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What Your After-Hours Calls Are Telling You

Every after-hours call is a signal.

Are you getting the full picture?

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Welcome

So glad you are here

Let’s do this workshop

Today's Agenda

Section 1: Hidden Operational Insights

Section 2: Benchmark Data & Case Study

Section 3: Quality Improvements

Q&A

Your Presenters

Mike Brents, PT, DPT, MHA

VP of Business Analytics

20+ years in healthcare. Former Chief Clinical Officer & VP of Business Intelligence. Data-driven leader across EHR, analytics, and quality platforms.

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VP of Marketing

Strategic marketing & thought leadership for hospice and home health. Serves Alliance Education Work Group. Former Managing Director, LTC100 Intelligence Group.

IntellaTriage

Section 1

Why After-Hours Data Matters

How much of your patient experience happens after hours?

Let's Start With a Quick Poll

How often does your organization formally review after-hours call data?

- Never / Rarely
- Occasionally (ad hoc)
- Monthly or Quarterly
- Weekly or more often

The 168-Hour Reality

40
hrs

Business Hours

Where most operational attention lives.
(24% of the week)

128
hrs

After Hours

Nights, weekends, and holidays.
Patients don't pause. Do your insights?

(75% of the week)

The Hidden Cost of Ignoring After-Hours Insights

Unnecessary Visits

PRN visits triggered by calls that could have been resolved with better clinical context or patient education.

Caregiver Anxiety

Repeated calls from worried caregivers often signal inadequate education or unclear care instructions at admission.

Staff Interruptions

On-call clinicians burdened by calls that don't require their clinical expertise reduce morale and increase burnout.

Preventable Escalations

Escalations that could have been avoided with better documentation, protocols, or triage context.

Documentation Gaps

When triage nurses can't access care plans or medications, resolution rates drop and documentation suffers.

Most organizations already possess this data. The question is: are you using it strategically?

Section 2

The Signals Hidden Inside After-Hours Calls

Calls aren't problems to manage. They're data to learn from.

The Mindset Shift

OLD THINKING

Manage Calls

- Triage exists to contain disruption.
- Goal: fewer calls, faster resolution.
- After-hours is separate from daytime operations.
- Call data is a staffing metric, not a quality metric.

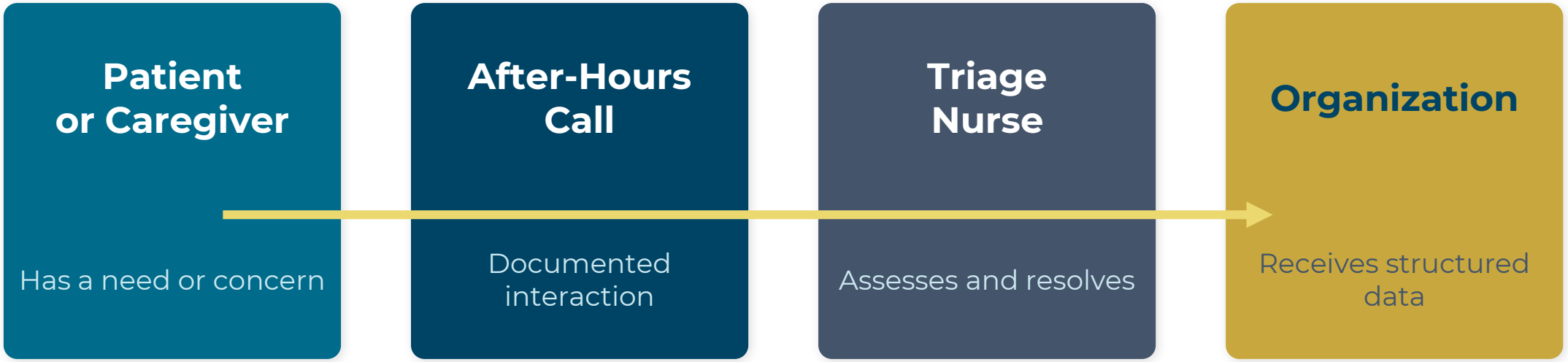
→

NEW THINKING

Learn From Calls

- Every call is feedback about your operations.
- Goal: understand what calls are revealing.
- After-hours data reflects daytime process quality.
- Call patterns are a real-time quality indicator.

Every Call Is Feedback



Key Insight: Calls are often symptoms of broader operational realities … not just clinical events. Every pattern in your call data points to something happening upstream.

Five Questions Every Leader Should Ask

01

Why did they call?

What symptom or concern drove the contact?

02

When did they call?

Day, time, how many days into service?

03

Who called repeatedly?

Same patient more than once? Same diagnosis?

