**Summary:**
Patient satisfaction scores did not provide timely or statistically significant data at the provider level. In order to conduct individual patient follow-ups, a call back clerk phoned discharged patients to inquire about the status of their medical conditions and their satisfaction with their providers.

<table>
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<tr>
<th>Hospital:</th>
<th>Edward Hospital</th>
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<tbody>
<tr>
<td>Location:</td>
<td>801 S. Washington Naperville, IL 60540</td>
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**Category:**
- E: Exit from the ED

**Key Words:**
- Care Transitions
- Communication
- Continuity of Care
- Discharge Instructions
- Follow-Up
- Information Systems
- Patient Satisfaction

**Hospital Metrics:** *(Taken from the FY2005 AHA Annual Survey)*
- Annual ED Volume: 63,670
- Hospital Beds: 236
- Ownership: Not-for-profit
- Trauma Level: 2
- Teaching Status: No

**Tools Provided:**
- **Call Back Clerk Job Description**
  This tool is a two-page document describing the call back clerk position and its responsibilities, and is used by hospital management and potential staff to understand the role of the Call Back Clerk.

- **Call Back Policy**
  This tool is a two-page document explaining the call back policy at Edward Hospital, and is used by staff to understand the procedures associated when working with patients.

- **Call Back Data Entry Screen**
  This tool is a single screen example of the database used to collect and maintain the data obtained from patients, and is used by the call back clerk when making follow-up calls.
Innovation

In the past, the Edward Hospital ED judged its patient satisfaction using their Press Ganey scores. The hospital did well and found that these scores were good for benchmarking the whole hospital. However, these scores did not provide timely or statistically significant data at the provider level. The ED wished to continue to improve patient satisfaction by following up with patients and obtaining provider-specific feedback.

In order to conduct individual patient follow-ups, a call back clerk phones discharged patients to inquire about the status of their medical conditions and their satisfaction with their providers. This information is compiled, trended, and utilized for quality improvement. A database is used to track phone calls and patient responses.

Results

Although it is too soon to determine the impact of the program on patient satisfaction or outcomes, there are several impacts that have been experienced or are expected. First, just the act of calling the patient has appeared to improve the patient’s satisfaction. Second, the follow-up reduces the risk of negative outcomes following discharge from the ED. Third, calling the patient to make sure everything is fine and that they understood their discharge protocols reduces the hospital’s risk burden. Fourth, a tremendous amount of information is being collected to measure and trend both outcomes and satisfaction.

Finally, although the practice has created additional work and cost, it reduces long term issues and potentially pays for itself by reducing risk and providing timely follow-up and feedback.

Innovation Implementation

In order to conduct individual patient follow-ups, a call back clerk position was created. The Call Back Clerk phones discharged patients to inquire about the status of their medical conditions and their satisfaction with their providers. This information is compiled, trended, and utilized for quality improvement.

ED Medical Director Dr. Tom Scalleta explained that developing the call back clerk process began with creating a database for managing the process and recording the results. According to Dr. Scalleta, an “off-the-shelf” database program is all that is needed. In the case of Edward Hospital, FileMaker Pro was used. A phone was set up with automatic dialing from the computer. The database that was created provides a script for the call back clerk and collects and maintains all of the data obtained (See Call Back Data Entry Screen).

Next, the position was recruited. The hiring of an additional full-time equivalent (FTE) position required budget approval from the hospital, but given that the position did not require a registered nurse, it was less expensive and easier to fill. According to Dr. Scalleta, good interpersonal skills are a key qualification of the callback clerk, but medical knowledge is not required (See Call Back Clerk Job Description).

The call back process is conducted only with patients who were discharged from the ED. The database keeps track of who should be called, and two attempts are made to reach each person. The clerk succeeds in reaching about one-third of patients who are called.
Patients contacted are asked about whether their condition has changed and are directed to additional medical care as needed. Patients also are asked to rate the physicians and nurses who treated them with a letter grade (A-F). About 95 percent of responses are ‘A’ grades; if the grade is lower, the patient is asked why.

According to Dr. Scalleta, the clerk position is easy to supervise and it is easy to change the questions. For example, they have added a question asking patients whether they understood their discharge protocols at the request of their insurance provider (See Call Back Policy).

**Cost/Benefit Analysis**
The call back clerk position was less expensive than hiring an RN but did require budget approval for an FTE. It was also helpful that the position did not require medical knowledge.

**Advice and Lessons Learned**
Although many EDs have clinical staff call their patients back when there is a free moment, Dr. Scalleta reports that having a dedicated staff person and follow-up database has provided greatly enhanced results. The outcome data being generated through this process is still too new to fully assess, but it should provide a robust source of information in the long-term.

The patient satisfaction scores being collected are being shared with individual providers on an ongoing basis. Dr. Scalleta reports that in the rare cases of dissatisfaction patients tend to be willing to express what they did not like, and their concerns can then be addressed. The staff have sometimes taken offense to the occasional negative comments, but they are becoming accustomed to addressing areas of potential improvement and accepting some inevitable dissatisfaction.

**Tools to Download**
- **Call Back Clerk Job Description**
  This tool is a two-page document describing the call back clerk position and its responsibilities, and is used by hospital management and potential staff to understand the role of the Call Back Clerk.
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EDWARD HOSPITAL & HEALTH SERVICES

JOB DESCRIPTION

JOB TITLE: Callback Clerk  FLSA STATUS: Non-Exempt

DEPARTMENT: Emergency Medicine  JOB CODE: \n
CORPORATION: Edward Hospital

GENERAL SUMMARY:

The callback clerks attempt to reach patients sent home after a visit to the Edward Hospital emergency department in order to check on their wellbeing, access to follow-up care, and to assess their level of satisfaction with emergency services.

