Third, the majority of problems identified were addressed by the treating hospitalist through the single, brief telephone encounter.

Many of the problems we identified were not trivial, and 11% of the patients in whom problems were discovered were referred to the ED or urgent care clinic as a result. The spectrum of problems we discovered is similar to previous studies; however, we

identified a larger burden of new or worsening symptoms than in some previous studies describing calls by primary care nurses and unlicensed call center representatives surveying medical patients within a similar time frame.[15,20] Although the reason for this difference unclear, it is possible that patients may be more comfortable discussing symptoms with their treating physicians or, conversely, that physicians are better at eliciting such symptoms compared with other types of providers, either because they are physicians and/or because they treated the patients during their hospitalization.

We had theorized that treating hospitalists might be able to accurately predict which patients were likely to experience problems following discharge, but our data did not confirm this supposition. Our results indicate that hospitalists' predictions are marginally better than chance. However, we found that treating hospitalists were able to independently address the majority of problems they identified during the call without requiring additional managed care resources. Moreover, they were able to do so relatively efficiently (eg, median = 10 minutes per case), perhaps because the treating hospitalist was familiar with the patient and had firsthand knowledge of the discharge plan.

The frequency with which postdischarge problems occur, together with the fact that they are difficult for physicians to predict and often initially unrecognized by patients, suggests that early telephone contact with a healthcare provider after hospital discharge should be considered as a routine practice. Given the relatively high burden of new or worsening symptoms signaling possible deterioration in a patient's condition, we would also suggest that the provider making the calls should possess the clinical acumen necessary to quickly and effectively evaluate such complaints. Although some of the problems we discovered could likely have been dealt with by allied healthcare providers, many were seemingly addressed more directly and efficiently because of the treating hospitalists' implicit knowledge of the patient gained during their hospitalization.

TABLE. Patient Characteristics

	Patients Contacted (n = 131)	Patients Not Contacted (n = 42)	Problems Identified (n = 74)	No Problems Identified (n = 57)
Age, years: mean ± SD	58 ± 15	56 ± 16	57 ± 13	60 ± 17
Male gender, n (%)	62 (47)	19 (45)	37 (50)	25 (44)
Race/ethnicity, n (%)				
White	34 (26)	9 (21)	18 (24)	16 (28)
Black	30 (23)	7 (17)	18 (24)	12 (21)
Hispanic	65 (50)	24 (57)	36 (49)	29 (51)
Primary language, n (%)				
English	113 (86)	35 (83)	67 (91)	46 (81)
Spanish	18 (14)	7 (17)	7 (9)	11 (19)
Insurance, n (%)				
Medicare	44 (33)	14 (33)	22 (30)	22 (39)
Medicaid	82 (63)	26 (62)	48 (65)	34 (60)
Commercial	5 (4)	2 (5)	4 (5)	1 (2)
Marital status, married: n (%)	24 (18)	9 (21)	15 (20)	9 (16)
History of alcohol/substance abuse, n (%)	44 (34)	13 (31)	30 (41)	14 (25)
History of psychiatric illness, n (%)	76 (58)	24 (57)	41 (55)	35 (61)
Homeless, n (%)	3 (2)	2 (5)	2 (3)	1 (2)
Primary care provider, n (%)	113 (86)	31 (74)	62 (84)	51 (89)
Hospitalizations in prior year, n (%)	79 (60)	19 (45)	46 (58)	33 (42)
Length of stay, median (IQR)	2.9 (1.6-4.8)	2.1 (1.5-3.3)	3.0 (1.9-5.0)	2.6 (1.0-4.2)
Charlson Comorbidity Index, median (IQR)	2 (1-3)	2 (1-3)	2 (1-4)	1 (0-3)

IQR indicates interquartile range; SD, standard deviation.
[a]All values were nonsignificant with $P > .05$.

