

Introduction

Patient satisfaction is recognized as an indicator of quality care. Feedback from patients is helpful in improving processes and making changes to enhance care delivery. There is misperception, even amongst psychiatric care providers, about the ability of a person with mental illness to be able to rationally evaluate satisfaction with the care. In an effort to embrace the recovery model, Vanderbilt Psychiatric Hospital (VPH) challenged this belief recognizing that psychiatric patients are able to reliably report satisfaction or dissatisfaction with their hospital experience. In order to improve satisfaction and nursing care, VPH leadership implemented the practice of conducting discharge phone calls to all patients by a registered nurse.

Patients who received a discharge phone call reported much higher satisfaction in a later survey. Nurses were able to intervene to address concerns ranging from simple support to crisis management of potential medical or psychiatric emergencies. Patients reported that they appreciated the contact and ability to ask questions or seek clarification after hospitalization. Patients also verbalized feeling grateful knowing that the hospital cared enough to check on them.

Literature Review

The staff-patient relationship, including the domain of patient engagement, is the top factor (83% of 43 articles reviewed) identified as contributing to inpatient satisfaction. This includes such factors as the nurses' being present/helping, listening, understanding and caring.

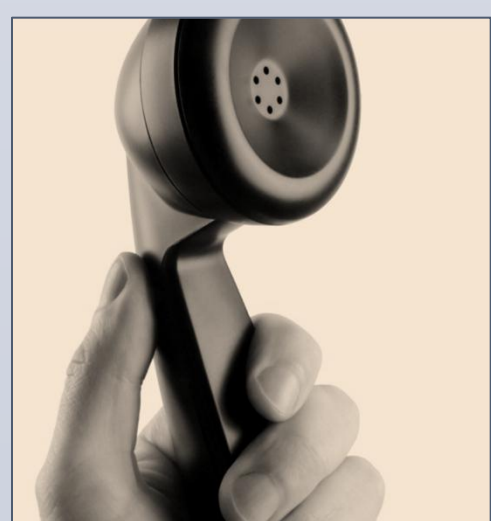
There is a paucity of research on the effectiveness of discharge telephone calls for inpatient psychiatry, posing a need for further evidence-based inquiry and research.

In discussion with other healthcare systems concerns were raised regarding liability and responsibility of nursing if the patient was found to be in crisis during the post-discharge telephone call.

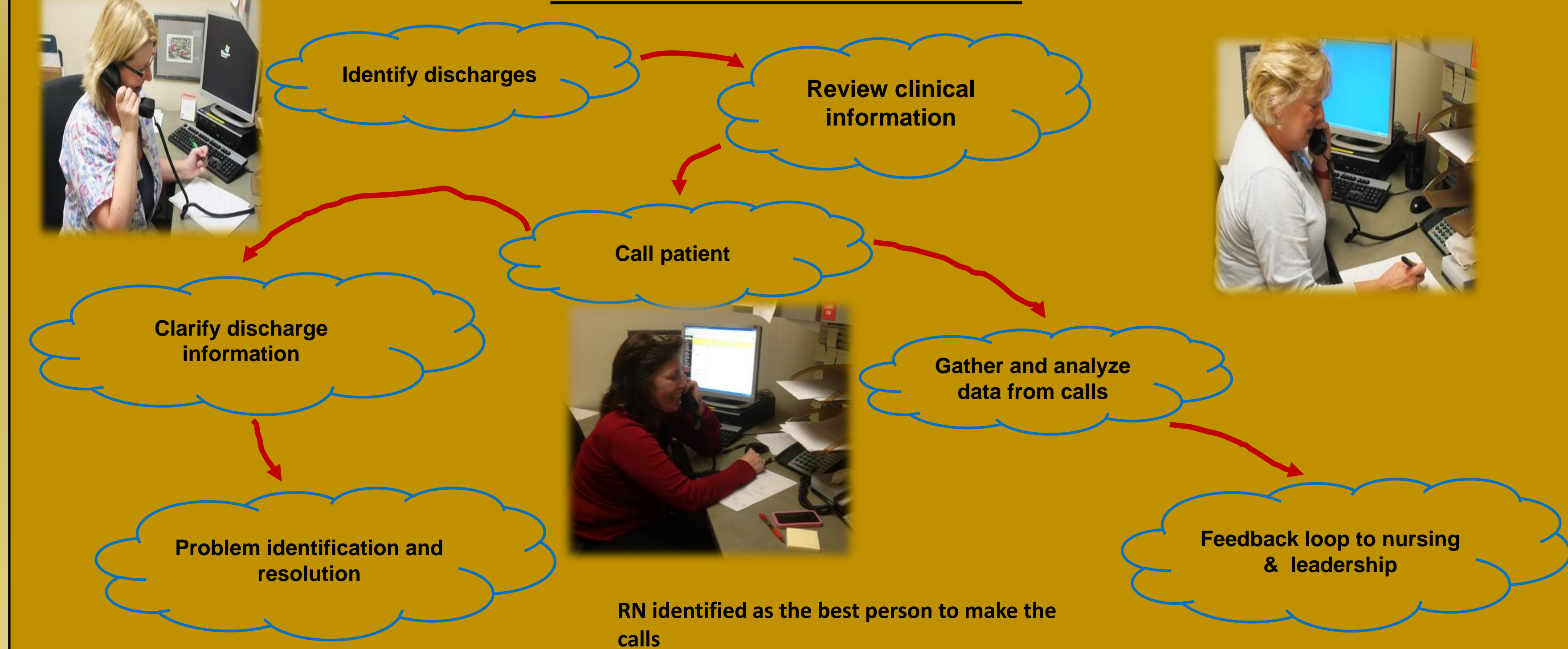
We hypothesized that post-discharge calls would identify areas of patient satisfaction/dissatisfaction, provide prompt feedback to units/staff, and to promote patient safety by immediate recognition of patient status changes.

