

Introduction

- ❖ About 20% of all Medicare patients were more likely to be readmitted within 30 days post discharge (McIlvennan, Eapen, & Allen, 2015).
- ❖ Readmission increases healthcare spending.
- ❖ The readmissions are prevented by 12% to 75% through a thorough discharge phone call (P. L. Harrison, Hara, Pope, Young, & Rula, 2011).

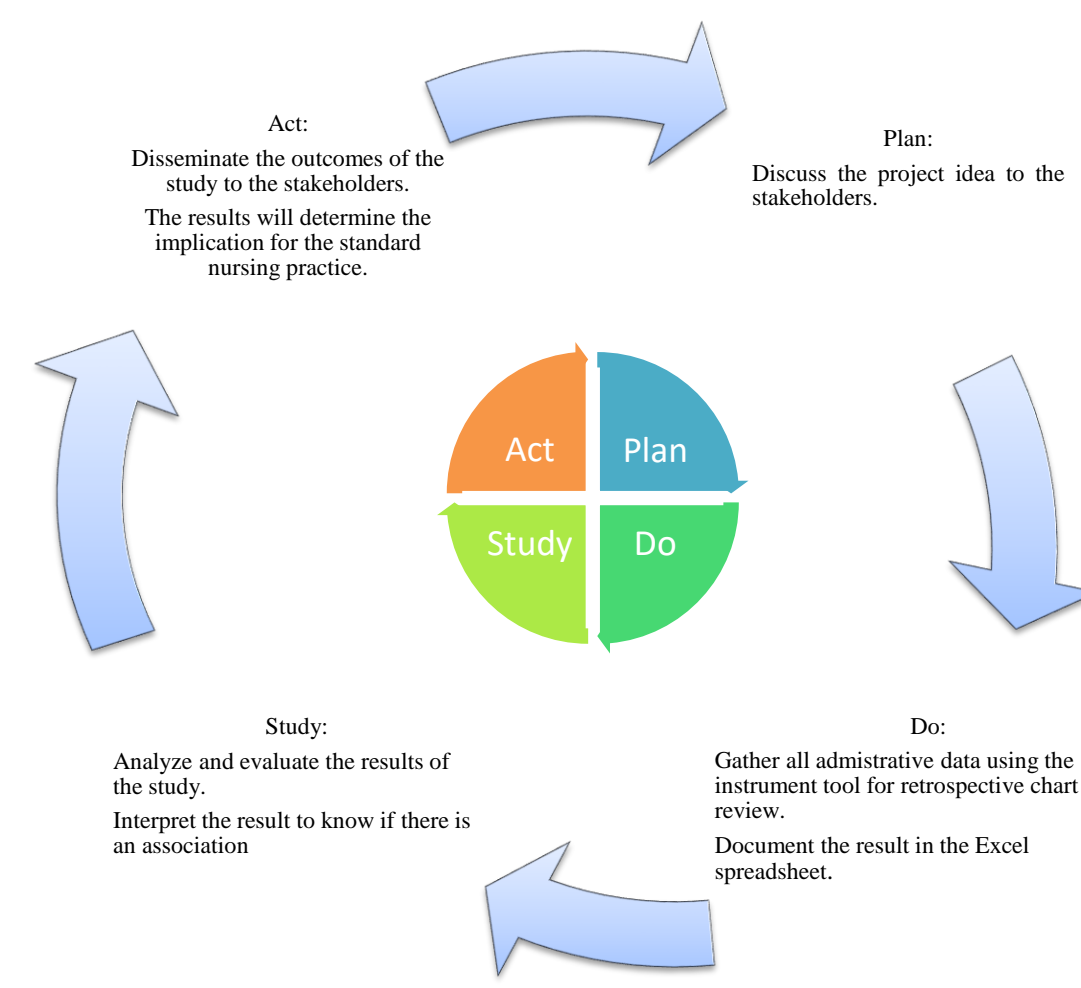
Needs Assessment

- ❖ National Rate: 15.3%. (CMS, n.d.)
- ❖ New York State: 15.92%. (CMS, n.d.)
- ❖ Target site: 16.20%
- ❖ CABG readmission rates in the site is 27.54%.
- ❖ Currently, the assigned charge nurse calls the discharge patient after 24-72 hours.
- ❖ There are no scripted discharge phone calls that are unit specific.

Clinical Question

Is there an association between discharge phone calls and 30-day readmission rates for post-operative cardiac surgery patients?

