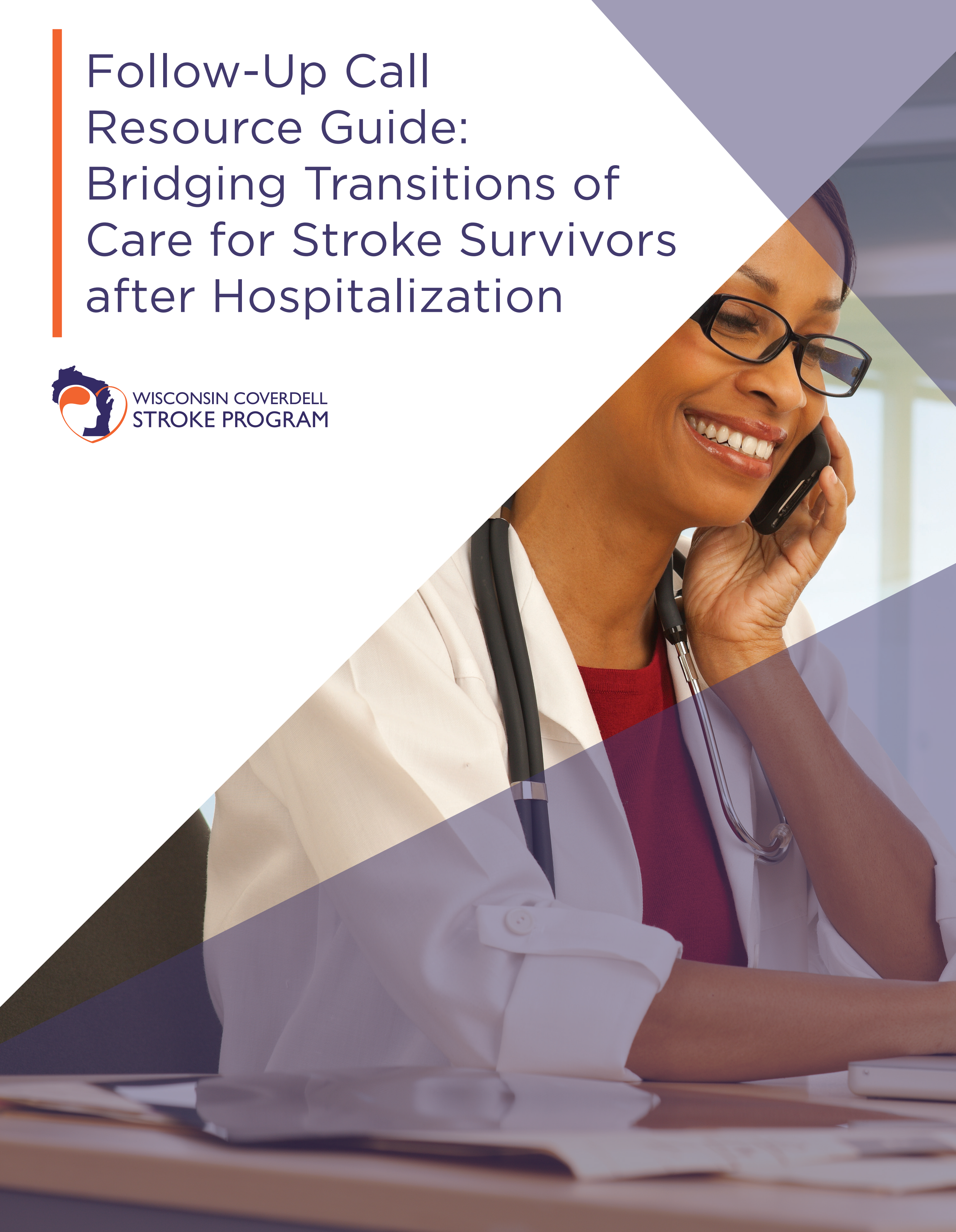

Follow-Up Call Resource Guide: Bridging Transitions of Care for Stroke Survivors after Hospitalization

WISCONSIN COVERDELL STROKE PROGRAM

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INTRODUCTION

Follow-up phone calls can be intimidating at times but having the tools to prepare for the calls will assist the health care provider in gathering necessary information about a patient's recovery. The Wisconsin Coverdell Stroke Program has developed this toolkit to assist in preparing for the call, conducting the call, and necessary actions to take with the information provided by the patient and/or caregiver as needed.