04

What escalated?

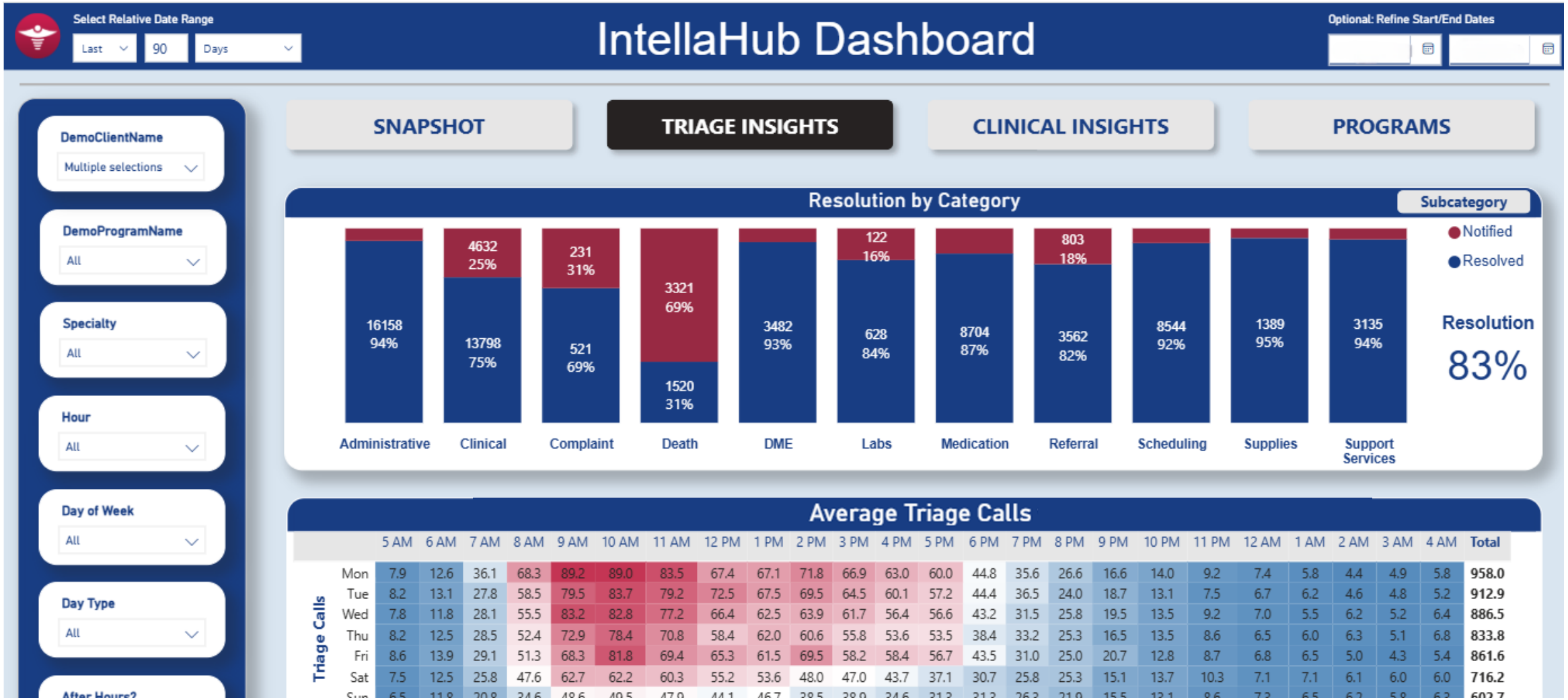
Why did it require a on-call nurse or visit?

05

What was preventable?

Could better education or documentation have prevented this?

What Volume Patterns Reveal



What Repeat Calls Reveal

A patient who calls multiple times in a week is telling you there is more than what the patient is calling about.

*[INTELLATRIAGE DATA CALLOUT *Any chance we have this?]*
Repeat caller rate: __ % of calls come from patients who called 2+ times

Unresolved Symptoms

Symptom management plan isn’t addressing the underlying issue.

Caregiver Uncertainty

Family members unsure what to do; need education and confidence.

Inadequate Education

Discharge or admission teaching wasn't retained or wasn't given.

Poor Documentation

Triage nurse can't find care plan context; repeated assessments.

What Escalation Trends Reveal

High escalation rate is not always bad.

Appropriate escalation = good clinical care.

Change in condition and fall with injury for example legitimately require home visits or on-call notification.

