

Tips for recording phone encounters consistently

Why? Benefits of tracking phone encounters consistently in your EMR:

- Gives you more complete information on how much work your team is doing and how many patients you are actually serving
- Allows you to measure follow-up after hospitalization the way your team actually does it – *i.e.*, phone calls by ANY clinician on the team, not just in-person visits to doctors
- Helps you see the impact of programs that involve phone encounters with patients

Why now? You will need to start tracking phone encounters *now* to be ready to submit data for the [New! Improved! definition of “follow-up after hospitalization”](#) to D2D 4.0 in late summer.

How? Step-by-step guide to tracking phone encounters consistently:

Clinicians are almost certainly already recording phone encounters in your EMR. The following guide outlines how to record these encounters consistently *so you can extract data about them*.

1. **Choose a workflow:** Consider which approach might work best for your team, considering your EMR and existing workflow

Workflow Change	Telus PS	Accuro	Oscar	P&P	Nightingale	Additional Considerations/ Questions
Add a shadow billing code to the phone-call documentation process		x	x	x		This may not work for IHPs and might benefit from shortcuts or templates to help clinicians remember to document the shadow billing code
Utilize drop down to indicate the nature of encounter when doing phone-call documentation		x			x	This means clinicians will need to create an encounter INSTEAD of documenting conversation elsewhere in the chart.
Get all clinicians to agree on the text to include in phone-call documentation	x					This has a high risk of data entry errors (<i>e.g.</i> spelling mistakes, personal short-forms) and potential for the agreed-upon text to be documented for other reasons
Create a form/template for phone-call documentation	x		x			If such a form is not already in place, you may be able to build on what other teams have already created.
Create an appointment type for phone-call documentation	x	x		x		Will physicians and IHPs always remember to create an appointment?

2. **Engage your clinical champion(s) (eg lead physician or NP):** Discuss the proposed workflow change (and the reasons for it) for their advice in implementing this change with clinicians. Ideally, enlist your champions in communicating this to clinicians.
3. **Start with a small willing group:** Any number of clinicians is more than enough to test the process. This will help refine the process and generate some positive experiences and revealing data that might help with spread within the team.
4. **Set up your data extraction process:** Usually, this means setting up one of the [EMR queries](#) already developed by QIDSS and the EMR CoPs. If you need help with this (particularly if you don't have access to a QIDSS), contact [Jamie Sample](#) who can point you to your EMR CoP or others who might be able to help.
5. **Record hospital discharge date:** This has nothing to do with phone encounter tracking. It does, however, help you prepare to report on "follow-up after hospitalization" for D2D 4.0. Work with staff to determine the best way to record the "discharge date" in a patient's chart. Focus only on patients for whom you actually have discharge information.
6. **Share your results:** After a *very short* time (eg 1-2 weeks), extract your data and share it with your team (anonymously of course – this is just a test!). You may already start to see differences in follow-up rates for those who are tracking their phone encounters consistently.

What else? Suggestions to make sure things go smoothly:

- Take the extra time to explain to clinicians why consistency is important (see benefits).
- Choose the process that most closely resembles current practice in recording phone encounters to minimize the change involved.
- Start small – small number of enthusiastic staff for a short time (1 really is enough to start!) .
- Use all available resources (*i.e.*, [EMR tools and queries for phone encounters](#), [QIDS Specialist and QIDSS like folks](#), and [Jamie Sample](#)).