

Post Discharge Call Back Program



Cleveland Clinic HVI 2014

CASE STUDY

RelateCare implemented a Post Discharge Call Back Program (PDCBP) at the Cleveland Clinic Heart and Vascular Institute (HVI) in 2011. Just two years later, there was a 33.9% decrease in readmissions thanks to the PDCBP (12.4%-8.2%). This not only saved the Cleveland Clinic thousands of dollars, but also gave them a sustainable program that will continue to assist their patient access for years to come.

Decrease in Readmissions from 2011 to 2013



The Client

Cleveland Clinic is a global leader in health innovation and patient treatment. From 1995-2015 the Cleveland Clinic was rated #1 heart hospital by US News Report. However, new regulations under the Affordable Care Act included financial penalties for hospitals that readmit a patient within 30 days of discharge. The Cleveland Clinic sought a way to combat these potential fines through an effective Post Discharge Call Back Program. Before 2011, Cleveland Clinic's PDCBP was decentralized and locally managed by departments. This additional responsibility given to RN's negatively affected work efficiency and patient access.

Cleveland Clinic engaged the services of RelateCare and their contact center experience to address this problem. Together, they established a

sustainable PDCBP which is still in use today. 100% of Cleveland Clinic's PDCBP calls are run out of RelateCare's contact center in Waterford, IRL.

The Challenges

Heart and Vascular clinical advice is extremely crucial to patient outcomes, so attaining the buy-in from physicians across all departments to give accurate information to both RelateCare employees and Cleveland Clinic employees was essential. This information is the core of each department's PDCBP script. In addition, there was a challenge to develop scripts for individual departments, as the core questions needed to be tailored to each department.

Prior to RelateCare's engagement, an urgent patient would be escalated to a phone in a

department's office, which had a poor answering rate. To solve this, RelateCare designated a single nurse to be available at all times to answer urgent escalation calls. It was essential that the nurse who is responsible for answering urgent calls was held accountable for always being available. Their attentiveness is necessary to not only the dynamics of the program, but more importantly overall patient access.

RelateCare's Approach

RelateCare's consultants formed a team with project managers from the Cleveland Clinic. The team, together with physician's from Cardiac Surgery first began to formulate "red flag questions" specific to cardiac surgery patients that RN's would ask the discharged patients in order

to determine their health status 2-10days post discharge. These red flag questions were then inserted into a script that RN's based their calls on, depending on the department of HVI the patient came from. These questions comprised around 30% of the script, leaving the majority of questions standardized across all departments.

The Cleveland Clinic and RelateCare team, using the same process as previously stated, then formulated scripts that were unique to each department. From there, a patient was labeled 1 of 4 conditions: All clear, Emergent, Urgent needs attention, or Non-urgent needs attention. If a patient is said to have urgent needs that require attention, they are escalated to a nurse practitioner so they can be assisted right away. Cleveland Clinic has all of their HVI post discharge calls completed, since the start of the program in 2011, by registered nurses out of the contact center in Waterford, Ireland.

RelateCare's Post Discharge Call made 2-10 days after discharge



AFTER THE CALL Patient condition label:

- All clear
- emergent
- non-urgent but need attention
- urgent and needs attention

Results 2013/14

562

patients readmitted into Cleveland Clinic HVI who were not contacted by the PDCBP