OBJECTIVES

- To improve patient satisfaction
- To understand the patient's perception of hospitalization
- To address any post-discharge issue experienced by the patient
- To offer and opportunity for quick service recovery
- To provide information that will enable improvement of quality of services provided



DISCHARGE PHONE CALL PROCESS



DISCHARGE PHONE CALL QUESTIONS

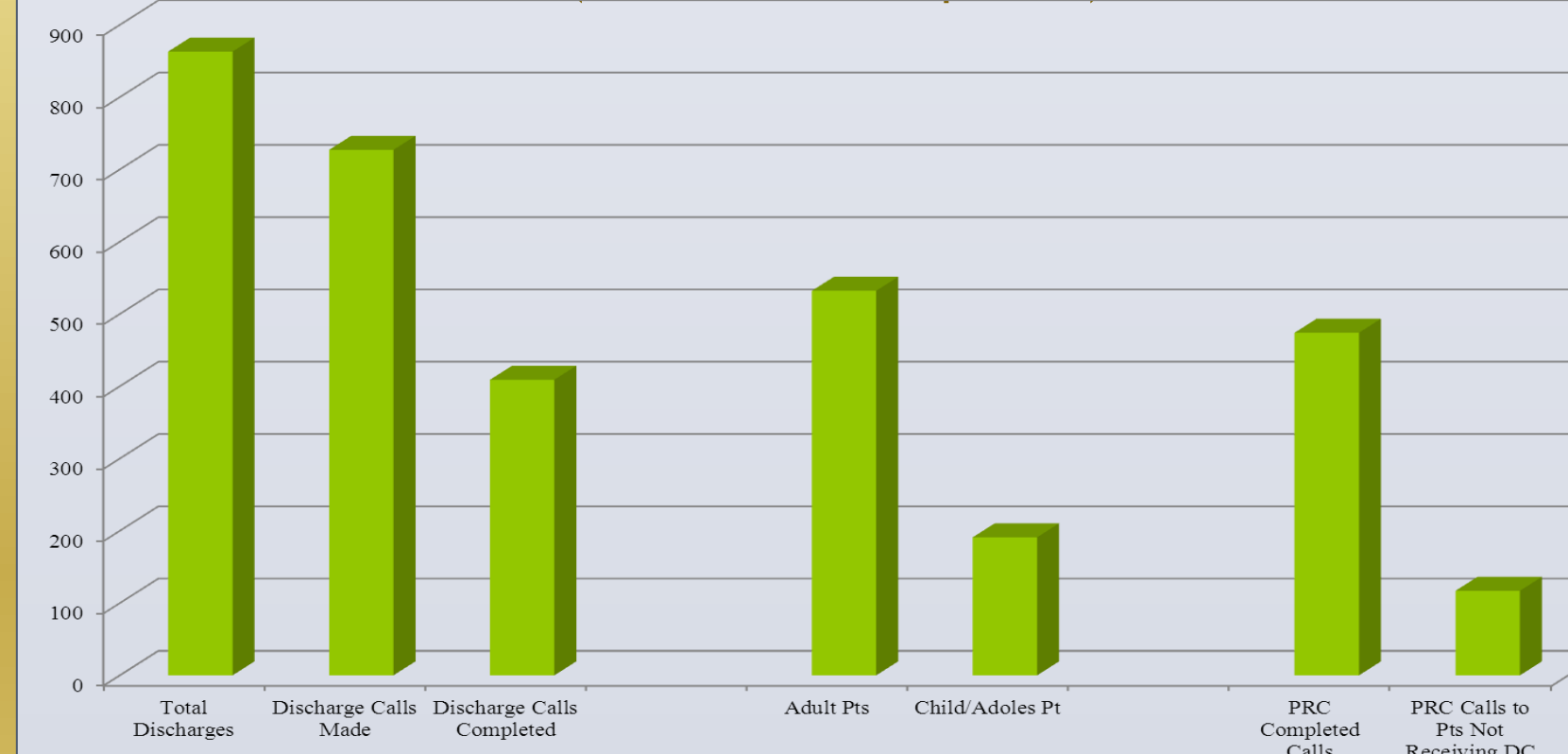
- Do you understand your discharge medications and follow-up?
- Have you filled your prescriptions?
- Did you understand your treatment plan or have any questions?
- How would you describe your hospitalization?
- Is there anything that we could have done better or need to change?
- Are there any staff you want to recognize for the care they provided?

