

Large Texas health system utilizes Care Transitions to restructure patient follow-up approach and improve patient outcomes

See how NRC Health's Care Transitions program transformed care—and patient lives—at Houston Methodist.

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BACKGROUND

Leaders at Houston Methodist had long recognized the value of post-discharge follow-up. But they struggled to find a practical way to reach all of their patients after their episodes of care. Part of the problem was the sheer scale of Houston Methodist's operations: with seven hospitals—including a leading academic medical center with over 2,500 beds—and over 100,000 admissions a year, it's one of Texas's largest health systems.

However, Houston Methodist found a path to success with NRC Health. By adopting NRC Health's Care Transitions solution, the organization was able to substantially increase HCAHPS scores and reduce readmissions through post-discharge contact with patients.

OPPORTUNITY

As with many institutions, post-discharge calls had been a part of strategic planning at Houston Methodist for quite some time. Leaders at the organization understood the unimpeachable benefits of reaching out to patients after their episodes of care.

The extra contact improves compliance with discharge instructions, leaves patients feeling happier with their care experiences, and, most importantly, prevents unnecessary readmissions.

Houston Methodist's leaders preferred, at first, to pursue post-discharge follow-up using *internal* resources. They believed that nursing staff should attempt this outreach, since the nurses understood protocols of care, and were often familiar with individual patients' cases.

This plan, however, met with complications. Many of the nurses felt that the calls strained their competencies. Fielding post-discharge conversations was not necessarily a part of their training. Their discomfort in making the calls likely diminished their enthusiasm for the project.

Further, in a modern hospital environment, nurses have to ration their time carefully. While the nurses at Houston Methodist understood the value of follow-up, they believed that time spent on the phone detracted from time spent on direct

care. Understandably, they prioritized the patients in front of them, and often ran out of time in their shifts to make the calls. As a result, Houston Methodist didn't reach nearly the volume of patients that they set out to. In fact, they would have needed to hire seven full-time RNs, dedicated exclusively to post-discharge calls, to reach all of the patients.

"For a system the size of Houston Methodist, we estimate that the cost to conduct discharge calls without the NRC Health program would be about \$12 million. By leveraging the Transitions platform, we cut the cost to around \$2.5–3 million."

—**Janice Finder**, Director, Population Health and Performance Improvement, Houston Methodist

If quantity of calls disappointed, the *quality* of data collected also presented a serious shortcoming. Post-discharge calls from nurses were conducted in a decentralized way. This meant that data retrieved from the effort was fragmented and sparse, leaving administration unable to effectively analyze it. Trends went unrecognized, and the hoped-for improvements in quality and patient satisfaction never came to pass.

APPROACH

The disappointing initial efforts began to turn around as Willowbrook Hospital—a regional hospital in the Houston Methodist system—experimented with NRC Health’s Care Transitions solution. Transitions uses Interactive Voice Recognition (IVR) technology to reach 100% of patients within a day of discharge. Its quick, automated surveys retrieve patient feedback and identify patients who may need additional support.

This low-touch, unobtrusive follow-up can have a tremendous effect on how customers view their care experience. After implementing the Transitions solution, within months Willowbrook saw a **2% increase in overall patient satisfaction**. The results motivated senior leadership to consider deploying Transitions across the entire Houston Methodist system.

They took a careful and deliberate approach to planning the system’s rollout. First, respecting Houston Methodist’s culture of nurse governance, they surveyed nurses and met with nursing councils to field their questions and concerns. Nurse administrators immediately recognized the value in Transitions’s automated approach, as it would free nurses from the significant burden of making those calls themselves.

With nursing staff on board, Houston Methodist leadership created an organizational structure that would ensure success for the Transitions program. They created a dedicated team to handle follow-up when Transitions alerted staff of patients in need of extra help.

For clinical alerts, the team has four nurses, two pharmacists, and one care coordinator ready to offer guidance. When patients had *service* complaints, they were directed to the Guest Relations Department, where they would find a sympathetic ear to hear out their grievances.

“Often patients express gratitude at the end of a Transitions call. They thank us for listening. At the end of the day, it’s not necessarily about solving the problem. It’s about making them feel heard.”

—**Theresa Pinn**, Care Navigator, Houston Methodist

OUTCOMES

Transitions improved care at Houston Methodist in a number of ways.

The dedicated Transitions team was trained to handle specific patient concerns, and they were knowledgeable enough to direct patients toward important ancillary services—something many unit nurses might not have been able to do. They were able, for instance, to connect low-income patients with Golden Care, a service that helped them pay for medications. They also referred seriously debilitated patients to Home Plate, which would provide them with home-delivered meals for up to a month after discharge.

Transitions has also proved to be a rallying point for broader organizational issues. With the ability to access robust and meaningful reporting within the Transitions platform, the team is able to send out various reports weekly to hospital CEOs, CNOs, and United Managers for review.

