

Bureau of Hospitals Webcast
Driving the Ultimate Patient Experience – Patient Discharge
Presented by Hendricks Regional Health
January 12, 2012

Questions and Answers

1. Who makes the follow-up calls? The staff RNS, Case managers, Discharge Advocates, etc...?
Hendricks Response: Hendricks Regional Health's (HRH) Care Coordination staff make all follow up calls; we staff Monday-Saturday in which the calls are made.
2. How successful are you in getting doctors to dictate discharge summaries within just a couple of days to meet the <7 day turn- around time?
Hendricks Response: We've been fairly successful in this – we have had to increase staffing in the Health Information Management (HIM) Department to handle the transcription demands that this brings up. Of course, we have those physicians who struggle, but our HIM staff have monthly audit and reviews that are reported to our medicine committee chairs in the event we need to address compliance issues.
3. Does the entire binder get handed to the patient at discharge to keep or do just the components of the binder get handed to the patient at discharge?
Hendricks Response: The entire binder is given to the patient at the time of discharge. If a binder is left behind, it is mailed certified mail to the patient's home. Patients being discharged to Nursing Homes and Skilled Nursing Facilities are also given the binders.
4. How do you 'assure' that all patients receive their discharge packet? We struggle with this and have actually developed a checklist that the patient and nurse review upon discharge and the patient and nurse sign. We keep copies of the checklist and compare to discharge reports. Do you have an electronic way of tracking this assurance?
Hendricks Response: Ensuring that the patient leaves with the Discharge Binder is part of the workflow of HRH's discharge process. We also have a discharge process checklist that is filled out and reported to the Quality department. Our team uses those reports to ensure compliance with the 11 elements of the new HFAP standard. This report is electronic – it is a special project screen within Meditech that our HIM department does as part of their charting efforts.
5. Who are the staff members who make the post-discharge phone calls?
Hendricks Response: Care Coordination.
6. Do you call back 100% of your discharge patients?
Hendricks Response: Yes, the goal is to prioritize call backs with those patients identified as high risk on our risk stratification tool, and then all other patients.

7. What Risk Stratification tool are you using?
Hendricks Response: HRH did a fair amount of review of current risk stratification tools through various projects, like Project RED, Boost, etc. We ended up pulling items from all of those to create our own. This tool is continually being tweaked.

8. Did you see a change in your HCAHPS scores as it relates to discharge/medication?
Hendricks Response: We continuously monitor HCAHPS scores for any bumps – to be honest we have not seen an increase in our scores as of this time.

9. What is a Care Coordinator? Is it a charge nurse? Or a Utilization Case Manager?
Hendricks Response: A Care Coordinator is a nurse by credential, and does focus heavily in Utilization review.

10. Are you making the follow-up appointments with the PCP before the patient is discharged? Who schedules that appointment?
Hendricks Response: A joint effort between Care Coordination & Nursing helps us to schedule follow up appointments before the patients are discharged.

11. Would Hendricks be willing to share their zone sheets?
Hendricks Response: Yes, absolutely.

12. How does your facility track and audit when pending lab results are sent to the appropriate provider for continuation of care?
Hendricks Response: When the final discharge instructions are compiled, the nurse scans Meditech for outstanding labs and notes and incompletes in the special Patient Discharge Instruction Printout (PDIP). Then the Care Coordinator as part of the follow activities notes if the labs had been delivered to the follow up care provider.

13. How do you show evidence that the PCP received the faxed discharge summary? Is faxing PHI considered a secure transition?
Hendricks Response: With discharges that are having follow up appointments with HRH's Medical Group (HRHMG) providers, the dictated notes are sent securely to our ambulatory EMR system. For those having appointments with non-HRHMG physicians, HRH is part of the Docs for Docs program, in which we securely send the dictated note. We ran this past HFAP and they approved it as "proof" that we had sent on the discharge summary appropriately.