

Tar Heel Footprints in Health Care

*A periodic feature that recognizes individuals whose efforts—
often unsung—enhance the health of North Carolinians*

Brenda K. McCall, RN, BSN



Throughout her career, Brenda McCall has demonstrated her commitment to ensuring coordinated care for patients in transition. McCall's combination of experience in public health, hospice, and the retirement community, in addition to her work in inpatient and outpatient clinics, has made clear to her the importance of care coordination and transitional supports. She has taken an active role to develop and coordinate comprehensive patient-centered discharge programs in UNC Health Care and in the community it serves. Dr. Laura Hanson, a geriatrician and colleague at University of North Carolina-Chapel Hill, says that McCall "is a great patient advocate and combines wisdom from experiences with the long-term care system and the hospital to provide unique and personalized attention to transitional care needs."

In 2007, McCall, then a clinical care coordinator, was asked to serve as a geriatric liaison for the Investments for the Future project. As part of the project, McCall piloted a phone call follow-up program in which she called older patients who had been discharged home from the UNC Hospitals emergency department to make sure they understood their discharge instructions, including medication and plans for follow-up appointments.

The success of the pilot program laid the foundation for the expansion of comprehensive transition supports for high- and moderate-risk individuals being discharged from UNC Hospitals. McCall and her colleagues on the high-risk transitions care team provide intensive case management to patients during their stays and during the weeks following their discharges, to make sure patients have the home or community support they require. McCall's team works to provide individualized, comprehensive support to the patient and to serve as a resource for patients on a broad range of issues, from arranging transportation to follow-up appointments, to medication management, placement in assisted living, and palliative care decisions.

McCall's efforts have been highly praised by her colleagues. Heather Altman, a colleague at Carol Woods Retirement Community, says, "Patients are so appreciative of her kind and compassionate help, providers rely on her clinical and programmatic experience and judgment, and her community partners adore working with her. She represents the best of what can be accomplished when we all work together to improve the quality of care and the quality of life for our community members in need."

McCall received a diploma of nursing degree at Greenville General Hospital and a bachelor of science in nursing degree from University of North Carolina-Chapel Hill. She serves on the University of North Carolina readmission taskforce and with the Chatham-Orange Community Resource Connections, and she has chaired the Patients at Transitions work group. In 2010, McCall was named a UNC Health Care Nurse of the Year. NCMJ

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