Theoretical Framework



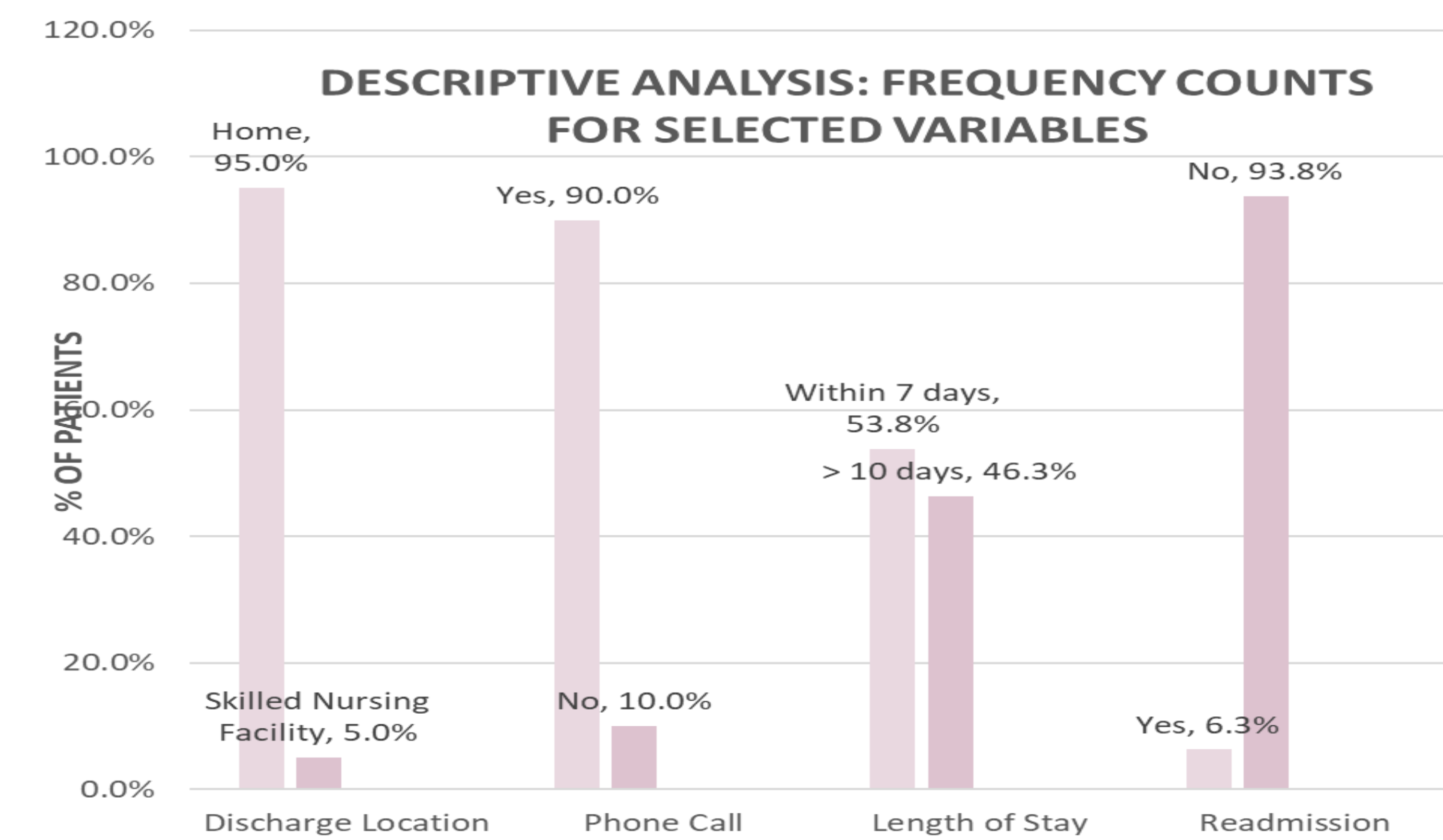
