3-Day Call Script

Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a pharmacist from Uptown Pharmacy. Is *(patient’s name)* available? (If not available, schedule a time to call back. If available…) I’m calling to follow-up on your emergency department visit at OSU East Hospital. As you may remember, you signed up for the pharmacy delivery and follow up service. As a reminder, included in that service are delivery of your medications to you at no cost, as well as 3 follow up calls from the pharmacists here at Uptown over the next 30 days. This is the first call. Do you have any questions so far?

If yes:

*Answer questions*

If no:

Okay wonderful. I understand that you went to the hospital for *(reason for ED visit)* and you were prescribed *(list medications)*. Is this correct?

If yes:

Okay, great. (Proceed to questions)

If no:

I apologize. I must have misunderstood. Can you clarify for me what you visited for?

**Questions:**

**Since being discharged, have you received your medications through our delivery service?**

If yes:

Great!

If no:

*Troubleshoot what has happened.*

**Since you received your medication(s) through our delivery service, how may doses have you missed?**

1. If none
   1. Excellent! Keep up the good work.
2. If 1 or more
   1. *If prescribed only one medication*:
      1. **What caused you to miss a dose (forgot, side effect, etc.)?**
         1. *Explore areas to improve adherence using motivational interviewing*
   2. *If prescribed two or more medications*:
      1. **Which medication did you miss?**
      2. **What caused you to miss a dose (forgot, side effect, etc.)?**
         1. *Explore areas to improve adherence using motivational interviewing*

**After signing up for this study and leaving the emergency department, have you been back to the hospital?**

1. If no
   1. That’s good news! Our goal is help you from making multiple trips to the hospital and care for you at home.
2. If yes
   1. I’m sorry to hear that. Tell me about what happened.
      1. *(Clarify any or all of the following if patient has not already explained)*:
         1. **Which hospital did you go to?**
         2. **What day did you go to the hospital?**
         3. **How long were you there?**
         4. **Why did you go to the hospital?**

Going to the emergency department can take up much of your day and cost a lot of money. It is very important to follow up with your primary care physician, or regular doctor, after a visit to the emergency department so they can help keep you from having the problem again.

**Do you have a Primary Care Physician or regular doctor?**

If yes:

**Have you set up an appointment to see your primary care physician?**

1. If yes
   1. That’s great! **When is it?**
   2. Let us know if your doctor would like any information from us or if we can help in any way!
2. If no
   1. **Can we help you set up a time to see your doctor?** We would like for you to see your doctor soon!
      1. If yes:
         1. Great! We will go ahead and give your doctor’s office a call to set up an appointment for you.
      2. If no:
         1. Hopefully you get the chance to set up an appointment with your doctor. Please let us know if we can help in any way.

If no:

Having a primary care physician or visiting a clinic could help you stay out of the hospital and save you money. We recommend having a doctor or visiting a clinic to help care for you. **How can we help you find a doctor or clinic?**

1. *Facilitate discussion*

Okay, now I would like to briefly discussthe medications we delivered to you. **When you left the emergency department, it looks like you were discharged with *(insert medication(s))*. Tell me what you know about this/these medication(s).**

1. *Listen to what they know and document* 
   * 1. *Reiterate/Explain the following and document*
        1. *Indication*
        2. *Directions (and duration)*
        3. *Side effects to look for*
        4. *Missed doses schedule*

**Medication Related Problems Section:**

I’m not sure if you were aware, but as pharmacists, we take a look at your entire list of medications and make sure your list is safe and effective. We also look for any medications that you may no longer need to take.

***If a problem was detected before the phone call***:

1. After looking over your current medication list, I discovered the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. *Address problems identified prior to the call (needs therapy, unnecessary medication, interactions, etc.)*
      1. **Would you mind if I called your doctor to discuss this with them**?
         1. If yes
            1. Great! I will get ahold of your doctor and I will let you know what they say.
         2. If no
            1. I really think by making this adjustment it would benefit you. If you change your mind please let me know. If you would rather discuss this with your doctor first, you can discuss with him/her at your follow-up appointment.

***If no problems were detected before the phone call*:**

1. When I looked over your current medication list, everything looked safe and appropriate to me. **Are you experiencing any problems with your medications?**
   1. If yes
      1. *Listen and document what problems the patient is experiencing*
         1. *If education is needed*
            1. *Educate and document*
         2. *If the problem(s) needs addressed with the doctor*
            1. Thank you for explaining this to me. **Would you mind if I address this concern with your doctor and I will let you know what they say?**

If yes:

Great! I will get ahold of your doctor and I will let you know what they say.

If no:

I really think by making this adjustment it would benefit you. If you change your mind, please let me know. If you would rather discuss this with your doctor first, you can discuss with him/her at your follow-up appointment.

* 1. If no
     1. **Are there any medications you feel are not working appropriately?**
     2. **Are there any medications you feel are hard to remember to take?**
     3. **Are there any medications causing you any problems?**

*\*\*If a problem is discovered through questioning*

1. *Listen and document what problems the patient is experiencing*
   * + 1. *If education is needed*
          1. *Educate and document*
       2. *If the problem(s) needs addressed with the doctor*
          1. Thank you for explaining this to me. **Would you mind if I address this concern with your doctor and I will let you know what they say?**

If yes:

Great! I will get ahold of your doctor and I will let you know what they say.

If no:

I really think by making this adjustment it would benefit you. If you change your mind, please let me know. If you would rather discuss this with your doctor first, you can discuss with him/her at your follow-up appointment.

**Conclusion of phone call:**

Okay wonderful! That is all I would like to discuss for today. Thank you for taking the time to talk with me. I hope it was beneficial for you. As a reminder, there will be 2 more phone calls over this 30-day study period. The next phone call will be one week from today and will be much shorter. During that call, we are going to check-in to see how you are doing and address any concerns you may have. It looks like date for the next call will be on *(date)*. **What time would work best for you?** *(Add date and time to front page of call form)*

The last call will come at the end of the 30-day study period, and it will be a survey asking you questions about your experience with this study. We ask that you complete the next 2 phone calls for study purposes, but you will still be entered into the monthly drawing for the $25 gift card to Kroger, even if you decide to withdraw from the study. Thank you again for your time, and I look forward to talking with you next week!