The purpose of the follow-up call allows the stroke survivor and their caregiver to discuss the plan of care with a trained healthcare provider who will help them work through and clarify discrepancies or concerns. These include follow-up appointments, referrals for services needed at home, medication compliance, and current health status.(1) The call also allows for additional education regarding the current diagnosis and treatment plan, as appropriate. This toolkit will assist the healthcare provider to prepare for the phone call, be proficient in completing the call, and provide resources to build appropriate after-call action plans as needed.

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Follow-Up Call Preparation

Completing a brief medical record review prior to the phone call can enhance the health care provider's knowledge of the stroke survivor's health status at the time of hospital discharge. The medical record review should include, but is not limited to the following:

Physician discharge summary provides many valuable pieces of information regarding the hospitalization and the discharge plan, including accountable items requiring follow-up.
Patient discharge instructions or after visit summary provides information on the stroke survivor's expectations at discharge and the steps they need to take to further their recovery.

Lab orders and results are important in the patient follow-up plan. Ensuring these orders are in the system and the results are completed helps the stroke survivor stay on top of their condition and plan for follow-up.

Utilization of a medication profile is important to ensure the stroke survivor has a clear understanding of their medications, when to take them and what they are for. Reviewing the medication list ahead of time helps you prepare to answer any questions the stroke survivor may have and assist in preventing medication errors or drug interactions. Adverse drug events are one of the most common preventable adverse events in all settings of care.(2)

Health History provides a firm understanding of the stroke survivor's prior health history and current state. This will assist you in tailoring the call to their specific needs.

Knowing the diagnosis and condition at discharge prior to the call can assist in tailoring the call to the stroke survivor and/or caregiver. Is the stroke survivor able to discuss their follow-up care with you or is there a Power of Attorney (POA) for health care who you will need to follow up with instead?

Follow up appointments and plan will tell you if the patient had appointments scheduled prior to discharge. This information can assist in assessing the status of these appointments and follow-up plans when making the call.

Home services and equipment, such as home health, therapy, or equipment prescribed at discharge can assist in planning. It is important to review if these services have been carried out.

Personal information such as daily routines, cultural practices and family involvement may assist you in making the call more patient-centered.(3)

Using Teach-Back to Confirm Understanding

During the call, it is important to ensure the person receiving the information understands it as well. Utilizing the teach-back method is one of the simplest ways to close communication gaps and confirm the information provided is understood in a way that is reasonable for the person. In order to do this, the person whom you are speaking with validates the information by explaining it in their own words.

A video demonstration of the teach-back method:
https://hsl.lib.unc.edu/health-literacy/videos-tutorials/ (4)

The teach-back method is not a test of the stroke survivor's knowledge, but simply a test of how well they understood your explanation. This methodology will provide insight into what the person understands and why they may be struggling. If the stroke survivor cannot verbalize the information provided, you will need to deliver the information in a way they can understand in order to complete the teach-back successfully. This may take a few attempts to ensure the information is clear and concise. (3)

Arranging for Interpreter Services

It is important to note in the medical record the stroke survivor's preferred language. If an interpreter is needed, follow your hospital's interpreter services policy. These services are available in a number of modalities nationwide.

Conducting the Follow-Up Phone Call

Now that the necessary preparation is complete, you are ready to conduct the call. Follow-up phone calls are a great way to evaluate the stroke survivor's progress, and to assess how they are managing their condition. These calls assist in closing the loop and ensuring there is a full understanding of their condition, medications and follow-up plan.

Example Scripting for a Follow-Up Phone Call for Patients Discharged with a Stroke Diagnosis

Hello, my name is ____________________.
I am a (*title- nurse/NP*) with the stroke team at (*name of facility*). I'm checking in because it has been a (*few days/weeks*) since you went home. I wanted to see how you are doing. Do you have a few moments to talk?

How are you feeling?

How are things going at home?

I'd also like to ask you a few questions about your hospital discharge care plan.

Sample Questions to Ask

Regarding Follow-Up Appointments

- Were you able to make your follow-up appointment? (if not scheduled prior to discharge)
- Have you attended your follow-up appointment? If yes, has the doctor made any changes?
- Is there any reason you might not be able to keep your follow-up appointments?
  - If yes, possible referral to primary care provider, community case manager, social worker or community health worker for assistance.