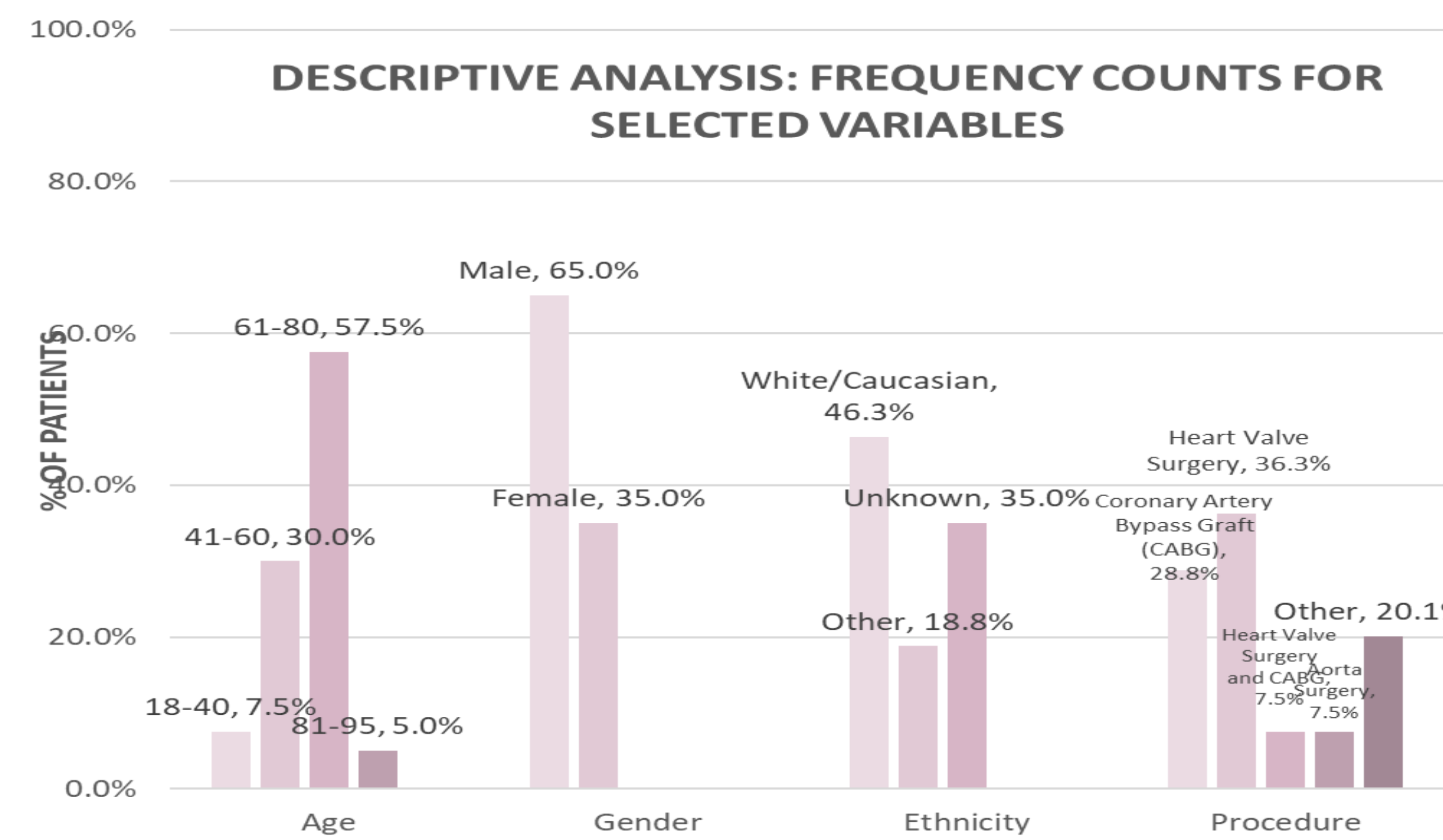
Methodology

