



SPECIAL REPORT

ANSWERING THE CALL

How hospice organizations can improve nurse job satisfaction, patient experience & cost-savings



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Executive Summary

THE ONE CHANGE HOSPICE AGENCIES CAN MAKE TO IMPROVE OPERATIONS

With a national nursing shortage and the demanding nature of hospice work, it can be difficult for hospice providers to recruit and retain the best nurses. Nurse burnout and turnover are some of the biggest challenges hospice providers face. Not only are these issues costly, but they can also affect patient experience.

Burnout can be caused by heavy workloads, frequent on-call shifts and persistent interruptions – like after-hours calls – during patient visits. Failure to address these issues can lead to high nurse turnover rates, reduced patient satisfaction, lower Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores and worsening financial performance.

One way to address nurse burnout is to partner with an after-hours, nurse-based triage service. This service acts as an extension of the hospice agency during non-business hours and reduces the number of calls field nurses receive after hours.

With this type of triage service, after-hours calls are diverted to experienced hospice nurses. Triage RNs can handle up to 80% of hospice caller needs¹, like medication refills, ordering durable medical supplies, providing symptom management guidance and offering emotional support. For more complex cases that may require a home visit, triage nurses send calls to the on-call field nurse.

This white paper will explain how hospice agencies can reduce costly and time-consuming nurse burnout and turnover, improve patient and caregiver experience, and realize cost-savings by working with an outsourced, nurse-based, after-hours triage service. It will also give readers specific recommendations for what to consider when selecting a triage service.

THE NURSING SHORTAGE



According to a 2020 survey, hospice leaders worry more about staffing concerns than growing competition and new payment models.² And for a good reason: the 2020-2021 turnover rate for hospice nurses is 22.8%.³ Not only can turnover affect patient care and lead to burnout among other staff, but the cost of nurse turnover is high and ranges from \$33,300 to \$56,000 per nurse.⁴ What makes the issue of high turnover worse is the growing national nursing shortage.⁵

In late 2019, data released by the National Association for Home Care & Hospice⁶ showed a 20.2% increase in demand for nurses. The American Nurses Association estimates that there will be more open nursing positions through 2022 than any other profession in the United States.⁷ And by 2040, there won't be enough hospice providers to meet the demand.⁸

Now, more than ever, hospice agencies must find ways to attract and retain top nursing talent. One way to do that is to address the common issue of nurse burnout.

22.8%

hospice nurse turnover in 2020-21



WHY?

1 million+ registered nurses hit retirement age in the next 10-15 years⁹

Both life expectancy and the rates of chronic, life-limiting illness have increased and along with it, so has the need for hospice professionals¹⁰

CAUSES OF NURSE BURNOUT & TURNOVER

Hospice nursing is both meaningful and demanding work. While many hospice nurses find caring for patients and their families to be rewarding, studies show that hospice nurses experience significant professional burnout.¹¹

Nurses experiencing burnout generally won't provide the same level of high-quality care¹³, **leading to lower patient satisfaction.**¹⁴

This study also found that **workload and administrative demands contributed more to hospice worker burnout than witnessing dying and death.** In fact, workload and staffing ratios are among the top 10 reasons nurses leave organizations.¹⁶ Even worse, burnout can be cyclical: burnout leads to staff shortages and staff shortages lead to burnout.

After-hours calls can also be a significant stressor for on-call nurses. Imagine that one of your nurses is with a patient and family during a home visit when another patient's caregiver calls. If the nurse doesn't take the call, they risk not helping someone in need. If the nurse does take the call, it can make the family at the home visit feel like they don't have the nurse's complete attention. This can affect the experience of both the caller and the family at the home visit. It can also leave the nurse feeling like they didn't serve either patient and family well.

Being on-call also has physiological consequences that lead to increased burnout and decreased engagement. One study found that being on-call was associated with reduced energy levels, mood and calmness. Frequently being on-call can make it harder for nurses to recover from work.¹⁷ To help reduce burnout, hospice agencies can outsource handling after-hours calls.

