

In high-performing emergency departments, all nurses and physicians participate in making calls daily to create awareness about the strengths and opportunities that exist in the department. Department support staff, including greeters, volunteers, access/registration staff, etc., can also make discharge phone calls. When using non-licensed staff, it is critical to provide adequate training, use a standardized question template like the one below, and ensure there is a clear process for them to follow if the patient needs to be referred to a nurse or physician for follow-up.

To be completed at time of discharge-

1. In order to provide _____ care, we would like to follow-up with a phone call in the next few days.
May we have your permission to contact you? Yes No
2. Please verify your phone number: _____
3. What is the best time to reach you at that number? Morning Afternoon Evening
4. Do you have any questions or concerns before you are discharged?

Follow up call

Attempts to contact:	Date	Time	Initials
	Date	Time	Initials
	Date	Time	Initials

Introduction

My name is _____. I am a nurse calling from _____.
Dr. _____ asked that I call to see how you are feeling.
Comments: _____

1. Are you having any **pain**? Yes, Pain Level _____ No N/A
How are you managing your pain? Medication Heat/Ice Elevation Other
2. Have you filled your prescriptions (if applicable)? Yes No (review) N/A
3. We want to ensure you understood your **plan of care**.
Did your discharge instructions answer all of your questions? Yes No (review)
4. Do you feel you were kept informed during the **duration** your stay? Yes No (review)

Comments _____

5. Have you made a follow up appointment? Yes No (review)

Closing

6. We always want to make sure our patients receive _____ care.
May I ask how your overall care was? _____
7. What is one thing you feel we could do to improve? _____
8. Are there any individuals whom you would like me to compliment for the care they provided? _____

Thank you note sent Yes No

Further Follow up Contact MD Contact Charge Nurse Contact Nurse Mgr Other

Signature of RN _____ Date/Time _____