FEEDBACK LOOP

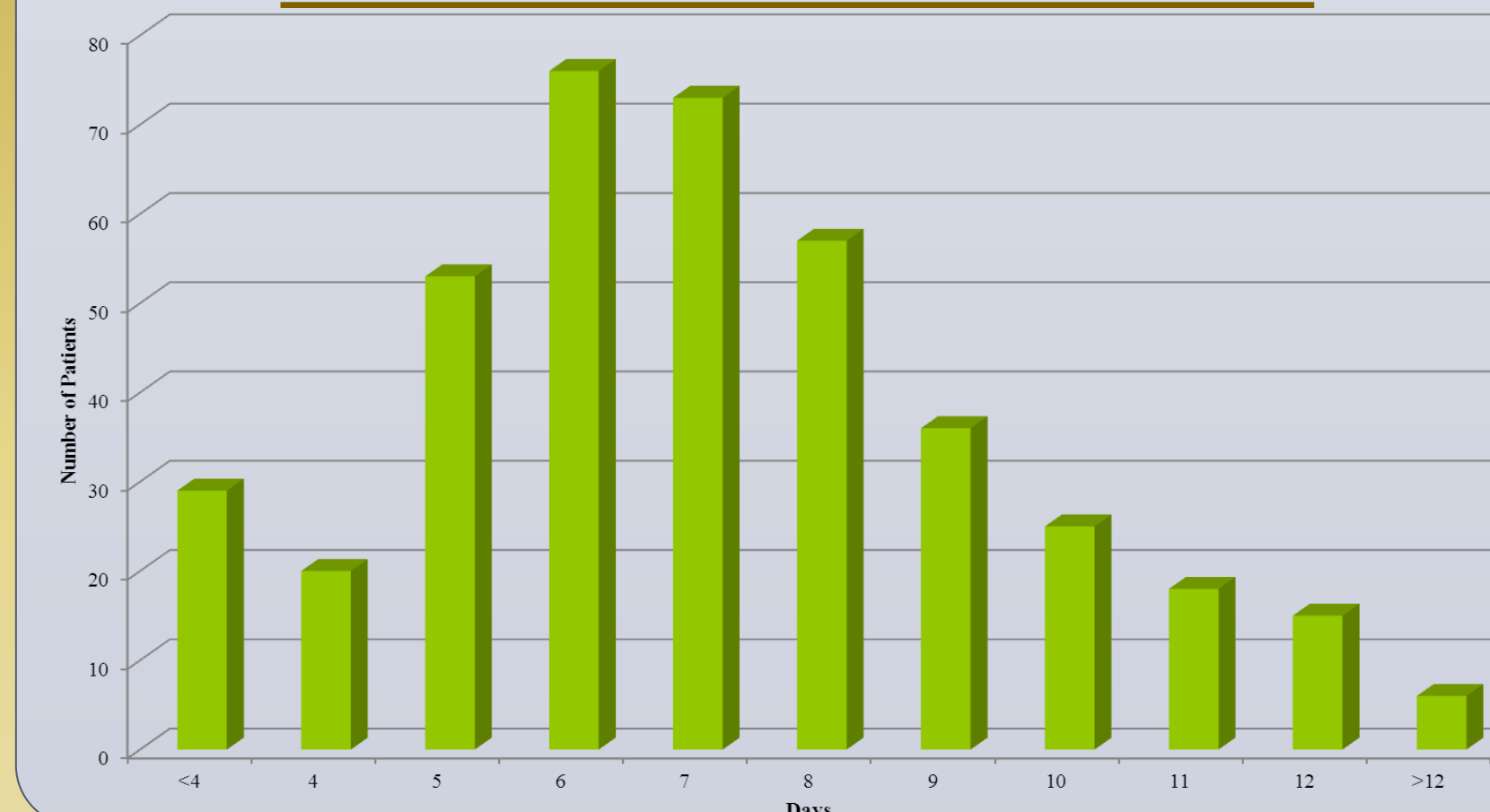
- Copies of all discharge phone worksheets to nurse managers and hospital administration daily
- Patient concerns or complaints addressed immediately
- Physicians alerted of problems with discharge medications
- Social workers alerted of problems with appointments
- Issues or problems reviewed daily in administrative rounds
- Recognized staff highlighted on unit recognition board & nursing website monthly

