

McLeod Health's use of Care Transitions increased patient experience scores

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33.6%

IMPROVEMENT IN READMITTANCE OUTCOMES

14.1%

IMPROVEMENT IN OUTCOMES FOR ALERTS RESOLVED WITHIN 24 HOURS

80%

SATISFACTION RATE WITH NURSES LISTENING TO PATIENTS

SUMMARY

McLeod Health, a locally owned, not-for-profit healthcare system, extends from the midlands to the coast along North and South Carolina, serving more than one million people.

McLeod Health wanted a designated staff to follow up with patients to consistently improve patient experience, employee satisfaction, and outcomes. McLeod Health turned to NRC Health's Care Transitions to streamline its post-discharge contact operations, ensuring that each patient understands exactly how valued they are.

"We have designated staff calling patients they know actually need something from us. There's a lot of fulfillment in that. And in those cases where there's something that needs escalation, it's built into our process and standards for them to know to whom to send those types of things to. Knowledge and demonstration of proficiency and service recovery are really big pieces for us."

—**Sheri Brockington**, Director of Service Excellence, McLeod Health

OPPORTUNITY

The McLeod Health network wanted to reach out to 100% of their patients with post-discharge calls, which they started using in 2010. However, as McLeod Health expanded, process improvement and quality grew—while over time and through the turnover of leaders or staff, participation dropped. Eventually, only a couple of units could complete post-discharge calls consistently, and capacity bandwidth became an issue. NRC Health's Care Transitions enabled McLeod Health to reach 100% of their patients with a fraction of the time and commitment from their existing teams.

SOLUTION

Care Transitions is an automated solution that uses Interactive Voice Recognition technology to reach 100% of patients within one day of discharge and spares staff the workload of making manual phone calls to every patient. Its quick, convenient assessment encourages high response rates among patients and enables them to self-select for extra clinical support. Once this occurs, the Care Transitions solution immediately notifies the medical communications team, who can rapidly intervene to resolve the patient's issues. Ultimately Care Transitions reduces readmissions by walking patients through any emergent post-discharge complications.

RESULTS

With Care Transitions in place, McLeod Health was better able to keep up with growth and the number of people being discharged without burning out staff. The solution also allowed McLeod Health to meet its KPIs to increase patient satisfaction, reduce readmissions, and follow a consistent fail-safe process in which calls are automated, yet deliver a consistent message of care beyond the hospital walls. The initiative's results have included:

- 100% of patients called within 24–48 hours of discharge
- Improvement in CAHPS scores
- A 5.4% improvement in nurse communication scores within 6 months
- Identification of process improvements and increase in overall patient experience

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