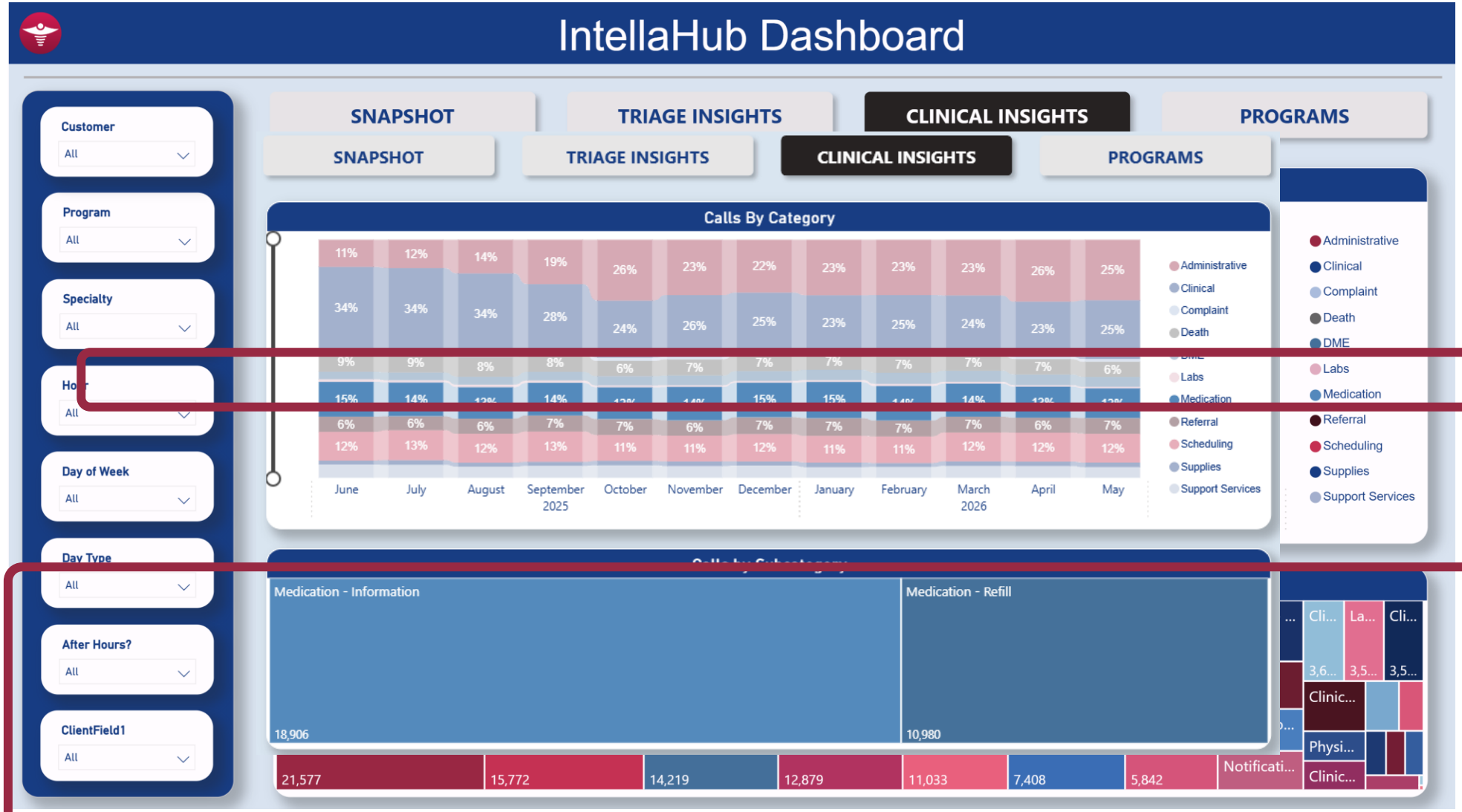
- ✓ Clinically appropriate
- ✓ Documented and resolved
- ✓ No pattern of avoidability

Inappropriate escalation patterns ARE a problem.

When the same call type escalates repeatedly especially for medication questions or symptom patterns that should be protocol-driven that's a daytime visit and/or education gap.

- ⚠ Same issue escalating repeatedly
- ⚠ Triage nurse lacks context
- ⚠ No protocol for resolution

What Call Categories Reveal



Section 3

Benchmarking: Understanding What Good Looks Like

Without context, data becomes opinion.

Audience Exercise: What's the Real Problem?

Look at this data snapshot. What's your first instinct?

Type your answer in the chat — what does this organization's biggest problem appear to be?