BURNOUT MANIFESTS IN

- Physical & emotional exhaustion
- Increased negative feelings about work
- Emotional distancing from work
- Absenteeism
- Worsening work performance
- Reduced quality of care
- Retention problems¹²

TOP PROFESSIONAL CHALLENGES

- Workload
- Communication & interruptions
- Administrative demands
- Difficulty taking time off
- Unpredictable schedules
- Taking on additional work when colleagues take time off
- Witnessing loss and grief¹⁵

CHALLENGES OF ADDRESSING AFTER-HOURS CALLS IN-HOUSE

Ways hospice agencies handle after-hours calls:

The on-call nurse handles all calls

The first and most common approach is having the field nurses take the calls themselves while seeing patients during home visits.

An answering service

With a traditional answering service, administrative staff or patient coordinators answer the calls and then forward them to the on-call nurse. While these staff members may answer calls quickly, they are not registered nurses experienced in hospice care and cannot address caregiver issues during the call. This option doesn't relieve nurse burnout or improve patient experience.

A nurse-based triage service

With an outsourced, nurse-based, after-hours triage service, a registered nurse with hospice experience takes all after-hours calls. Up to 80% of caregiver concerns¹⁸ can be addressed during that call. For calls that require a home visit or more assistance, the triage nurse will send those to the on-call nurse. **This significantly reduces the number of calls a field nurse receives each night, so they can focus on caring for patients and families during home visits.** The nurse-based triage service addresses both nurse burnout and patient experience. It's also cost-effective since hospices don't have to recruit and retain more after-hours staff.



PARTNERING WITH AN AFTER-HOURS NURSE TRIAGE SERVICE

The key to addressing nurse burnout and turnover is improving the quality of life for hospice nurses. To help recruit and retain the best nurses, hospice agencies should look for ways to reduce nurses' workloads and make their work more sustainable. A consistent stressor for hospice field nurses is the volume of calls they receive after-hours, particularly during home visits. An after-hours triage service can help lighten this load and provide an additional layer of support.

The majority of after-hours calls are from caregivers of hospice patients looking for emotional support, symptom management guidance and caregiving tools, such as durable medical supplies or medication refills. All of these tasks can easily be handled by a nurse-based triage service.

Benefits of partnering with an after-hours triage service:

Improve nurses' job satisfaction

Hospice nurses want to provide high-quality care to patients and families. When hospices reduce the number of calls nurses receive after-hours, nurses can focus on being present with patients and families during home visits.

Reduce night rotations

Hospice agencies often staff based on expected call volume. If the hospice expects 40 overnight calls, it may staff four nurses to handle approximately 10 calls each. If the after-hours triage service can address 60-80% of those calls, it can allow nurses to work fewer evening rotations.

Recruit and retain talent

Having an after-hours nurse triage service can help recruit field nurses, particularly for overnight shifts. While dayshift nurses have the support of other on-call providers and the intake team, nightshift nurses may be the only ones on-call. An after-hours triage service gives field nurses an extra layer of support, decreasing their workloads.

Improve patient and caregiver experience

One of the most significant benefits of a nurse-based, after-hours triage service is that it can improve the overall experience for the patients you serve. Caregivers can talk to an experienced hospice nurse right away without lengthy

wait times or multiple phone transfers. Triage nurses can address clinical issues on the first call because they can access the patient's medical record and medication profile. They can also provide emotional support to grieving caregivers and families. Additionally, when a nurse is with a patient during a home visit, that patient and their caregivers have her full, undivided attention without frequent interruptions from after-hours calls.

Improve CAHPS scores

A positive experience supports patients and caregivers. It also increases the chances of high CAHPS scores and referrals, which are essential in the competitive hospice industry. Physicians look at these metrics when referring patients to a hospice provider.

Improve financial performance

Even a slight reduction in nurse turnover can save hospice providers thousands of dollars a year. After-hours costs can also be reduced because fewer visits are needed. Nurse telephone triage is cost-effective and lowers health care costs by providing a 2.5 to 3.5 return on investment. From 75 ADC to 350 ADC, direct cost savings can range from \$75,000 to \$200,000, depending on the organization's size and the after-hours staffing model.¹⁹

CASE IN POINT

HOSPICE BRAZOS VALLEY

Hospice Brazos Valley initially started addressing after-hours calls with a traditional answering service that took messages and passed the calls along to its nursing staff. At the time, the organization had dedicated nurses working after-hours, but turnover was significant.

