Telephone Follow-Up Implementation Procedures for Inpatient ABI

### Why are we completing the Telephone Follow up?

- To ease transitions home and to independent community living
- To promote patient and caregiver self-management and self-efficacy
- To support optimal rehab outcomes and allow for future program development and personal learning.
- To show us that the hard work and time we commit to our patients has set them up for success in their transition from inpatient rehab
- To align with ABI Best Practice Guidelines.

### Who MAKES the call?

- Goal coordinator (Screener) will complete the telephone follow up. (Or designated team member who had strong involvement with the patient during their admission)
- **Nursing Exception:** It has been determined that nursing will not be completing the follow up calls. When nursing is designated Goal Coordinator:
  - 11S: Team member volunteers to carry out the follow up call process if call is indicated
  - 10S: Service coordinator assigns caller to complete the follow up call process if call is indicated.

### Who RECEIVES the Call?

- **Inpatients:**
  - Call is done approximately 3 weeks post discharge
    - **Concerns Identified:** Team to use clinical judgment on whether or not call should be placed earlier based on concerns or issues raised by the team/patient/caregiver prior to discharge.
  - Call is **NOT done** if patient is going to acute care, CCC, LTLD.
  - MVC/WSIB:
    - Call **NOT done** if private team follow-up is established.
    - Call **DONE** if private team follow-up is not established.
    - *Exceptional cases may exist- use team discretion*
  - Call is **NOT done** if patient is going to Rumsey or UC Day Hospital within 3 weeks of inpatient discharge- **If longer than 3 week wait, follow up call is done. Outpatient start date to be found on “Follow up Appointments and Referrals” form in discharge binder.**
  - If call is **NOT REQUIRED**, goal coordinator or designated person to record this on the Team Rounds Patient Discussion Form during rounds.

### Before the Telephone Follow Up Call

#### Part A

- Screener reviews Pre-Discharge Telephone Follow Up information sheet with patient and places it in their discharge binder.
- Screener sets date and time of follow up call with the patient/caregiver prior to discharge and records date and time on follow up appointment sheet in Discharge Binder.
- Screener to complete part 1.1 on form with patient/caregiver.
Part B
- Screener completes Part 1 (page 1) of the follow up screen form during rounds the last date the patient will be discussed.
- Part 1 should be completed with input from the team and concerns identified by the team should be recorded (Part 1.2)
- Screener to keep the original follow up screen form.

- Reminder to document in progress notes prior to discharge stating that follow up phone call will be completed and that form will be filed under “other assessments” section of chart once completed.

At time of the Telephone Follow Up Call
- Screener to complete Part 2 (page 2) of form.
- Ensure to include recommendations or actions taken in Comments/Recommendations section.
- Screener to attempt to call patient a total of 3 times.
  - If patient is unable to be contacted, this is to be recorded in the Additional Notes/Comments section at the bottom of page 2 of the follow up screen form.

After the Call
- If issues are identified during the call, make sure this is clearly documented on page 2 in the Additional Notes/Comments section. (If consult is required- screener to email appropriate team member).
  - Screener then to email immediate team members involved, including physiatrist, to share issues and problem solve if needed.
- Telephone follow-up entered into Workload

What Happens Next?
- Following completion of the telephone follow up, screeners will “report back” during the next rounds meeting.
- A column has been added to the floor Census indicating the date the report back will occur to serve as a cue to the screener to record this date as a reminder.
- Service Coordinator will indicate who is due for quick discussion on the Rounds List each week and will call for brief report back on each patient listed.
- The screener will provide a short report to highlight outcome of call:
  - Was call required?
  - Was call completed?
  - Provide brief statement to help team close the loop including any ways in which you helped support self-management.
*The purpose of report back is not to problem solve in rounds but to close the loop, problem solving should be done outside of rounds, immediately following follow up call, prior to report back – see above “After the Call”*
- Screener to then initial tick box on telephone follow up form that indicates “Rounds report back to team complete”
- Following Rounds Report-Back, attach a face sheet and give original copy of form to health records for filing. Send via interoffice mail or bring down to health records (if at UC).