Metric	Your Hospice (example)	National Benchmark (example)
Avg Wait Times	45s	**37s**
Call Category	Medication – 23%	**Medication – 19%**
Resolution Rate	62%	**65%**
Expected resolution rate based on equivalent Call Category Mix	70%	**---**
Avg percent of Med refill calls	67% of Med Related – 15% of All	**42% of Med Related – 8% of All**

The Reveal: It Wasn't What You Thought

Most common answers:

- X *Too many calls*
- X *Understaffed*
- X *Escalation rate too high*
- X *Call volume problem*

Root Cause:

...med mismanagement

...Not a volume problem. A home visit process, tuck-in, & patient education problem.

Benchmarking Matters, But It’s Not Something You Can Do Alone.

Without context, data becomes opinion.
With benchmarks, data becomes action.

1

Know Where You Stand

Is your escalation rate higher or lower than similar organizations? You can't answer that without a comparison.

2

Identify Outliers

Benchmarks expose metrics that look normal but are actually warning signals ... and vice versa.

3

Drive Improvement Goals

'Improve our med refill rate' becomes actionable when you know the top quartile is __% and you're at __%.

Four Metrics Every Organization Should Track

01

Total Calls

Total number of after hours calls by time, day, week, and month by census.

INTELLATRIAGE BENCHMARK:
Hospice –
Home Health -

02

Speed-to-Nurse

Average time from initial call to nurse contact.

INTELLATRIAGE BENCHMARK:
37 secs

03

Calls By Category

Average time from initial call to nurse contact.

INTELLATRIAGE BENCHMARK:
See slide 15

04

Resolution Rate

Percentage of triage-addressable calls resolved by the triage nurse without requiring nurse-to-nurse escalation or an unplanned visit.

INTELLATRIAGE BENCHMARK:
Hospice – 80%
Home Health ~97%

Section 4

Case Study: What the Data Revealed

Anonymous provider. Real data.

When the Data Reveals a $50,000 Opportunity

The Starting Point

East coast hospice (adc 230) identified a pattern in their after-hours triage data: medication-related calls were accounting for 16.9% of all addressable calls, close to the national benchmark of 18.2%.

National Industry Context

- 18.2% avg medication calls for hospice agencies
- 43% of those calls are about refills
- Up to $200 cost per after-hours medication refill

The Opportunity Identified

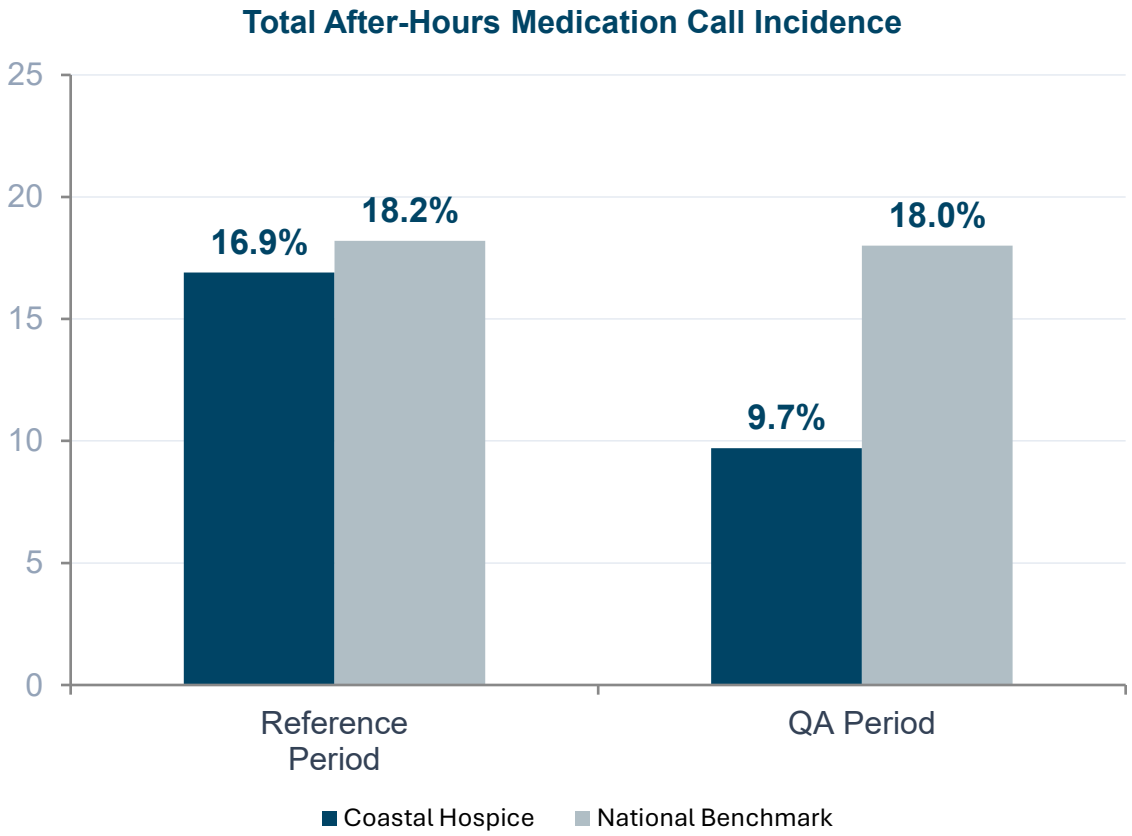
When calls for medication refills occur after hours, they directly impact patient experience, affecting CAHPS scores for medication management and timely help and drive unnecessary costs.