“It seemed like every six months, we had someone decide they wanted to go back to the daytime rotation or leave the organization altogether,” says Martha Mosier, vice president and chief operating officer, Hospice Brazos Valley. “We heard from nurses how overwhelming it was to be in a visit trying to take care of a patient and take a call at the same time. They felt like they weren’t able to give good service to either party.”

This high rate of turnover was costly.

“It’s a significant loss to have turnover from the nursing department,” she says. “When you lose a position, by the time you go through recruiting, hiring and training, the best-case scenario is six months before that nurse is fully trained and ready to go.”

Turnover in the nighttime positions also impacted daytime nurses.

“It wasn’t just rehiring for the night position,” says Mosier. “Nurses have choices and are in high demand. When these positions became vacant, the daytime nurses had to

rotate and fill in, so we had the potential to lose those staff as well.”

The nurse leadership team knew they needed to address burnout and turnover and increase the customer service after-hours. They decided to hire an outsourced, nurse-based, after-hours triage service.

“Our nurses love it. It helps us recruit for both daytime and after-hours positions and with retention as well.”

Mosier also says her organization’s **patient satisfaction scores have increased** since working with the service.

“Currently, our satisfaction scores for evenings and weekends are around 85%. When you look at the national data and the scores of our competitors in our market, we exceed both.”

Not only does the service improve nurse and patient satisfaction, but it’s also cost-effective.

“I couldn’t hire even one nursing position that could be as consistent as our after-hours nurse call service,” says Mosier. “That would be equivalent to hiring multiple in-house nursing positions. The value compared to the cost is exponential. It’s very much worth it.”



CASE IN POINT

JEWISH SOCIAL SERVICE AGENCY

“Initially, when we were a smaller organization, all nurses and case managers rotated through being on-call,” says Joy Sexton, RN, BSN, hospice director, Jewish Social Service Agency (JSSA) Hospice. “Then, as we got bigger and busier, the impact of covering the calls was felt on the on-call nurse’s schedule. She might be up all night with a patient and covering calls. Then she wouldn’t be able to see all of her patients the next day because she had to sleep, which affected the schedule.”

Eventually, JSSA Hospice, which has a current ADC of 233, hired a nurse-based triage service to address higher call volumes. One of Sexton’s priorities was ensuring the service provided customized care to JSSA Hospice’s unique patient population.

“One thing I was concerned about was making sure the call center nurses understood how our organization is different,” she says. “We are part of a social service agency and serve a large population of the Orthodox Jewish community in Maryland. Our patients have different cultural concerns and we wanted to convey that to the triage service. People who have chosen us expect that we have a cultural understanding of the Orthodox Jewish community. It was important that we found a service that could be personalized to our patient population.”

She says outsourcing after-hours triage has proved valuable.

“It’s not like an answering service where someone takes a message and passes on the call – there’s real action behind this type of service,” Sexton explains. “There’s value in the service because the people answering the calls are trained

hospice nurses, so they know what questions to ask, they can look at the patient’s medical record and see what medications they’re prescribed and at what dosage, and they can translate that to a family member. There have been many times when the number of calls resolved by the call service far outweighs the calls passed along to the on-call nurse. It helps us have better utilization of our on-call staff. There’s no replacement for having trained nurses answer our after-hours calls.”

Utilizing the service has helped JSSA Hospice retain its nurses as well. “Without the service, I don’t know where our staff would be,” says Sexton. “If every time we had a change in the organization, we had to rotate routine staff back to on-call, I think we’d be in a tough place and staff would have left.”

“We’ve eliminated staff turnover by being proactive to implement strategies like an outsourced, nurse-based triage service.”

“If we had to staff for after-hours calls ourselves, it would be a nightmare. The service saves us a huge number of headaches,” says Sexton. “It also helps with cost-savings because we don’t have to make unnecessary on-call visits.”

It has also helped with patient satisfaction.

“One of the questions all hospices have to ask based on the CAHPS survey is, ‘How well do you feel like your issues were addressed after-hours?’ We consistently score really well. This contributes to overall satisfaction,” she says.