Regarding Medications

- Review each medication listed in the profile to ensure accuracy and completeness.
- Were you able to get your prescriptions filled? If not, why not?
- Are you taking your medication(s) as your doctor ordered?
- Are you taking any other medications that are not on the list? (Explain rationale to the patient: "This information is helpful for us to know because some drugs, when used together, can cause different interactions and can be less effective.")
- Do you have any questions about your medications?
  - If yes, possible referral for additional medication education or medication review with primary care provider or pharmacy for medication management therapy.

Regarding Blood Pressure Monitoring

- Have you been checking and keeping a log of your blood pressure at home or in your community (for example the fire station, pharmacy, other self-monitoring station etc.) since discharge?
  - If yes, what was your last blood pressure reading?
- Is this a similar blood pressure reading for you as in the past?
  - Do you have a range determined for when to call your doctor if you are too high or too low?
- Are you sharing your blood pressure log with your primary care provider on a regular basis?
  - If the patient does not have goals for their blood pressure readings and/or readings appear to be high or low, refer to primary care for further management therapy.

Regarding Rehabilitation

- Are you receiving therapy since being discharged home?
- Do you require any assistance with tasks such as walking, dressing or eating?
  - If yes, is there any equipment needed to perform these daily tasks? Possible referral to primary care provider for additional therapy as needed.

Regarding Falls

- Have you fallen at home since you were discharged from the hospital?
- If yes, how many times has this happened to you?
- Do you have things in your home that could cause a fall such as area/throw rugs, pets, stairs, slippery or uneven floors, toys/clutter etc.?
    - Is there any safety equipment you need at home to help prevent falls such as a cane, walker, grab bars, etc.? If yes, possible referral to primary care provider, community case manager, social worker or community health worker for assistance.

Regarding Alcohol, Tobacco and Drug Use

- Do you currently use any tobacco products such as cigars, cigarettes, pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe and/or electronic vapor products?
    - If yes, have you ever tried to quit?
    - Have you been provided tobacco counseling?
    - Are you interested in quitting and counseling?
        - If yes, possible referral to tobacco quit line and primary care for further assistance.
- Do you currently drink alcohol?
    - If yes, have you ever tried to quit?
    - Have you been provided alcohol counseling?
    - Are you interested in quitting and counseling?
        - If yes, possible referral to primary care, local recovery program or behavior health for further assistance.
- Do you currently use any type of street drugs?
    - If yes, have you ever tried to quit?
    - Have you been provided counseling?
    - Are you interested in quitting and counseling?
        - If yes, possible referral to primary care, local recovery program or behavior health for further assistance.

Regarding Mood/Depression

- Within the past two weeks, how often have you been bothered by any of the following problems:
    - Little interest or pleasure in doing things?
    - Feeling down, depressed or hopeless?

Further evaluation for depression is recommended if either question is answered yes. If the answer is no to both, the screening is negative. Ensure your hospital has a process for these referrals.[5]

Review the Understanding of Stroke Education (use the teach-back method when possible)

- Tell me your personal risk factors for stroke.
- Which risk factor is most concerning to you? Why?
- What steps are you taking to improve your stroke risk factors?
- Tell me the stroke warning signs and symptoms. BE FAST[6] (see image 2)
- Tell me how to activate EMS should you or anyone else need it.

Regarding Coordination of Care

- Do you have any questions about your recovery and care plan?
- Do you have any questions about your condition?
- How can I help with your care coordination needs?
- Any additional questions or needs?

Closing the Call

Thank you for speaking with me today. If you have any additional questions, please call me at (phone number).[7] Review any additional actions you are accountable for, including a timeline. Also review the actions for which the stroke survivor is accountable, with a timeline for each, if appropriate.

Follow-Up Call Actions

Occasionally when you are conducting a follow-up phone call, the stroke survivor may express a need for assistance. This diagram can assist you in finding answers to questions patients may have. Your hospital team will need to determine the appropriate actions you take with information provided by the stroke survivor. You will need to determine who is accountable for following up and determine a process to ensure this follow-up is complete to ensure the stroke survivor receives answers to their questions (See Image 1).(6)

Stroke Follow-Up Call Triage Algorithm

This tool provides triage guidance to staff who perform follow-up phone calls with stroke survivors and their caregivers. It assists them in locating relevant information within the medical record, and provides next steps to ensure stroke survivors and their caregivers receive the answers they need.