- The proposed pilot project design used a retrospective chart review.
- ❖ **Sample Size:** 80 postoperative cardiac surgery patients.
 - ❖ **Setting:** Cardiothoracic surgery step-down unit of a 745-bed, urban academic medical center located in the tri-state area.
 - ❖ **Inclusion criteria:** 18 years old and older; patients who were discharged to home or to a skilled nursing facility, with discharge phone call initiated; all genders and ethnic background; patients who have undergone cardiac surgery.
 - ❖ **Exclusion criteria:** Patients who were not under in a cardiothoracic service and did not undergo open heart surgery, and transplant recipients.

Methodology

- ❖ **Study intervention:** Retrospective chart review regarding discharge phone calls
- ❖ **Period:** The whole month of January 2019
- ❖ **Data collected:** Number of patients who were discharged and received a discharge phone call on the month of January; number of patients readmitted

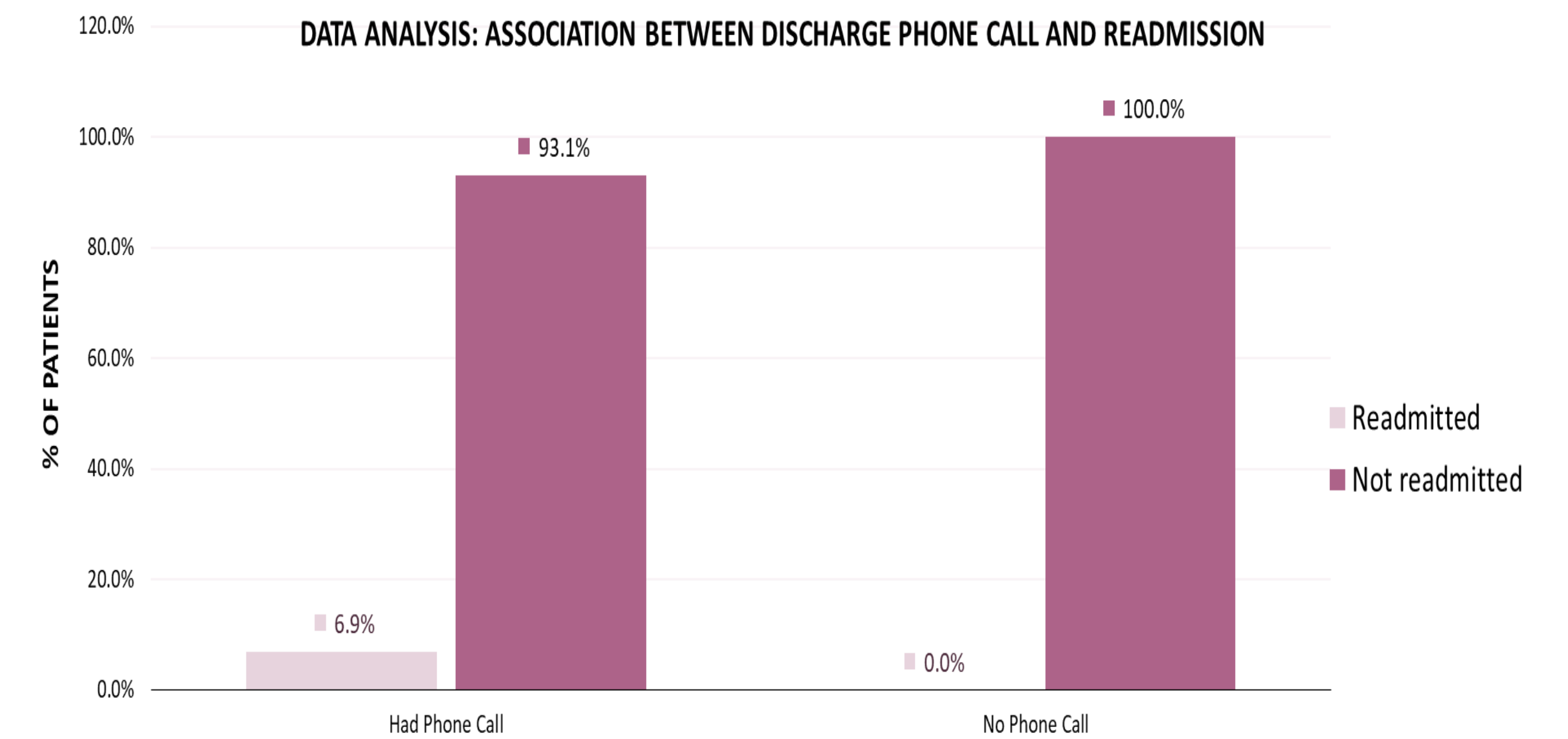
Findings



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Findings



Results

- ❖ $\chi^2 (1, N = 80) = 0.59, p = .44$.
- ❖ Fisher's Exact probability: ($p = 1.00$).
- ❖ The results indicated that there is no association between discharge phone calls and readmission rates.

Study Limitations

- ❖ Small sample size
- ❖ Lack of available data

Recommendation for Practice

- ❖ Policy should be in place for the target site.
- ❖ Scripted discharge phone call should be made based on unit population.

Conclusions

- ❖ The goal of reducing rehospitalizations is promising especially for policymakers, as this goal helps improve quality of care and reduce healthcare costs, but much work has to be done to achieve this goal.
- ❖ Discharge phone calls remain helpful in bridging the gap of the patient's transition from hospital to home, and these will help in improving communication between the patient and the healthcare provider

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