CRITERIA FOR SELECTION

✓ **Who answers the calls:** Ideally, experienced hospice nurses answer the calls because they can address the caller's concerns. Some companies advertise a 12-second wait time, but the callers reach administrative staff, not experienced RNs. The caller may be put on hold or transferred multiple times before getting the help they need.

✓ **Their model:** Find out if the company uses a "first line of defense" model vs. a "backup" model. For example, with the backup model, calls only go to the triage service if the on-call nurse doesn't answer. This doesn't solve the issue of nurse burnout because field nurses get no reprieve from phone calls. With the "first line of defense" model, after-hours calls go directly to the triage service and only the most urgent calls are forwarded to the field nurse.

✓ **Clinical directives:** The after-hours nurse triage service should provide a seamless experience for your nurses and patients. This means adopting or customizing your protocols, so caregivers get the support they need whether they call at 3 a.m. or 3 p.m. The service should train a team of nurses on your organization's electronic medical record (EMR) software and procedures, and assign nurses who are the right fit for your organization based on experience level.

✓ **EMR access:** A company that charts directly in your EMR allows both field nurses and triage nurses to have a complete picture of the patient's medications, medical equipment, symptoms and previous caregiver calls. This provides patients with better continuity of care. It also reduces the administrative cost of having someone input the notes manually into the EMR the following day.

✓ **Analytics:** The service should be transparent about its performance and provide iterative feedback between its staff and your team. Advanced reporting also allows agencies to explore what they can optimize during the daytime to improve overall care. For example, if medication refills are high after-hours, the agency can emphasize ensuring patients have enough medication during regular business hours. This helps improve bottom-line performance since after-hours refills and DME orders are usually higher-cost than daytime orders.

✓ **Wait times:** Time is of the essence when a caregiver calls a hospice service after-hours.

✓ **A proven track record of success:** Ask for testimonials or contact information for the company's current clients.

THE NEXT STEP

For most hospice agencies, outsourcing a nurse-based, after-hours triage service is more cost-effective and efficient than handling after-hours calls in-house. By partnering

with a reputable triage service, you can reduce burnout and turnover in your nursing workforce, improve patient and caregiver satisfaction, and realize cost-savings.



APPENDIX

¹ Internal data insight: IntellaTriage

² [Hospice Providers: Staffing is Our Top 2020 Challenge](#)

³ National Association for Home Care & Hospice 2020-2021 Hospice Salary & Benefits Report

⁴ 2020 NSI National Health Care Retention & RN Staffing Report

⁵ [Nursing Shortage](#)

⁶ National Association for Home Care & Hospice Productivity and RN Turnover: Tipping the Balance of Cost, Quality and Engagement

⁷ [Nursing Shortage](#)

⁸ [The Growing Demand for Hospice and Palliative Medicine Physicians: Will the Supply Keep Up?](#)

⁹ [Nursing Shortage](#)

¹⁰ [Hospice Employees' Perceptions of Their Work Environment: A Focus Group Perspective](#)

¹¹ [Prevalence of burnout in health professionals working in palliative care: a systematic review](#)

¹² [Hospice Employees' Perceptions of Their Work Environment: A Focus Group Perspective](#)

¹³ PRC National Nursing Engagement Report

¹⁴ [Impact of nursing unit turnover on patient outcomes in hospitals](#)

¹⁵ [Hospice Employees' Perceptions of Their Work Environment: A Focus Group Perspective](#)

¹⁶ 2020 NSI National Health Care Retention & RN Staffing Report

¹⁷ [Extended work availability and its relation with start-of-day mood and cortisol](#)

¹⁸ Internal data insight: IntellaTriage

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IntellaTriage

IntellaTriage is the nation's top provider of after-hours nurse triage services. We offer our services to hospice and home health providers, hospitals, physician groups, health plans and specialty practices, 24 hours a day, seven days a week. Our approach is purposefully unique: we believe that your patients should speak to a licensed, registered nurse with expertise in your specific field. IntellaTriage serves as an integrated partner in your practice, ensuring that your clients receive the highest quality of care at any time – day or night.

To learn more about the IntellaTriage difference, visit intellatriage.com.