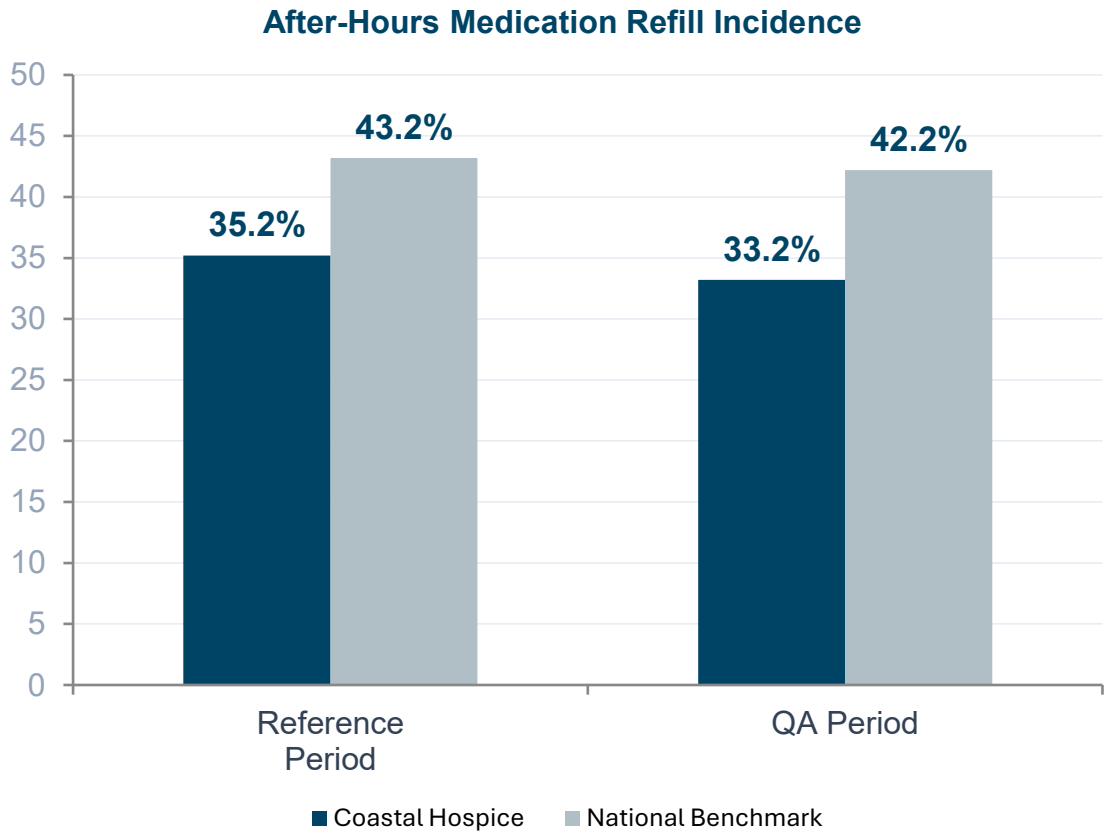
The Approach

Clinical leaders met with IntellaTriage to review triage interaction data filtered by day of week, time of day, and agency location.

Clinical directors then implemented education and QI measures to ensure medication refills and information were handled during business hours — in the home, where possible.