501

patients were readmitted when contacted by the PDCBP

33.9%

decrease in readmission rates from patients who were contacted vs. not contacted

4.2%

difference in the percentage of readmitted vs. patients contacted/not contacted

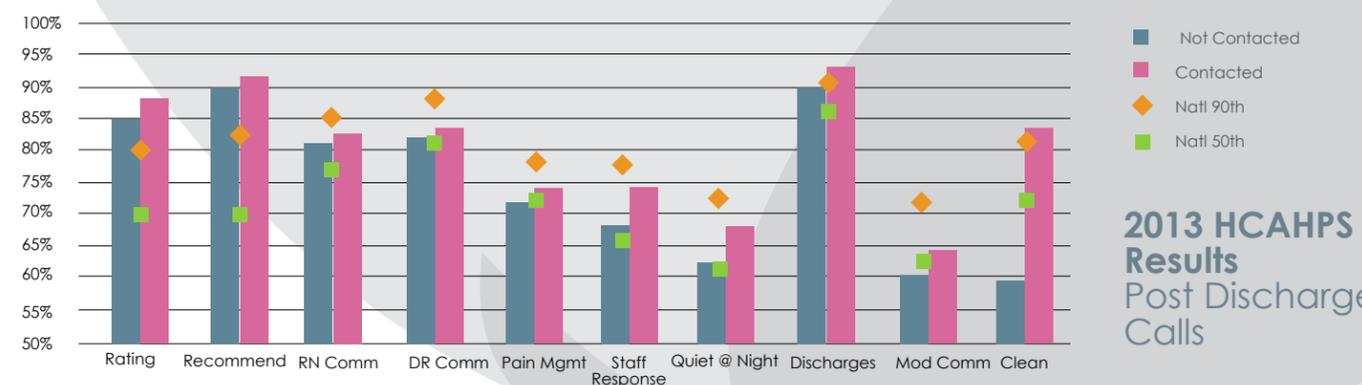
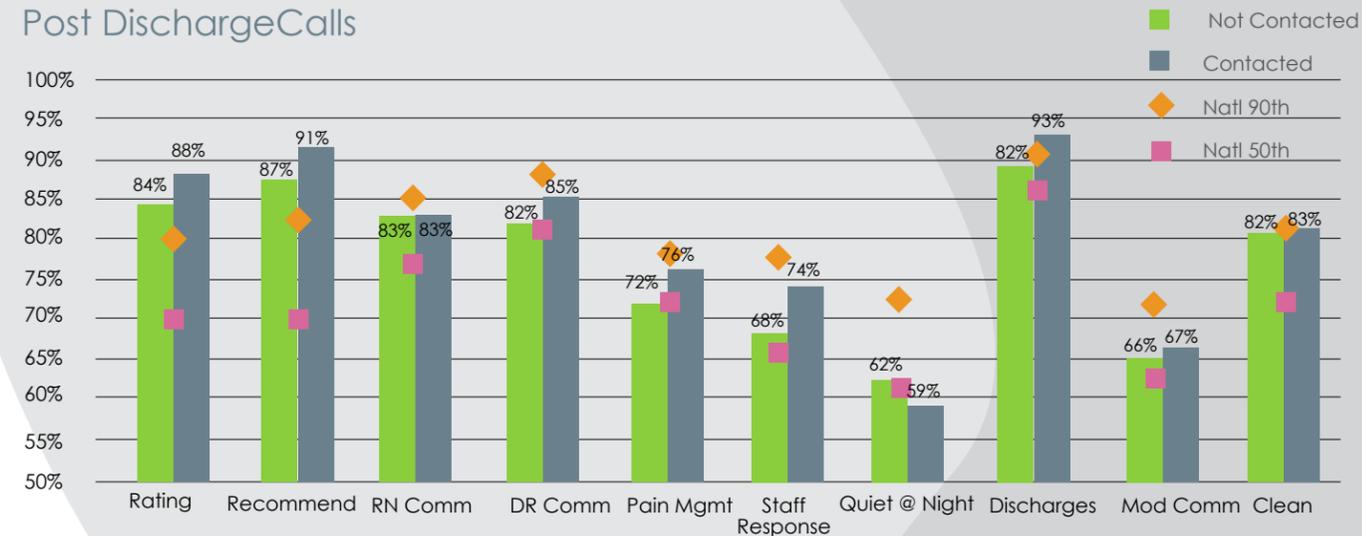
91.8%

of patients that were contacted by the PDCBP were not readmitted into the hospital

9/10

in 2013, the HVI at Cleveland Clinic received higher scores in every category of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) for patients that were contacted by the PDCBP. In 2014, they scored higher in 9/10 categories

2013 HVI Post Discharge Calls



2013 HCAHPS Results Post Discharge Calls