DISCHARGE PHONE CALL TOTALS

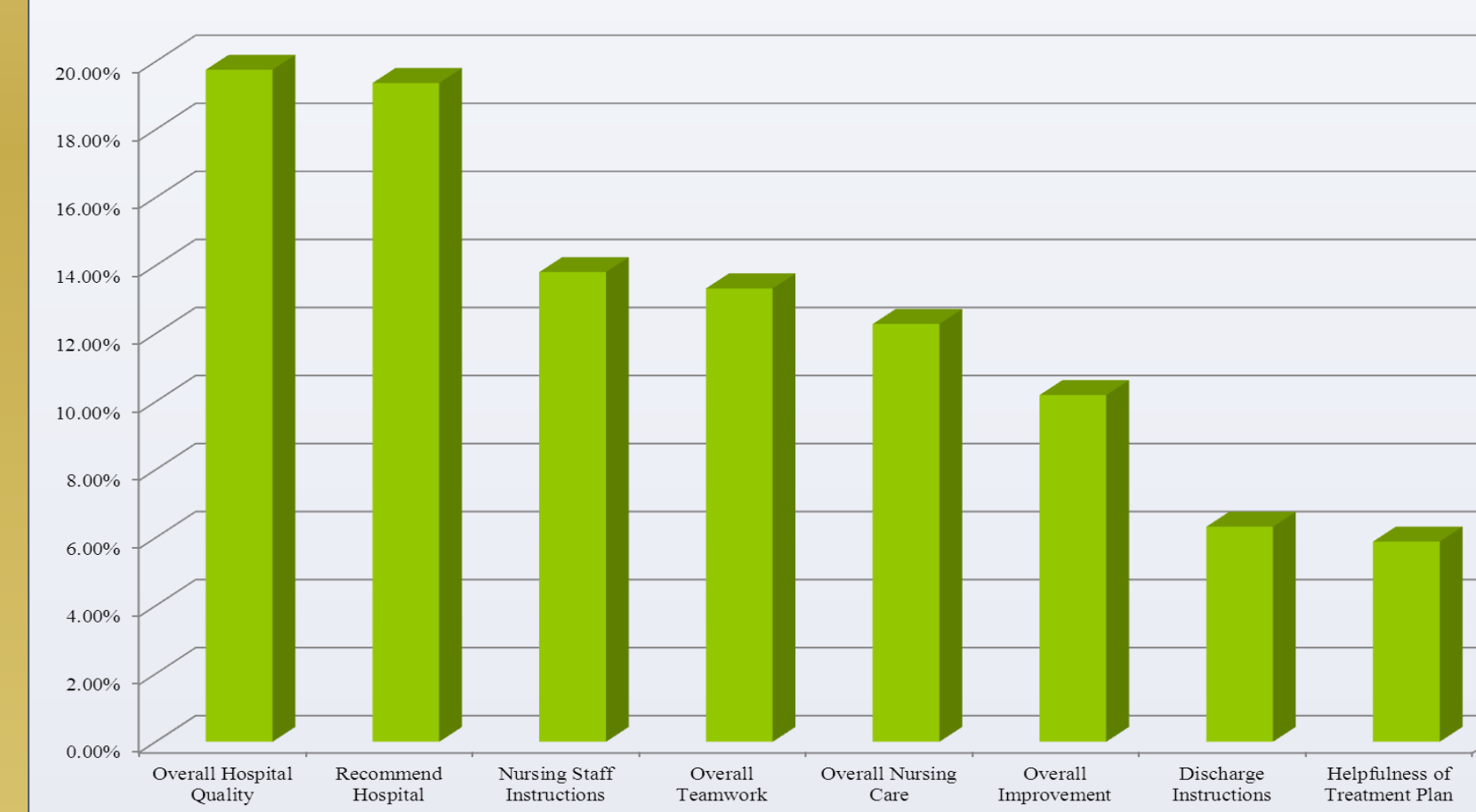
(over a 3 month period)