Five Months of Data-Driven Improvement





Results:
What a 5-Month Focus on Data Produced

>40%
Reduction in after-hours medication call volume

$50K+
Potential savings from reduced refill incidence

5 mo.
From problem identified to measurable results

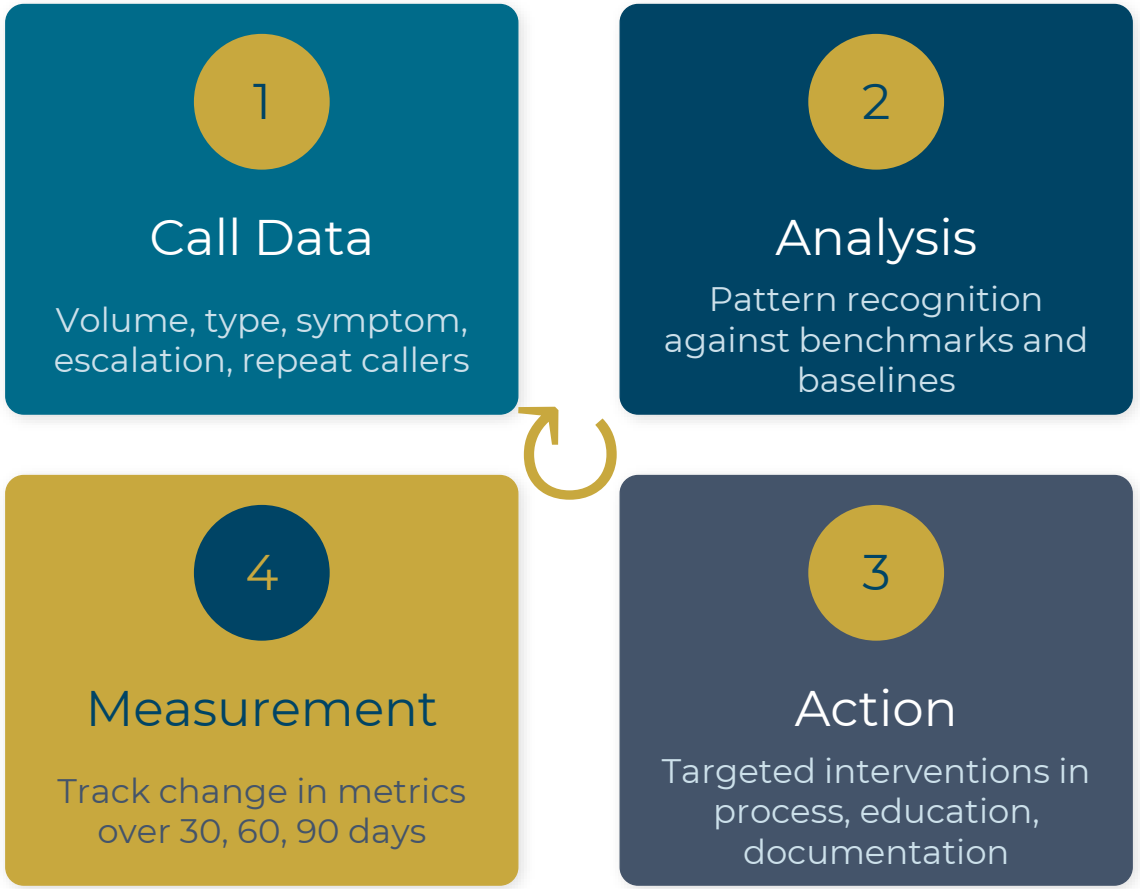
1. Data Review
2. Filter by Day/Time/Location
3. Education & QI Protocols
4. Monthly Tracking Meetings
5. Measurable Results

Section 5

From Insights to Improvement

How to translate after-hours data into operational action.

The QAPI Opportunity



After-hours call data is a natural fit for QAPI — it's objective, quantifiable, and already in your possession.

Process Improvement

How after-hours patterns identify process gaps:

Medication Gaps

Frequent medication calls → medication reconciliation and accessibility review needed.

Symptom-Management Gaps

Recurring symptom calls → symptom-management protocols or care plan inadequate.

Plan-of-Care Gaps

Triage nurses repeatedly unable to find relevant context → care plan structure or handoff broken.

A Pattern-Driven Data Audit

When your after-hours call data shows a consistent symptom category dominating calls, you have:

1. A specific diagnosis or patient group to audit
2. A specific documentation gap to address
3. A measurable improvement target (call reduction)

This is more targeted and efficient than a general documentation review.

Caregiver Education Improvement

What caregivers repeatedly tell us through their call behavior:

"I didn't know what to do."	→ Education gap: normal vs. concerning symptoms not explained clearly.
"No one told me about this."	→ Admission teaching either not delivered or not retained.
"I've already called about this."	→ Repeat callers: unresolved concern or inadequate follow-through.
"I'm scared and need reassurance."	→ Psychosocial support underutilized; caregiver confidence not built.

Staffing Optimization

Use demand patterns instead of intuition to drive scheduling decisions.

Scheduling

Align on-call availability with peak call hours instead of traditional shift patterns.

On-Call Burden

Measure on-call interruption frequency by clinician. Uneven burden distribution is both a burnout risk and a retention risk.

