Time, Money – and Lives – Saved, With Automated Patient Follow-up

As many as one-fifth of patients discharged from a hospital or managed care facility experience adverse events. Caused by drug effects, infection or therapeutic errors, these events can lead to disability and death if not caught. Dr. Alan Forster of the Ottawa Health Research Institute used CallAssure to study the positive impacts that automated telephone follow-up can have on post-discharged patients.

Post-discharge Follow-up to Prevent Adverse Events

Often, due to lack of resources, appropriate follow-up by healthcare professionals is not being conducted with recently discharged patients. New accountability regulations across North America will hold medical establishments accountable for post-discharge adverse patient events, and the market is seeking solutions that will reduce nurse workload, costs and potential liability while ensuring that patients are receiving the necessary follow-up.

As one strategy to improve patient care, Dr. Alan Forster of the Ottawa Health Research Institute has been researching post-discharged patients. As telephone follow-up is one method of monitoring patients, Dr. Forster wanted to find out if an Interactive Voice Response System (IVRS) could improve the effectiveness of patient follow-up.

Automated Patient Monitoring

Knowing of their expertise in automated outreach solutions, Dr. Foster asked Vocantas to develop a system that would increase the efficiency of contacting patients by telephone so that adverse events could be identified early and reduced or eliminated. Vocantas responded with the development of CallAssure, a US patent-pending IVRS designed to automate patient outreach for hospitals and managed care facilities.

Clinically-proven

Dr. Forster’s study, conducted in Edmonton, Alberta through Capital Health, concluded that by using CallAssure, 88 per cent of the post-discharge work related to telephone monitoring of patients was eliminated, with nurses having to contact only those few patients who required their intervention.

“Patients were keen to participate in the study and were advised in advance of what to expect,” says Rinda LaBranche, Clinical Quality Consultant from Capital Health in Edmonton.

Patients’ responses revealed an extremely high acceptance of the automated outreach system and independent research further revealed that, when asked, two-thirds of patients actually preferred the system over speaking with a nurse. This high level of patient acceptance facilitated effective follow-up by nurses when required.

“If there are requirements to contact patients post-operatively to assess their condition then an automated outreach solution such as CallAssure is a feasible and practical solution,” says Dr. Forster.