“The reports are used to motivate the teams to improve their performance and aim for being at or above the national standards provided by NRC Health.”

—**Ashlyn Proske**, Project Specialist, Physician’s Alliance for Quality, Houston Methodist

The Transitions team was able to connect with patients shortly after discharge, which enabled them to quickly identify the root causes of their concerns. Ashlyn Proske could then use Houston Methodist’s centralized model to create Performance Improvement Groups, and share the Transition team’s discoveries across the entire system.

“Through this program, we have been able to identify and resolve medication-related issues in a timely manner through patient education and collaboration with physicians, retail pharmacies, and insurance companies, to address medication concerns and provide financial assistance.”

—**Rafael Felippi**, PharmD, BCPS, Houston Methodist

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Transitions reports not only provided leadership with a clear path toward service improvement, but also highlighted praiseworthy behavior. Compliment Reports provided the entire organization with concrete examples of outstanding customer engagement from specific staff members.

Crucially, the solution also empowered staff to make clinical interventions. Theresa Pinn, Care Navigator at Houston Methodist, recounted a time she spoke with a patient who was concerned about their symptoms after hospitalization. Over the course of the conversation, Theresa was able to **assess that the patient was likely slipping into sepsis, and directed the patient to seek immediate care—quite possibly saving their life.** This intervention would not have been possible without Transitions.

The Transitions process also ensured that patients had a voice to express service-related concerns and complaints, and that Houston Methodist staff had the opportunity to listen and provide resolution. Cynthia Broussard, Director of Guest Relations and Palliative Care, credits Transitions for hastening service recovery, and for reducing the number of patient grievances.

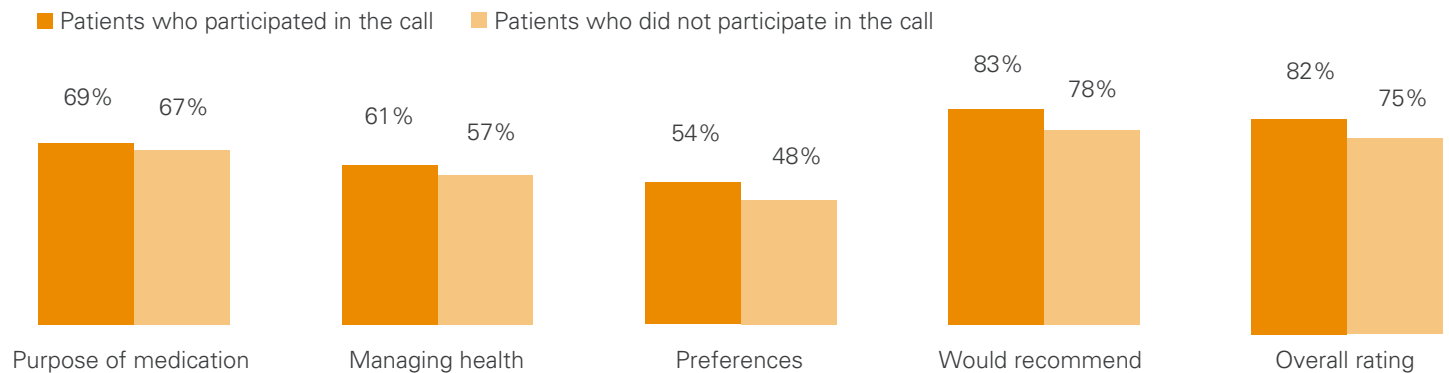
“Transitions conveys to patients that they have a voice.”

—**Cynthia Broussard**, Director of Guest Relations and Palliative Care, Houston Methodist.

The aggregate effect of these logistical, cultural, and clinical advancements had a pronounced impact on Houston Methodist. The system’s HCAHPS scores, for instance, reflected the extra attention that patients received from the organization.

FIGURE 1

Houston Methodist patients who receive a post-discharge call rate their care experiences more highly than those patients who do not.



In Houston’s internal study of Transitions’s effectiveness, **patients who received Transitions calls reported significantly higher satisfaction with their encounters**, when compared with patients who did not receive a call. SEE FIGURE 1

And even better, Transitions also showed a significant effect on readmissions. By Houston Methodist’s own internal analyses, 12.5% of patients who did *not* receive a post-discharge call were readmitted. That number decreased dramatically for patients who were flagged by the Transitions program for a follow-up alert. Only 8.0% of those patients were readmitted, since Houston Methodist staff were able to resolve their concerns before they escalated into more severe health issues.

Patients who receive a Transitions call are 32% less likely to readmit.

CONCLUSION

Houston Methodist has had outstanding success with their deployment of Transitions. They now have plans to expand the solution more broadly into other service areas, and are eager to see the results.

“Transitions took a very cumbersome process and made it easier. Overall, these calls are an avenue for patients to be heard, and the value of that can’t be overstated.”

—**Janice Finder**, Director, Population Health and Performance Improvement, Houston Methodist