

# Post-Discharge Telephone Calls and 30-Day Readmission Rates: A Correlational Study

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## Background

- Readmissions are costly, cause undue stress to patients, families, and health care providers
- According to Jencks, Williams, and Coleman in 2009, **20%** of Medicare patients were readmitted **within 30 days**
- Medicare reimbursements will be decreased for hospitals with high 30-day readmission rates (Stone and Hoffman, 2010)
- Post-discharge telephone calls meet IOM aims: safety, patient-centered, and timely for delivery of high quality patient care
- Jack et al. in 2004 performed a RCT and found that there was a 33% reduction in post-hospital utilization for the intervention group
  - Intervention group received discharge instructions from a discharge advocate, post-discharge telephone call and an individualized discharge plan

## Aim/Objectives

- To determine if there is a relationship between successful post-discharge telephone calls and reduced 30-day hospital readmission



## Methodology

- Correlational Study
- Data collected via retrospective chart review
- Patients discharged from hospitalist internal medicine service in February of 2011, n=476
  - ❖ Inclusion criteria
    - Subjects discharged to home
    - Hospitalist Internal Medicine Service primary discharging service
  - ❖ Excluded subjects
    - Discharged to nursing homes, hospice, or psychiatric units
  - ❖ Variable of interest: post-discharge telephone call
  - ❖ Outcome: 30-day hospital readmission
- Hospitalist post-discharge telephone call program started years ago: Internal Medicine Hospitalist Advanced Practice Clinicians performed post-discharge telephone calls 48-72 hours post discharge to patients for follow-up
  - ❖ Telephone calls were documented on a post-discharge telephone call progress note which guided the unscripted telephone conversation
  - ❖ Telephone calls were documented as successful or unsuccessful
  - ❖ Post-discharge telephone call progress note a permanent part of electronic medical record
- In 2013, researcher reviewed all hospitalist discharged patients' charts from February 2011
- Devised a data tracking sheet
  - ❖ Tracking sheet included:
    - Successful (conversation with patient or family member) vs. unsuccessful telephone call (did not speak with patient or family member, made 2 attempts) documented as "yes" or "no"
    - Thirty day readmission documented as "yes" or "no"

## Results

- Data Analysis:
  - ❖ Chi square
- Statistically significant:  $p < .0001$
- **90.3%** of subjects who received a post-discharge telephone call did not have a 30-day readmission
- **35.3%** of subjects who did not receive a telephone call did have a 30-day readmission
- Sizable association between successful telephone call and lack of 30-day readmission due to high chi square test (42.02) and low  $p$  value ( $p < .0001$ )

## Practice Recommendations

- Replicate a post-discharge telephone call back program
- Practice recommendation provides opportunity to:
  - ❖ Clarify discharge instructions
  - ❖ Review medications
  - ❖ Ensure primary care follow-up
  - ❖ Discuss medical concerns with patients
- May also result in cost savings to hospitals

## Limitations

- Unable to obtain demographics
- Did not reach some patients due to:
  - ❖ Calls made during normal business hours
  - ❖ Wrong numbers
  - ❖ No answer
- Non-integrated computer system: unable to track readmissions to other hospitals