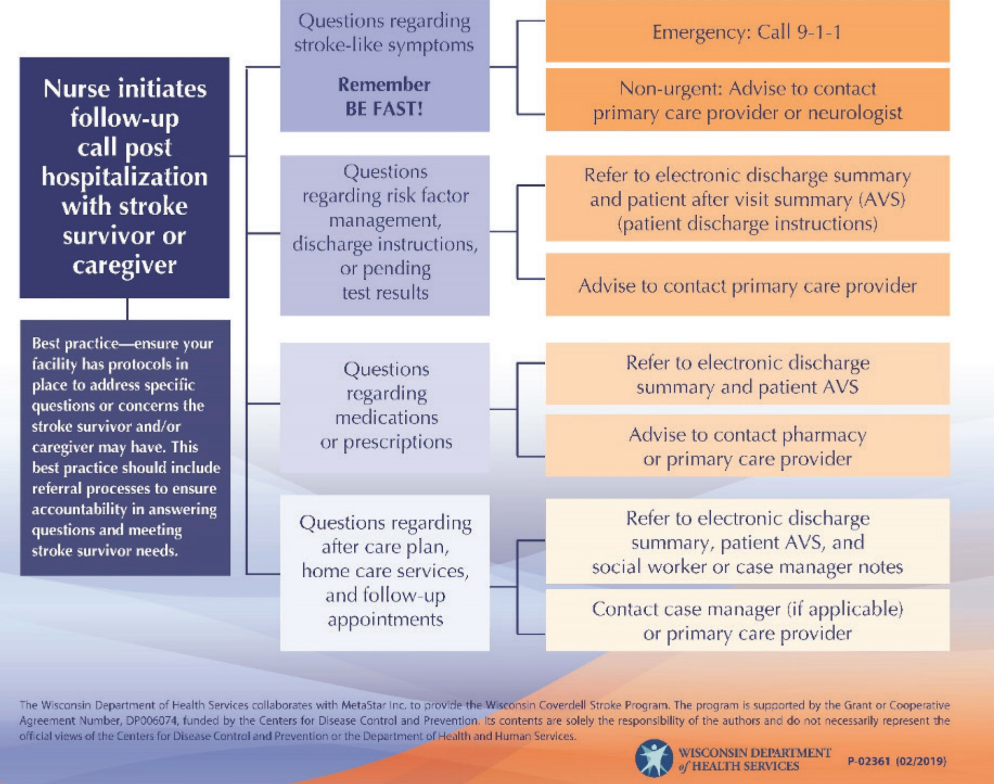

Image 1.
Source 6

Summary

In summary, follow-up phone calls are one way to connect with stroke survivors after they leave the hospital setting following an acute stroke diagnosis. Reaching out to stroke survivors to determine if they have any questions or immediate needs post discharge helps to bridge the gap from hospital discharge to follow-up appointment. Navigating health care is complex and many times stroke survivors and their caregivers feel lost in the follow-up process. Streamlining follow-up care coordination is essential to improve stroke survivor's outcomes. Focusing on three key components during this phase of stroke survivor care assists in creating seamless care transitions: communication, partnership and accountability. Clear and concise communication to the stroke survivors along with their caregivers is essential in this process. Partnership among the care team's key players and the stroke survivor is valuable. It is also essential in meeting the stroke survivor's needs to improve overall outcomes. Knowing who is accountable for each step in the process, as well as setting stroke survivor accountability expectations, is essential to ensure a successful recovery plan is carried forward.

Image 2. Source 6

Resources

Tobacco Cessation Resources Million Hearts® Tobacco Cessation Change Package (TCCP)
https://millionhearts.hhs.gov/files/Tobacco_Cessation_Change_Pkg.pdf

Information and resources from the Wisconsin Coverdell Stroke Program
https://www.dhs.wisconsin.gov/coverdell/index.htm

BE FAST patient education materials on signs of stroke
https://www.dhs.wisconsin.gov/coverdell/bella.htm

Practice guidelines, patient education materials and resources related to stroke from the American Heart and Stroke Association
https://www.stroke.org/

Taking an Accurate Blood Pressure Reading Outpatient Adults E-Learning Module
https://www.metastar.com/providers/elearning-modules/elearning-modules-2/

Patient Self- Measurement of Blood Pressure E-Learning Module
https://www.metastar.com/providers/elearning-modules/elearning-module-patient-self-measurement-blood-pressure/

Stopping Elderly Accidents, Death and Injuries (STEADI) Falls Program
https://www.cdc.gov/steadi/index.html

Recommendations for the Establishment of Stroke Systems of Care: A 2019 Update A Policy Statement From the American Stroke Association
https://www.ahajournals.org/doi/abs/10.1161/STR.0000000000000173

Depression Screening for Stroke
https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.111.643296

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