Limitations and Strengths

Our study has several limitations. First, it was performed in a single university-affiliated public safety net hospital, such that the results might not be generalizable to other types of institutions and/or other patient populations. Second, because we studied patients who were insured through a managed care program, our patients may have had more resources available to them than would be typical of many patients cared for at a safety net hospital. Third, we did not design our study to compare the effectiveness of postdischarge calls by hospitalists with calls made by other types of healthcare providers or with no intervention, such that we cannot conclude that calls by hospitalists are superior to other strategies. Fourth, although fewer patients who received a hospitalist call were rehospitalized, this result may have been influenced by factors unrelated to the call (eg, patients may have been rehospitalized at the time of the call). Lastly, because our study is not a randomized controlled trial, the results may be confounded by unmeasured differences, such as variable health literacy or self-investment.

Our study also has a number of strengths. First, to our knowledge, it is the first study describing postdischarge telephone follow-up of adult patients by treating hospitalists. Second, we utilized a structured survey that included a "teach-back" style of interaction in order

to facilitate patient learning and retention of information, and this may have aided our ability to detect and address patients' problems. Third, we utilized a second call to evaluate patients' perspectives regarding the usefulness of the call made by the hospitalists.

CONCLUSIONS

Our strategy represents a feasible method of detecting and alleviating early postdischarge problems, which, if unaddressed, may result in poor outcomes. Managed care organizations might consider partnering with hospitalists to enhance the postdischarge safety of their members. To determine whether our approach results in better outcomes than what can be achieved by calls from providers not involved in the care of the patients during their hospitalization would require a prospective randomized trial. Given the potential for improved outcomes, the results of such a trial could substantially alter the customary approach to patient care after discharge.

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Phone Assessment

Subject ID

_____
(This number is generated automatically.)

Phone Assessment

Physician: Are you using an interpreter for this call?

◯ No
◯ Yes
(Select one.)

Physician: How many call attempts did it take to contact the subject?

◯ 1
◯ 2
◯ 3
◯ Unable to contact
(Select one.)

Physician: If 'Unable to contact', describe why you were unable to cotact the subject.

_____
(Record the reason you were unable to contact the subject.)

Phone Assessment Date and Time Start

_____
(Record the date the phone assessment was started using the YYYY-MM-DD HH:MM format.)

*****Hello! This is Dr. ...fill in the blank.... I was the physician who took care of you while you were in the hospital. I'm calling to find out how you have been doing since your discharge from the hospital. Do you have a few minutes to chat?**

Physician: Does the subject have a primary care giver (e.g. a family member who helps them with medical care)?

◯ No
◯ Yes
(Select one.)

Do you prefer that I speak with your primary care giver regarding your recent hospital discharge and follow-up care?

◯ No
◯ Yes
(Select one.)

Physician: If 'Yes', who did you speak with?

_____
(Record the name of the person who completed the call.)

Do you have your discharge instruction sheet / medication list readily available?

◯ No
◯ Yes
(Select one.)

If 'No', why not?

☐ Never Received It
☐ Do Not Have It Near Me
☐ Lost It
☐ Other
(Check all that apply.)

If 'Other', please specify.

_____
(Record the specific reason the subject does not have discharge sheet.)

Do you feel you were ready for discharge?

◯ No
◯ Yes
(Select one.)

If 'No', why not?

_____
(Record the subject's answer.)

Since your discharge from the hospital, have you been feeling better, the same, or worse?

◯ Better
◯ Same
◯ Worse
(Select one.)

If 'Worse', what symptoms have gotten worse?

_____
(Record the symptoms which the subject complains of as being 'worse'.)

Any new symptoms since leaving the hospital?

◯ No
◯ Yes
(Select one.)

If 'Yes', what symptoms are new?

_____
(Record any new symptoms the subject complains of.)

Have you had any difficulties since being discharged?

◯ No
◯ Yes
(Select one.)

If 'Yes', what difficulties have you had?

_____
(Record any new difficulties the subject complains of.)

Have you had problems with any of the following?