Resource Allocation

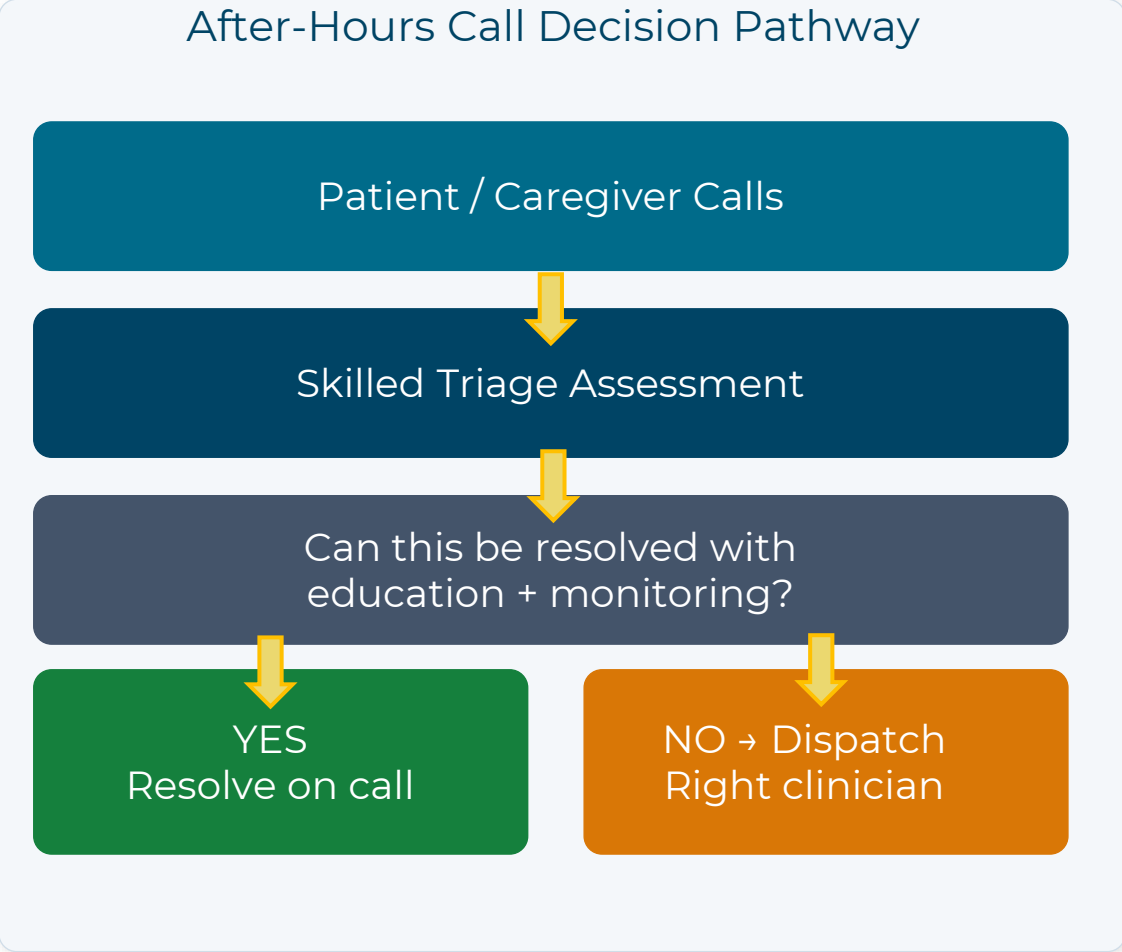
Data shows when escalation demand peaks. Use this to justify resource requests and to build the right support structure.

