

AN OLD DOG CAN TEACH YOU NEW TRICKS

By Tina Minnick



Jake playing Twister



Jake romping in the snow with his buddy

Earlier this year, our dog, Jake, a beagle-mix who we inherited years ago from my father-in-law, was diagnosed with diabetes. That same weekend, he went blind. Talk about your world turning upside down!

It happened so fast. We arrived home from visiting family in Cleveland, Ohio, and we knew something was just not right with Jake. All the signs were there for a major medical problem, so I called our vet, went through the basic medical dog triage, and made an appointment for him ASAP.

Approximately \$200 later, along with orders for a new pet food diet, I was sent on my way to a pet vet specialist for further evaluation. When I arrived early at the local specialist's office to give Jake some time to get to know the place and other pets, I discovered people were driving in from hundreds of miles away for their appointments. I evidently had been directed to a really good pet vet specialist. Nice chairs, plenty of tiled floor space, lush outdoor lavatory grounds, and pet advice literature surrounded us at every sniff.

Hundreds of dollars later (I declined the optional CAT scan), I knew that Jake definitely had diabetes and was definitely blind. I also knew what kind of medicine to buy, the needle size to use, how to measure his glucose, and how to give him the required twice-daily shots so that they would be less painful. The pet vet specialist was a great teacher: very patient, answered all of my questions, and went

through instructions twice when I seemed confused. She even let me give a practice shot to Jake, and there was no yelping. Finally, I smiled when she made me promise not to move the furniture in the house. Her light-hearted spirit added levity to the situation and the concern I had been feeling.

As I drove home, I wondered, "Will I remember all of this? Can I train my family as the vet trained me? When was I supposed to call his regular vet again for a follow-up?"

While love for our pets (and humans, too) is abundant at our house, money, on the other hand, does not grow on trees. How in the world could I justify the cost of all this treatment?

GROWING THE PATIENT EXPERIENCE WITH OUTBOUND COMMUNICATION MANAGEMENT:

Dr. Randal Dabbs, a physician leader at TeamHealth, has a great expression regarding compassion at the time of patient care. He says, "If you don't care whether your patients think you care, you must have a missing compassion gene that results in a congenital heart problem." Spot-on! Nothing says it better about what is expected. But what about after the service is given and the patient leaves your care? How is compassion shared then?

How surprised was I when on Saturday and Sunday I received a call from Jake's pet vet specialist? "How is he doing? What are his glucose readings? Let's consider

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changing the dosage... Call me with updates on Wednesday of this week. Have you talked to your regular vet yet? I am so glad to hear he is okay!" I was impressed, especially since it was the weekend. She also shared she was staying overnight to keep a special eye on a cat patient.

What a great follow-up call to receive! The balance had greatly shifted – I felt less concerned about the money and a whole bunch better about the experience and refresher course I had just been given.

A CALL-TO-ACTION FOR DISCHARGE FOLLOW-UP CALLS:

Proactive calls made by clinicians to recently discharged patients provide a unique and meaningful opportunity to extend the patient experience and ensure that "all is well." During these calls, trained clinical professionals ask and answer important patient care questions in an effort to reinforce the patient's understanding of discharge instructions or restrictions and ensure compliance with medications or follow-up care. Discharge calls can also serve as a reminder to the patient of their positive experience at the hospital, further confirming the hospital's image in a patient's mind and increasing the likelihood of positive referral in the future.

Research supporting the impact and benefit of discharge follow-up calls is compelling. The Alliance for Health Care Research (AHCR) conducted meta-analysis of 29 journal articles published over two decades, and analysis results indicated that "discharge follow-up phone calls provide an invaluable opportunity to evaluate patient education, identify trends that may require improvement in practice, improve patient quality of care, determine patients' compliance with discharge instructions, and assess overall impressions of hospital performance." One study included in the AHCR analysis examined 831 patients age 60+ who received a discharge phone call within 72 hours of an ED visit. The findings revealed:

- 40% required further clarification of discharge instructions
- 31% were advised to return to the ED
- 26% were referred to a medical social worker
- 14% failed to make follow-up appointments

If appropriately acted upon, the potential medical, operational, and financial implications of these results were likely impactful for the hospital, as well as the patients in this study. The Studer Group asserts that healthcare organizations making discharge follow-up calls achieve a 20 to 30% reduction in non-reimbursable readmissions. Further, patients receiving discharge calls place in the 90th percentile as likely to recommend a hospital to friends or family.

Additional benefits of discharge follow-up calls include:
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- Fewer unnecessary return visits to the ED
- Expanded utilization of an existing call center or nurse line without additional capital investment
- Decreased liability through better documentation and use of standard guidelines
- Improved tracking of referrals back into the facility
- Increased marketing and brand awareness
- Improved physician satisfaction, aiding in recruitment and retention
- Enhanced opportunity for non-profit hospitals to meet IRS community benefit requirements

Organizations that outsource medical call center functions may also achieve:

- Alleviation of ED workload and enhanced throughput, allowing nurses to spend more time on patient care and less time on administrative duties
- Availability of a board-certified physician to provide clinical support and review medical assessments
- Sophisticated reports for tracking, trending, and utilization studies

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CONCLUSION:

Does money grow on trees? Would Jake go back to the vet again? I wish I had a money tree in my backyard, but I don't. Even if I did, my other dog, a yellow lab named Charlie, would probably chew it, dig it up, and eat it anyway.

Using outbound communication is a powerful way to *fertilize* the tree to make it bountiful for the provider and the patient. As we consider potential results such as reduced non-reimbursable readmissions, word of mouth referrals, and competitive advantages in healthcare, discharge follow-up calls are a great strategy to pursue.

Yes, Jake would go back to the vet again. In fact, we just took him last week for a few human heart-stopping, but well-worth-the-cost, treatments. All is well.

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