☐ Medication Problems
☐ Home Services
☐ Understanding Discharge Instructions
☐ Caring for Yourself
☐ Getting Follow-up Appointments
☐ Knowing Where to Get Help if You Need It
☐ Other Reason Not Listed
(Check all that apply.)

Physician: Specify Medication Problems

☐ Obtaining
☐ Understanding how to take
☐ Remembering to take
☐ Other
(Check all that apply.)

If 'Other' medication problem, please specify.

_____
(Record the specific problem.)

Physician: Specify Home Services Problems

☐ Oxygen
☐ Equipment
☐ Nursing
☐ Wound Care
☐ PT
☐ OT
☐ Other
(Check all that apply.)

If 'Other' home services problem, please specify.

_____
(Record the specific problem.)

Physician: Specify Understanding Discharge Instructions Problems

_____
(Record the specific problem.)

Physician: Specify Caring for Self Problems

_____
(Record the specific problem.)

Physician: Specify Getting Follow-up Appointment Problems

_____
(Record the specific problem.)

Physician: Specify Knowing Where to Get Help Problems

_____
(Record the specific problem.)

Physician: Specify Other Reason Not Listed Problems

_____
(Record the specific problem.)

Disease Specific Questions

CHF

CHF: Are you performing daily weights?

◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of taking daily weights for someone with CHF?

◯ No
◯ Yes
(Select one.)

CHF: Are you following a low salt diet?

◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of following a low salt diet for someone with CHF?

◯ No
◯ Yes
(Select one.)

CHF: Do you know what symptoms should prompt you to make an appointment with your primary care physician?

◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing the symptoms which should prompt a physician appointment for someone with CHF?

◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to control their CHF in their own words?

◯ No
◯ Yes
(Select one.)

DM

DM: Are you checking your blood sugar?

◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of checking blood sugars for someone with DM?

◯ No
◯ Yes
(Select one.)

DM: What was your last blood sugar?

◯ Less than 70
◯ 70 - 150
◯ Greater than 150
(Select one.)

DM: Do you know the symptoms of low blood sugar?

◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing the symptoms of low blood sugar for someone with DM?
◯ No
◯ Yes
(Select one.)

DM: Do you know the symptoms of high blood sugar?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing the symptoms of high blood sugar for someone with DM?
◯ No
◯ Yes
(Select one.)

DM: Do you understand how to take your insulin?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing how to take insulin for someone with DM?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to control their DM in their own words?
◯ No
◯ Yes
(Select one.)

COPD

COPD / Asthma: Are you taking your steriods?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of taking steroids for someone with COPD / Asthma?
◯ No
◯ Yes
(Select one.)

COPD / Asthma: Are you smoking?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of not smoking for someone with COPD / Asthma?
◯ No
◯ Yes
(Select one.)

COPD / Asthma: Are you using your inhalers?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of using inhalers for someone with COPD / Asthma?
◯ No
◯ Yes
(Select one.)

COPD / Asthma: If you were prescribed oxygen, are you using it?
◯ No
◯ Yes
◯ NA
(Select one.)

Physician: Did you REINFORCE the importance of using oxygen for someone with COPD / Asthma?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to control their COPD / Asthma in their own words?
◯ No
◯ Yes
(Select one.)

ACS

ACS: Are you taking your aspirin / Plavix?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of taking aspirin / Plavix for someone with ACS?
◯ No
◯ Yes
(Select one.)

ACS: Do you know what symptoms should prompt you to see a doctor?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing the symptoms which should prompt a physician appointment for someone with ACS?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to control their ACS in their own words?
◯ No
◯ Yes
(Select one.)

CAP

CAP: Are you taking your antibiotics?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of taking antibiotics for someone with CAP?
◯ No
◯ Yes
(Select one.)

CAP: If you were prescribed oxygen, are you using it?
◯ No
◯ Yes
◯ NA
(Select one.)

