

Discharge Phone Calls Deliver Quality Care, Higher Patient Satisfaction

“If our goal is to create an astonishing patient experience, then follow up phone calls after discharge make the difference,” explains Studer Group Medical Director **Dr. Jay Kaplan, MD, FACEP**. They also feel cared about as people...one of the top three priorities of patients in the ED.”



Review the evidence.

Search on “[discharge call meta analysis](#)” to review an in-depth meta-analysis of research supporting discharge phone calls to hospital patients.

Dr. Stephen Crouch, Chairman and Medical Director of the Emergency Department of Advocate Good Samaritan Hospital in Downers Grove, IL agrees. “Patients are speechless when I call. They say they’ve never had a physician call them after discharge and how much they appreciate it,” he explains. Dr. Kaplan adds, “As a physician, it reduces my own anxiety about how my patients are doing and I also learn from the calls. When I find out if the intervention I recommended works, my knowledge of clinical outcomes improves.”

Why to Make the Calls

There is an ample body of research (see sidebar) that demonstrates the benefits of making discharge calls—to both inpatients and outpatients. They improve quality, decrease risk, improve patient satisfaction, and provide opportunity for quick service recovery, among others. “You have a 90% chance of keeping a patient if you call within 48 hours of discharge and do service recovery to reverse a less than optimal experience. If you wait longer than a week, which is when most people complain, you have only a 10% chance of keeping the patient and you’ll lose 10 other patients through word of

mouth,” adds Kaplan. At his practice, all ED physicians who do clinical shift work make follow up calls or face financial penalties.

One example in the persuasive case for making follow-up calls: In one study of 400 consecutively discharged patients, 19% of patients reported adverse events (drug events and procedure-related injuries) post-discharge. Forty-eight percent of these were preventable. In an Aug. 2005 follow-up study, researchers found that of those patients who reported adverse events in the original study, 71% were significant, 13% were serious, and 16% were life-threatening.⁵

While nurses are sometimes skeptical at first about the additional burden of making the calls, they almost always embrace the opportunity after making some calls. Once a nurse reaches a patient and finds out her call saved a life because a parent wasn’t giving a child prescribed medication or an elderly patient needed to be re-admitted, she will make those calls for the rest of her career and look forward to them. One chief nurse officer (CNO) tells her nurses, “Having a bad day? Call a patient. It bonds you to them.”

Bottom Line Results from Discharge Phone Calls

Service	Quality	People	Finance	Growth
Increase patient satisfaction	Improve clinical outcomes	Reduce turnover	Better payment	Decrease readmissions
Reduce patient anxiety	Decrease length of stay	Create culture of harvesting positives	Decrease audits	Increase access
Reduce complaints	Decrease adverse events	Engage & reward physicians	Accurate billing check	Increase capacity
Reduce claims		Manage up		Service recovery
Increase patient satisfaction survey return rate				Tremendous word of mouth
				Cross marketing

5 2003 *Annals of Internal Medicine*, “The incidence and severity of adverse events effecting patients after discharge from the hospital”, Feb 4; 138 (3): 161-7. Forster, A., Murff, H., Peterson, J., Gandhi, T., Bates, D. (Note: A second study in 2005 by these authors using a subset of patients from the original study validated these findings. 2005 *Journal of General Internal Medicine* “Adverse drug

events occurring following hospital discharge.” Apr; 20 (4): 327-23 Forster, A., Murff, H., Peterson, J., Gandhi, T., Bates, D.