Time-of-Day & Day-of-Week Patterns

Average Triage Calls vs Escalations Per Day

		5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM	3 AM	4 AM	Total
Triage Calls	Mon	7.9	12.6	36.1	68.3	89.2	89.0	83.5	67.4	67.1	71.8	66.9	63.0	60.0	44.8	35.6	26.6	16.6	14.0	9.2	7.4	5.8	4.4	4.9	5.8	958.0
	Tue	8.2	13.1	27.8	58.5	79.5	83.7	79.2	72.5	67.5	69.5	64.5	60.1	57.2	44.4	36.5	24.0	18.7	13.1	7.5	6.7	6.2	4.6	4.8	5.2	912.9
	Wed	7.8	11.8	28.1	55.5	83.2	82.8	77.2	66.4	62.5	63.9	61.7	56.4	56.6	43.2	31.5	25.8	19.5	13.5	9.2	7.0	5.5	6.2	5.2	6.4	886.5
	Thu	8.2	12.5	28.5	52.4	72.9	78.4	70.8	58.4	62.0	60.6	55.8	53.6	53.5	38.4	33.2	25.3	16.5	13.5	8.6	6.5	6.0	6.3	5.1	6.8	833.8
	Fri	8.6	13.9	29.1	51.3	68.3	81.8	69.4	65.3	61.5	69.5	58.2	58.4	56.7	43.5	31.0	25.0	20.7	12.8	8.7	6.8	6.5	5.0	4.3	5.4	861.6
	Sat	7.5	12.5	25.8	47.6	62.7	62.2	60.3	55.2	53.6	48.0	47.0	43.7	37.1	30.7	25.8	25.3	15.1	13.7	10.3	7.1	7.1	6.1	6.0	6.0	716.2
	Sun	6.5	11.8	20.8	34.6	48.6	49.5	47.9	44.1	46.7	38.5	38.9	34.6	31.3	31.3	26.3	21.9	15.5	13.1	8.6	7.3	6.5	6.2	5.8	6.3	602.7
Escalations	Mon	2.7	3.2	7.7	5.5	5.8	6.4	5.9	4.4	4.3	5.8	5.5	6.2	10.4	9.0	8.4	6.7	3.9	3.7	3.2	3.6	2.5	2.9	2.2	3.1	122.8
	Tue	4.5	4.3	6.2	5.2	5.3	5.9	4.6	4.5	4.4	5.8	6.3	6.6	10.5	8.8	7.3	6.6	4.5	3.8	2.8	3.5	2.9	2.8	2.1	2.5	121.6
	Wed	4.1	4.2	6.8	5.0	4.5	5.2	5.5	4.1	4.9	4.8	5.5	6.2	11.2	7.7	6.3	6.2	5.1	4.4	3.5	3.2	2.3	3.2	2.6	3.8	120.4
	Thu	3.8	5.5	5.2	4.6	5.2	5.2	4.7	4.2	4.2	4.8	5.2	5.6	9.2	6.8	7.7	6.2	5.5	3.9	3.7	2.3	3.2	3.2	2.0	3.5	115.2
	Fri	4.3	4.2	6.9	5.8	4.1	4.6	3.6	3.6	3.8	5.2	4.7	6.8	12.2	10.8	7.6	6.7	6.8	3.9	2.6	3.0	4.0	2.4	2.7	2.8	122.9
	Sat	4.4	4.4	8.3	14.2	15.1	14.8	15.1	14.2	14.2	14.3	12.7	12.8	10.7	10.0	7.9	8.5	4.8	5.2	4.3	3.1	2.9	2.8	2.7	3.5	210.6
	Sun	3.5	5.1	7.7	11.5	12.8	13.7	10.8	10.8	11.3	9.2	10.2	10.3	9.7	7.2	7.0	7.0	4.7	3.9	2.7	3.3	3.2	2.8	3.2	3.5	175.2

Reducing Unnecessary Visits



Right Care.
Right Clinician.
Right Time.

- Visit when the clinical situation requires it
- Resolve by phone when that is clinically appropriate
- Have the data to know the difference

Section 6

Your Action Plan

Two minutes. Practical. Immediately applicable.

Your 90-Day Action Plan

Month 1

Establish Baseline

- Request a call data report from your triage team or partner
- Map call volume by day, time, and symptom category
- Identify your repeat caller rate
- Benchmark current escalation and resolution rates

Month 2

Identify One Pattern

- Choose the single most prominent call pattern
- Trace it back to a daytime process or gap
- Engage the relevant clinical team
- Set a measurable improvement goal

Month 3

Launch Improvement

- Implement one targeted process change
- Begin tracking the relevant metric monthly
- Present findings at the next QAPI meeting
- Plan the next 90-day cycle

Five Questions to Bring Back to Your Team

For your next leadership or QAPI meeting.

1. **What are patients and caregivers calling about most often after hours?**
2. **Which patients call back repeatedly?**
3. **What consistently escalates … and is it appropriate escalation?**
4. **Which calls were preventable with better education or documentation?**
5. **How often are we reviewing this data and who owns that review?**

Key Takeaways

01

Every call is a signal.

Your after-hours call data is a real-time window into the quality of your daytime operations — not just a nighttime staffing problem.

02

Patterns reveal operational realities.

Volume spikes, repeat callers, escalation trends, and symptom clusters all point to specific, addressable process gaps.

03

Benchmarking creates context.

Without peer comparison, your data has no meaning. With it, every metric becomes an improvement opportunity or a point of pride.

04

After-hours data belongs in QAPI.

This data is already being generated every night. It needs to be reviewed systematically, not just when a problem becomes obvious.

The goal isn't fewer calls.

The goal is understanding what the calls are trying to tell you.

— IntellaTriage

Questions & Answers

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Thank You

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