Physician: Did you REINFORCE the importance of using oxygen for someone with CAP?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to control their CAP in their own words?
◯ No
◯ Yes
(Select one.)

ESLD

ESLD: Are you taking your lactulose?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of taking lactulose for someone with ESLD?
◯ No
◯ Yes
(Select one.)

ESLD: Are you taking your diuretics?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of taking diuretics for someone with ESLD?
◯ No
◯ Yes
(Select one.)

ESLD: Are you abstaining from alcohol?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of abstaining from alcohol for someone with ESLD?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to control their ESLD in their own words?
◯ No
◯ Yes
(Select one.)

Medications

Did you pick up your medications?
◯ No
◯ Yes
(Select one.)

If 'No', why not? What were the barriers?
☐ Forgot
☐ Cost
☐ Transportation
☐ Other
(Record the barriers to the subject picking up their medication(s).)

If 'Other' barrier, please specify.
_____
(Record the specific problem.)

Physician: Did you REINFORCE the importance of picking up medications prescribed at discharge and help address any issues presented?
◯ No
◯ Yes
(Select one.)

Are you taking the medications on your discharge instructions as directed?
◯ No
◯ Yes
(Select one.)

If 'No', what are you doing incorrectly?
_____
(Record the reason(s) the subject is not taking the medications as directed on their discharge sheet.)

Physician: Did you REINFORCE the importance of taking medications as prescribed at discharge by specifically going over any new medication changes that occurred during the subject's hospital stay, specifically reviewing any new or critical purposes for the medication?
◯ No
◯ Yes
(Select one.)

Have you missed any doses of your medication since discharge?
◯ No
◯ Yes
(Select one.)

If 'Yes', why?
_____
(Record the reason(s) the subject has missed any doses of their medication(s) since discharge.)

Physician: Did you REINFORCE the importance of taking medications as prescribed at discharge by reviewing how the medication should be taken and what important side effects to watch out for?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to take their prescribed medications in their own words?

◯ No
◯ Yes
(Select one.)

Home Health

Are you able to care for yourself or do you have sufficient help at home?

◯ No
◯ Yes
(Select one.)

If 'No', how can we help with this?

_____
(Record the subject's response.)

Physician: Did you REINFORCE the importance of having sufficient help at home and help any issues presented?

◯ No
◯ Yes
(Select one.)

Did you get all of the necessary equipment / supplies / services that you needed (oxygen, wound care, PT/OT, etc)?

◯ No
◯ Yes
(Select one.)

If 'No', what do you need that you didn't get?

_____
(Record the items the subject did not get.)

Physician: Did you REINFORCE the importance of having all necessary equipment, supplies, or services needed and help any issues presented?

◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to have what they need at home in their own words?

◯ No
◯ Yes
(Select one.)

Follow-up Appointments and Testing

Do you have, or did you make an appointment with your primary care physician for follow-up?

◯ No
◯ Yes
(Select one.)

If 'No', why not?

_____
(Record the reason the subject did not make their follow-up appointment.)

Physician: Did you REINFORCE the importance of having follow-up appointments with the subject's primary care provider?

◯ No
◯ Yes
(Select one.)

Did you call to make an appointment for your sub-speciality clinic?

◯ No
◯ Yes
◯ NA
(Select one.)

If 'No', why not?

_____
(Record the reason the subject did not make their sub-specialty appointment.)

Physician: Did you REINFORCE the importance of having follow-up appointments with the subject's specialty care provider?

◯ No
◯ Yes
(Select one.)

Do you know where and when the appoinment is?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing when and where all follow-up appointments are?
◯ No
◯ Yes
(Select one.)

Are you aware of what tests to follow-up on with your doctor or what tests you need to have?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of following-up on tests already taken and what tests are still needed?
◯ No
◯ Yes
(Select one.)

Do you have any transportation issues?
◯ No
◯ Yes
(Select one.)

