

Telephone Follow-Up Implementation Procedures for Inpatient ABI

Why are we completing the Telephone Follow up?
<ul style="list-style-type: none"> <li>To ease transitions home and to independent community living</li> <li>To promote patient and caregiver self-management and self-efficacy</li> <li>To support optimal rehab outcomes and allow for future program development and personal learning.</li> <li>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</li> <li>To align with ABI Best Practice Guidelines.</li> </ul>

Who MAKES the call?	<ul style="list-style-type: none"> <li>Goal coordinator (Screener) will complete the telephone follow up. (Or designated team member who had strong involvement with the patient during their admission)</li> <li><i>Nursing Exception: It has been determined that nursing will not be completing the follow up calls. When nursing is designated Goal Coordinator:</i> <ul style="list-style-type: none"> <li><i>11s: Team member volunteers to carry out the follow up call process if call is indicated</i></li> <li><i>10s: Service coordinator assigns caller to complete the follow up call process if call is indicated.</i></li> </ul> </li> </ul>
Who RECIEVES the Call?	<ul style="list-style-type: none"> <li><b>Inpatients:</b> <ul style="list-style-type: none"> <li>Call is done approximately 3 weeks post discharge           <ul style="list-style-type: none"> <li><b>Concerns Identified:</b> 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.</li> </ul> </li> <li>Call is <b>NOT done</b> if patient is going to acute care, CCC, LTLD.</li> <li>MVC/WSIB: - Call <b>NOT done</b> if private team follow-up is established.           <ul style="list-style-type: none"> <li>- Call <b>DONE</b> if private team follow-up is not established.</li> </ul> </li> <li><i>*Exceptional cases may exist- use team discretion</i></li> <li>Call is <b>NOT done</b> if patient is going to Rumsey or UC Day Hospital <b>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.</b></li> <li><b>If call is NOT REQUIRED</b>, goal coordinator or designated person to record this on the Team Rounds Patient Discussion Form during rounds.</li> </ul> </li> </ul>

Before the Telephone Follow Up Call	
Part A	<ul style="list-style-type: none"> <li><input type="checkbox"/> Screener reviews <i>Pre-Discharge Telephone Follow Up information sheet</i> with patient and places it in their discharge binder.</li> <li><input type="checkbox"/> Screener sets <i>date and time</i> of follow up call with the patient/caregiver prior to discharge and <b>records date and time on follow up appointment sheet</b> in Discharge Binder.</li> <li><input type="checkbox"/> Screener to complete part 1.1 on form <b>with</b> patient/caregiver.</li> </ul>

<b>Part B</b>	<input type="checkbox"/> Screener completes Part 1 (page 1) of the follow up screen form <b>during rounds</b> the <u>last date</u> the patient will be discussed. <input type="checkbox"/> Part 1 should be completed with <b>input from the team</b> and concerns identified by the team should be recorded (Part 1.2) <input type="checkbox"/> Screener to <b>keep</b> the <i>original</i> follow up screen form.
	<input type="checkbox"/> Reminder to document in progress notes <u>prior to discharge</u> stating that follow up phone call will be completed and that form will be filed under " <i>other assessments</i> " 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).