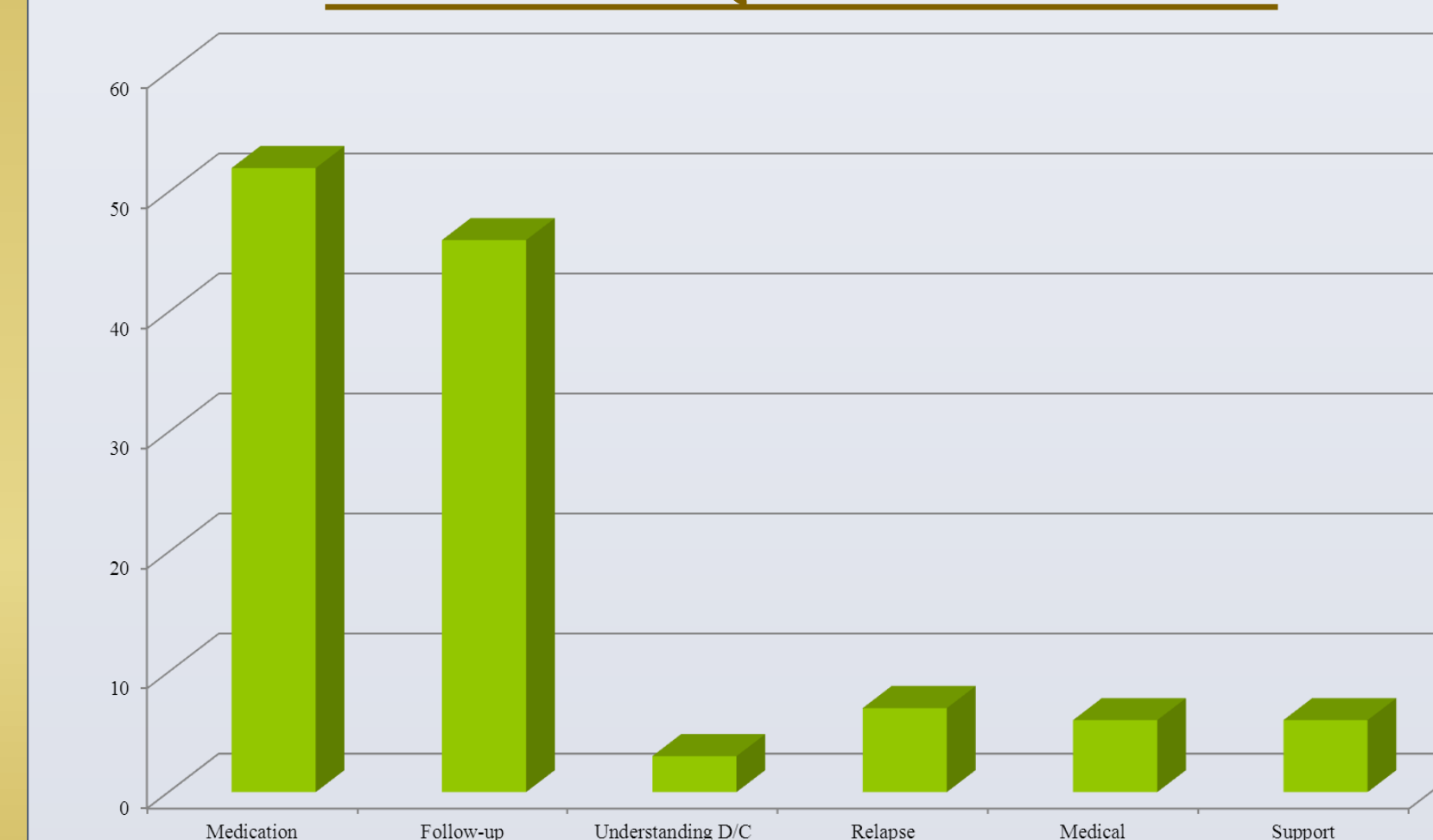
DAYS FROM DISCHARGE TO CONTACT



IMPACT ON PATIENT SATISFACTION



PROBLEMS REQUIRING ASSISTANCE



CASE STUDY

55 year old female Referred from outpatient in neighboring state for ECT. Day 3 of Admission - discovered insurance would not cover, patient was discharged without ECT. Patient & patient's husband very angry at initial contact. Discharge phone call nurse offered support and sought resolution of problem in collaboration with physician, social work and financial affairs. Called patient multiple times during process of resolution for follow-up and continued to offer support. Result: Patient satisfied with outcome and decided to continue to receive care at Vanderbilt for outpatient care.



PROCESSES IMPROVED AS A RESULT OF CALLS

- Expanding Visiting Hours
- Family and Patient Advisory Council
- NAMI Support Group Meeting On-Site
- Family Orientation Group on Child/Adolescent Program
- Work Group formed to Develop Patient Workbooks
- Implementation of Personalized Nursing Model
- Increased Staffing

FUTURE CONSIDERATIONS

- Identify and implement strategies to increase the number of patients who receive a discharge phone call.
- Future research to examine effect of discharge phone calls on patient outcomes including re-hospitalization, medication compliance, and compliance with aftercare appointments.
- Examine opportunities for the primary RN delivering care during the inpatient stay to make the discharge phone call.

SELECT REFERENCES

- Al-Mallam, F.F. (2005). The effect of nursing care on overall patient satisfaction and its predictive value on return-to-provider behavior: A survey study. *Quality Management in Health Care*, 14(2), 166-170.
- Biering, P. (2009). Child and adolescent experience of and satisfaction with psychiatric care: a critical review of the research literature. *Journal of Psychiatry and Mental Health Nursing*, 17(1), 65-72.
- Druss, B.G., Rosenheck, R.A., & Stolar, M. (1999). Patient satisfaction and administrative measures as indicators of the quality of mental health care. *Psychiatric Services*, 50, 1053-1058.
