

Transitions of Care Initial Call Scripting Template for the Nurse Care Manager

Step One: Verify you are speaking with the patient. Do not disclose any personal health information until this step is completed. This is to ensure compliance with HIPPA.

If the patient is not available, leave your name, where you are from and the number to reach you at. Do NOT disclose any personal health information, such as indicating the patient's admission.

Key Components:

- Identify yourself and your relationship to the patient's physician
- Provide a brief description of the call purpose, and ask for permission to continue the call

Draft scripting sample:

- Hello my name is _____. I'm a nurse care manager calling from Dr. _____ office.
- The office received notification that you have recently been in the hospital/ER/Urgent Care. Many patients have lots of questions after being discharged from the hospital/ER/Urgent Care and find it helpful to talk with a nurse about their care.
- Do you have a few minutes to talk with me now about your health (or is there someone else you prefer I talk with)? (If asked to speak with someone other than the patient, obtain and document verbal consent, provide a brief explanation of the reason for calling and establish need for HIPPA).

Step Two: Completing the call. Elicit concerns and questions the patient has in response to the admission, his/her understanding of the reason for the admission, his/her understanding of the discharge instructions and follow-up care. Frame the expected outcomes of the call and the approximate time it will take. Provide information that normalizes the discharge to home and follow-up care.

Key Component:

- Permission to continue declined

Draft scripting sample:

- I want to be respectful of your decision, may I ask the reason? Would it be o.k. for me to call at a different time?
- Permission to continue provided

Draft scripting sample:

- Before we get started, what are your concerns or questions? (Either address now – or let the patient know they will be addressed during your conversation at a later point).
- Have you been in the hospital/ER/Urgent care before this recent visit?
 - (If yes) what type of visit(s) and approximately the last date(s)?
- What I would like to like to do on this call is review with you the medications you are taking and any changes since the hospitalization/ER/Urgent care, the discharge instructions and follow-up care needs and appointments, and warning signs or symptoms that would indicate a need to call the doctor(s), or be seen before your next appointment. Depending on the questions, this should take about 20 to 30 minutes. Before we get started, it would be helpful for us to review the discharge instructions and your medications. Can you locate the discharge instructions and get your medications out so we can reference them during the call?

Step Three: Transitions of Care General Assessment – Initial Contact. The primary focus of this assessment is to establish the patients level of risk and safety. The goal is to reduce risk and optimize safety to prevent an unnecessary untoward event or readmission.

Key Component:

- **Psychosocial assessment**

Draft scripting/questions:

- What care needs do you have since being discharged from the hospital?
- Do you have someone at home to help you since you've been discharged from the hospital/ER/Urgent Care?
 - Who/relationship
 - How often

- **Financial needs assessment**

Draft scripting/questions:

- Sometimes people have difficulties paying for medications, co-payments, transportation, or other things such as equipment or supplies. Can you describe any issues or concerns you've had?
 - Transportation to doctor or ordered treatment issues?
 - Medication co-payments or inability to fill prescriptions?
 - Paying for recommended equipment
 - Paying for homecare or private duty care
 - Other

- **Medication reconciliation assessment**

Draft scripting/questions:

- At this point I'd like to spend some time reviewing your medications. I'm going to ask that you read to me your list of medications from the discharge instructions. As we go through that list I would like you to see if you have a prescription bottle that matches the name of that medication on the list. If so, I'll have you keep those in a separate area while we're talking.
 - Complete the medication reconciliation process
- Some people have trouble taking their medications at the times and as often as they are prescribed. Can you share with me any issues you've had with this?
 - **Explore potential barriers (may have been addressed during the financial assessment)**
- Do you use more than one pharmacy?
 - **Education to consider if yes:**
 - To make sure everyone has the same information it is recommended you take a list of all medications and your pill bottles to each pharmacy and doctor's appointment you see (some pharmacies have a pharmacist available to assist you with medication questions and issues).
 - After each of your doctor's appointment, ask to have a print out of the medications you should be taking.

- **Self-management – warning signs and assessment**

Draft scripting/questions:

- After an admission/ER/urgent care, it can be confusing to know what is important to report. I'd like to spend some time reviewing this with you.
- What would be some of the signs that your condition is worsening, and you would want to call the doctor about?
 - **Use affirmation for accurate information**
 - You really seem to have a good understanding of the warning signs.
- Would it be o.k. for me to review a couple of things that other patients have said was helpful to them?
 - Explain to the patient reportable warning signs pertinent to their condition(s).
 - Examples are fluid retention or weight gain for CHF
 - Wounds that are warm, or change in drainage

- What would you do if you had any of the warning signs we just reviewed?
- How about in the evening or on the week-ends?
 - Educational Opportunity
 - Review the organizations protocol for after- hours care
 - Urgent care centers or availability
 - When to use the emergency
 - Call center numbers
- **Follow-up care assessment**

Draft scripting/questions:

- After hospitalization/ER/Urgent Care can be a confusing time for patients. It is recommended that patients have a follow-up visit with their primary care doctor.
 - Coordination of care opportunity
 - Review the patients record to determine if an appoint has been scheduled within the next 7 days.
 - (If appointment is scheduled) I see you have an appointment scheduled on (date). That's great. If for some reason you are not able to make the appointment, make sure you reschedule it, and let the person know the visit was for a follow-up visit for a recent hospitalization/ER/Urgent care.
 - (If appointment is not scheduled) I don't see where there is an appointment scheduled for you. Would it be o.k. for us to do that now?
- Do you have appointments to see other doctors or for any treatments?
 - Coordination of care opportunity
 - Review the importance of specialist appointments, and if the care is complex, consider contacting the specialist with any concerns or questions.
- We might have covered this before, but I want to make sure we cover this. Will you have problems with transportation to any of the appointments?
 - Coordination of care opportunity
 - Explore options if transportation is an issue
 - If health plan HMO – transportation coordination
 - Go bus
 - Family/friends

Closure:

Draft scripting

- Thank you for taking the time to talk with me. Have we addressed your questions/concerns? Is there anything else I can do for you?
- Before we end the call I would like to set-up a follow up call and provide you with my name and phone number/portal contact information
 - Coordinate the next phone call
 - Provide contact information
- Thank you for taking the time for the call today. I hope you found this helpful, and look forward to our next call on _____ (date), or seeing you at your appointment on _____(date).

Initial Contact for non-clinical staff

Do you have a follow-up physician appointment(s) scheduled? Y/N

- **Yes, member has appointment scheduled**

“Who are you seeing and when is the appointment?”

Enter MD name or PCP/specialty

Appointment date:

What, if anything, might make it difficult for you to
keep this appointment?

Explore potential barriers.

If any issues present – follow practice triage/protocol

- **No, member doesn't have appointment scheduled**

Can I help you schedule this appointment now? Y/N

- **No, member doesn't wish to schedule**

Inform the physician to determine next steps