If 'Yes', how can we help you with this?
_____
(Record the subject's transportation needs.)

Physician: Did you REINFORCE the importance of having transportation to appointments and help with any issues presented?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the plan to make, get to, and follow-up on post-discharge appointments and tests?
◯ No
◯ Yes
(Select one.)

Problems and Complications

Do you know who to contact if a problem arises?
◯ No
◯ Yes
(Select one.)

Physician: Did you REINFORCE the importance of knowing who to contact for help with any issues presented? Did you review appropriate contingency plans, including who to contact and how to contact the correct person?
◯ No
◯ Yes
(Select one.)

Physician: Did you implement TEACHBACK by assessing the subject's degree of understanding by asking them to explain the contingency plan for when problems arise?
◯ No
◯ Yes
(Select one.)

Other Issues

Do you have any suggestions as to ways we can improve planning for discharge?
◯ No
◯ Yes
(Select one.)

If 'Yes', what suggestions do you have?
_____
(Record the subject's suggestion for discharge planning.)

Is there anything else we can help you with today?
◯ No
◯ Yes
(Select one.)

If 'Yes', please specify.

_____
(Record the subject's response.)

Physician: Do you feel your patient needs any additional services (e.g. Managed Care interventions)?

◯ No
◯ Yes
(Select one.)

Based on our telephone call today, I think you would benefit from some additional services such as (provider fills in the blank). Would you be agreeable to these additional services?

◯ No
◯ Yes
(Select one.)

Thank you for your time today. Have a nice day!

_____

Call Time

Phone Assessment Date and Time End

_____
(Record the date the phone assessment was ended using the YYYY-MM-DD HH:MM format.)

Physician: Total Time of Phone Assessment

_____
(The total time of the call in minutes. This field is calculated automatically.)

Managed Care Interventions

Physician: Check on item for Managed Care to follow-up with.

☐ Nursing Follow-up Call
☐ Physician Follow-up Call
☐ Home Health Nurse
☐ PT / OT
☐ Social Work
☐ Substance Abuse
☐ Home Health Coach
☐ Transportation
☐ Home Safety Evaluation
(Check all that apply.)

Nursing Follow-up Call Details

_____
(If managed care needed intervention is 'Nursing Follow-up Call', please specify.
)

Physician Follow-up Call Details

_____
(If managed care needed intervention is 'Physician Follow-up Call', please specify.
)

Home Health Nurse Details

_____
(If managed care needed intervention is 'Home Health Nurse', please specify.
)

PT / OT Details

_____
(If managed care needed intervention is 'PT / OT', please specify.
)

Social Work Details

_____
(If managed care needed intervention is 'Social Work', please specify.
)

Substance Abuse Details

_____
(If managed care needed intervention is 'Substance Abuse', please specify.
)

Home Health Coach Details

_____
(If managed care needed intervention is 'Home Health Coach', please specify.
)

Transportation Details

_____
(If managed care needed intervention is 'Transportation', please specify.
)

Home Safety Evaluation Details

_____
(If managed care needed intervention is 'Home Safety Evaluation', please specify.
)

Problem Severity

Physician: When considering the most significant problems addressed on the call, how would you rate the severity of the problems?

Mild — Moderate — Severe

(Place a mark on the scale above)

Physician, assess the following statements:

I was able to effectively redirect the subject by utilizing telephone reinforcement.

Strongly Disagree — Disagree — Neither Agree Nor — Strongly Agree

(Place a mark on the scale above)

I am confident the subject understands the follow-up plan after utilizing the teachback technique.

Strongly Disagree — Disagree — Neither Agree Nor — Strongly Agree

(Place a mark on the scale above)

Any other notes related to this case.

_____

Intervention and Perception Assessment Date and Time End

_____
(Record the date the intervention and perception assessment was ended using the YYYY-MM-DD HH:MM format.)

Physician: Total Time

_____
(The total time spent on the case in minutes. This field is calculated automatically.)