- Dudas, V., Bookwalter, T., Kerr, K.M., & Pantilat, S.Z. (2001). The impact of follow-up telephone calls to patients after hospitalization. *The American Journal of Medicine*, 111(9B), 265-305.
- Garman, A.N., Garcia, J., & Hargreaves, M. (2004). Patient satisfaction as a predictor of return-to-provider behavior: Analysis and assessment of financial implications. *Quality Management in Health Care*, 13(1), 75-80.
- Hackman, A., Brown, C., Yang, Y., Goldberg, R., Kreyenbuhl, J., Lucksted, A., Wolheiter, K., & Dixon, L. (2007). Consumer satisfaction with inpatient psychiatric treatment among persons with severe mental illness. *Community Mental Health Journal*, 43(6), 551-564.
- Howard, P. B., El-Mallakh, P., Rayens, M.K., & Clark, J.J. (2003). Consumer perspectives on quality of inpatient mental health services. *Archives of Psychiatric Nursing*, 17(5), 205-217.
- Kalman, T.P. (1983). An overview of patient satisfaction with psychiatric treatment. *Hospital and Community Psychiatry*, 34(1), 48-54.
- Langle, G., Baum, W., Wollinger, A., Renner, G., U'Ren, R., Schwarzler, F., & Eschweiler, G.W. (2003). Indicators of quality of inpatient psychiatric treatment: the patients' view. *International Journal for Quality in Health Care*, 15(3), 213-221.
- Makaryus, A. N. & Friedman, E.A. (2005). Patients' understanding of their treatment plans and diagnosis at discharge. *Mayo Clinic Proceedings*, 80(8), 991-994.
- Mistiaen, P. & Poot, E. (2006). Telephone follow-up initiated by hospital-based health professionals, for post discharge problems in patients discharged from hospital to home. *Cochrane Database Systematic Review* (4):CD004510.
- Rush, S. K. (2012). Discharge calls: How one call can make the difference for patients, families and reimbursement. *Nurse Leader*, 10(2).
- Setia, N., & Roman, C. (2008). Discharge phone calls nearly double patient satisfaction. *Hardwired Results Ezine*, Winter 9.

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