CORPORATE PHILOSOPHY:

It is the obligation of each employee of Edward Hospital & Health Services to abide by and promote the mission and values of the Corporation to ensure that excellent services are delivered with compassion.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except those that begin with the word "May.")

1. Demonstrates the knowledge and skills necessary to provide care appropriate to the age of patients served. This includes knowledge of the physical and psychological needs of patients served and the ability to respond appropriately to those needs.

2. Utilizes the callback database to keep track of each and every callback attempt and contact in a timely manner.

3. Applies a scripted method of information probing of patients (and parent of minor patients).

4. Understands and complies with HIPAA.

5. Refers specific questions about medical care to a medical professional (nurse or physician) in a timely manner.

6. Refers all complaints and unusual occurrences to the Emergency Department Chairperson and Nurse Manager in a timely manner.

7. Displays a professional demeanor in all situations.

8. Works with the Physician Directors and Nurse Managers to identify, troubleshoot and resolve potential problem areas before they become serious patient dissatisfaction issues.

9. Accepts requests from emergency department physicians and nurses to contact patients in order to relay specific information or make inquiries.
KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Requires a high-school level of education and basic computer skills but no technical training prior to hire and six to twelve months of previous customer service experience.

2. No certification, registration or licensure required.

3. A moderate level of analytical ability is required. Work is performed in accordance with standard procedures but does require basic technical knowledge or in-depth, experience-based knowledge in order to analyze and interpret information.

4. A relatively high level of communication skills is required in order to lead, teach, and persuade others and/or interact effectively with others in very difficult situations.

5. Work is standardized but requires incumbents to deviate from established procedures when special problems or opportunities arise.

6. Work requires the ability to use a telephonic device and computer keyboard to enter, retrieve or transform words or data.

7. Work is generally performed in an office or clinical environment in which there is only minimal exposure to unpleasant and/or hazardous working conditions.

REPORTING RELATIONSHIPS:

1. Reports to the Nursing Manager of the Emergency Department.

2. Has no responsibility for leading or supervising the work of others.

APPROVALS:

<table>
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<tr>
<th>Name</th>
<th>Department Director/Manager</th>
<th>Date</th>
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<tr>
<th>Name</th>
<th>Vice President</th>
<th>Date</th>
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The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Original Date:
Revision Date:
Pay Grade:

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Edward Hospital

TITLE  
EMERGENCY DEPARTMENT PATIENT CALLBACK PROGRAM

PURPOSE  
1. To enable differences in diagnostic impression, complications, and complaints to be identified and addressed.
2. To assure discharge instructions have been understood and proper follow-up has been arranged.
3. To increase patient satisfaction and improve community relations by demonstrating personal concern for the patient.
4. To provide an additional resource for measuring the quality of emergency medical care.

APPLICABILITY  
Edward Hospital Emergency Department

POLICY STATEMENT(S)  
It is the policy of the Edward Hospital Emergency Department to attempt to callback every patient discharged home.

PROCEDURE  
A. An attempt is made to contact, ideally within 2 calendar days, every patient seen in the emergency department that was not admitted nor transferred to another facility.
B. All callbacks will be entered in the callback database.
C. Calls will be made within the hours of 9 am and 9 pm.
D. Priority will be given to patients that presented with chest pain, abdominal pain, difficulty breathing, age less than one year or over 70 years meaning that they will be contacted before all others.
E. Two attempts will be made to contact each patient and this will be documented.
F. If the patient is unavailable, the callback clerk will leave a message requesting a return call in a manner that does not breach confidentiality.
G. The callback clerk will not have been involved in delivering the patient care and thus complaints are more likely to be expressed.
H. The callback clerk will instruct any patient with a worsening or changing condition to either call his/her PCP or to immediately return to the ED.
I. Any requests for medical advice will be immediately
referred to an emergency nurse.

J. Any serious complaint about service will be immediately referred to an ED administrative leader.
**SCALETTA, PETER R**

**RIGHT FOOT INJURY**

07/19/04 Mon 09:00

**Dr. Padalik, Scott J**

**Phone attempt**
- reached on first attempt
- reached on second attempt
- reached by return call
- left message - first attempt
- no answer - first attempt
- second attempt failed
- bad number
- non-English speaking
- should skip

**Health Status**
- improved
- no change
- different
- worse

**Understands Discharge Instructions**
- yes
- no

**Call Referred to HCW**
- yes
- no
- refused

**Followup**
- Ibrahim, Christine
  - return ED/call PCP TODAY
  - followup planned within 7 d
  - followup planned after 7 days
  - no followup planned

**EP Concerns**
- A
- B
- CDF

**EN Concerns**
- A
- B
- CDF

**General Concerns**

Hi, is XXX there? Hi XXX, my name is Owen from the ER at Edward Hospital. Dr. Padalik asked me to call and see how you are today.

*** If different or worse, recommend calling PCP or going to ED TODAY ***
*** If did not understand DC instructions, ask it want to speak with ED nurse (x68776) ***
*** If any medical questions, refer to ED nurse (x68776) ***
*** Ask about and record patient followup plan ***

Now, if you are willing, the Directors of the ER wants to know how you would grade the doctor and nurse that took care of you. On a scale of A to F, what grade would you give the doctor? ... how about the nurse? Are there any other concerns you would like me to relay to them?

**Reports**