

IntellaTriage

AFTER-HOURS SCHEDULING TOOLKIT

PRACTICAL STEPS TO REDUCE BURNOUT, IMPROVE COVERAGE, AND ENHANCE PATIENT EXPERIENCE



WELCOME TO THE AFTER-HOURS SCHEDULING TOOLKIT FOR HOME HEALTH & HOSPICE LEADERS

For hospice and home-health organizations, staffing after-hours shifts presents a unique challenge. The care continuum truly doesn't pause when the doors close, yet many agencies still rely on outdated scheduling models that leave nurses exhausted, escalation rates high, and patient satisfaction vulnerable. Use this toolkit as a guide to thoughtful scheduling, strategic outsourcing, and nurse-first triage support can sustain 24/7 care while safeguarding your team and your mission.



01 ASSESS YOUR CURRENT AFTER-HOURS MODEL

Ask these questions:

- How often are nurses called after hours?
- What percentage of calls are urgent vs. administrative?
- How many ED visits or readmissions stem from delayed response times?
- What's your average nurse turnover rate and how much does it cost you?

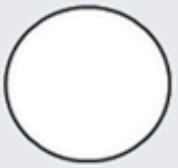
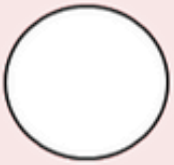
Tip: The average RN replacement cost is $50,000–$70,000. Every prevented resignation matters.

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CHOOSE A MODEL THAT FITS YOUR TEAM

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	COST	BURNOUT	PATIENT EXPERIENCE
Non-Clinical Answering Service Escalation to employed nurses on-call			
Field Nurse Staffing Dedicated field nurses who also take triage calls			
Internal Triage Team Team takes calls and passes along to field team			
External Triage Team Team that passes along to internal runners			

Positive Impact Negative Impact



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IMPLEMENT COMMUNICATION PROTOCOLS

Clarify escalation paths:

- Define and coach to what needs escalation vs. what can be triaged and managed the following day

Build transparency into shift swaps

- Teach clear, consistent documentation
- Establish timeliness measures ensure documentation is completed quickly to eliminate communication gaps

Use shared dashboards or tools (like IntellaHub) to track call volumes and trends for insights and continuous improvements

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MEASURE WHAT MATTERS TO DETERMINE WHAT WORKS

Track KPIs monthly:

- Nurse turnover
- After-hours call volume
- % of calls resolved without escalation
- Average speed-to-nurse time
- Patient satisfaction (CAHPS, Care Compare, etc.)

Ask: Why are my strongest nurses leaving? Adjust your model based on findings in order to balance clinical load, emotional impact, and personal time. What works in theory may not work in practice until refined.

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PARTNER WITH AN EXPERT FOR LONG-TERM SUCCESS

After-hours triage coverage, while often viewed as an operational checkbox, is integral to care quality, nurse retention, and patient experience. If you find your scheduling models are not working for your staff, consider outsourcing to a clinical triage partner. Nurse-first triage brings you closer to a 24/7 care system that is sustainable, scalable, and deeply centered on both staff well-being and patient outcomes.

IntellaTriage has spent years refining what nurse-first after-hours care looks like in practice. If your team needs to rethink on-call staffing, restore energy to your nurses, and elevate the patient experience, the right scheduling strategy and the right partner can make all the difference.

- **Triage-trained, licensed nurses answering within 37 seconds**
- **EMR-integrated and real-time documentation for seamless continuity**
- **Average 80% call resolution rate after hours**

Contact IntellaTriage today for your complimentary consultation.





