Partnering Patients and Technology to Improve Care Transitions

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Background

Ineffective care transitions contribute to poorly executed discharges, resulting in decreased patient satisfaction, readmission, and suboptimal outcomes. Trauma patients are especially vulnerable during care transitions, as they are often ill-prepared for discharge due to physical and psychosocial limitations.

Aim/Goal

In an effort to partner with patients, a post-discharge phone call program was initiated to ensure effective care transitions and safe recovery at home by addressing patient questions or concerns after discharge in real time. Other aims of the project were to enhance the patient experience and reduce the patient's likelihood of readmission.

Methods

All patients who were discharged to home from 24 trauma, medicine, cardiology, and cardiac surgery units between Feb.-Oct. 2018 (N=3779) received automated post-discharge phone calls. Calls were initiated at 11:00 am the next business day after discharge and took approximately two minutes to complete.

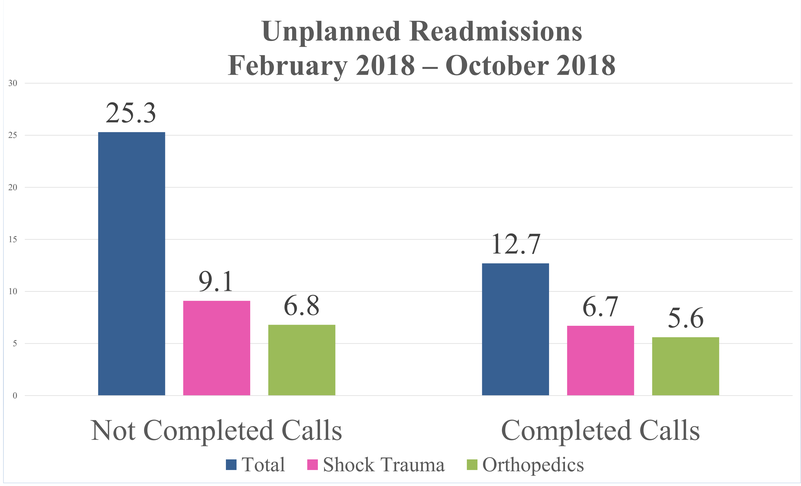
If a patient reported a question or concern, an alert was routed to a designated care coordinator for follow up. Coordinators were expected to contact the patient the same day and resolve alerts within 24 hours.

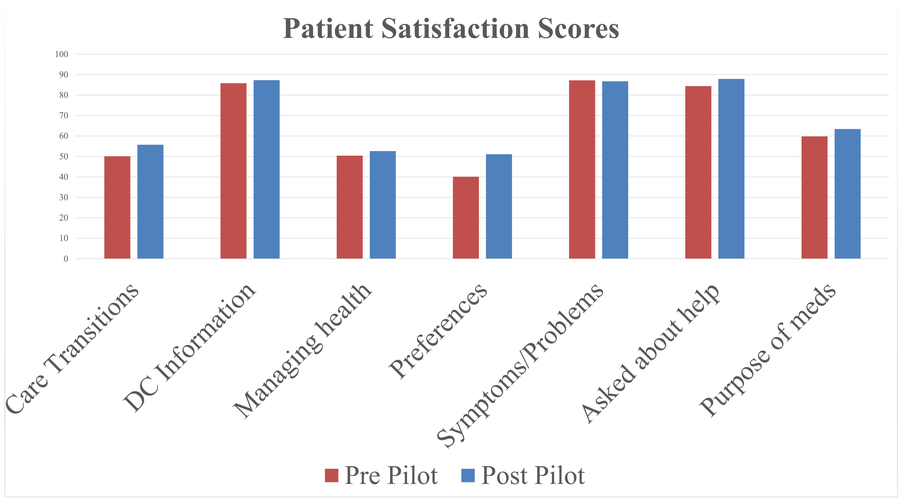
Patient participation, response rates, specific alert drivers, and a text report of any patient comments were extracted from the call system for program evaluation. Patient satisfaction scores and readmission rates were also used as measures of success.

Results

Of 3779 calls generated, 1956 patients were reached (52%). Only 31% of the calls activated an alert; most were related to instructions (12%); medications (10%); and follow-up care (7%).

Preliminary data shows patient satisfaction scores increased 1.5%-11.0%. Significant association ($X^2(1)=134.25$, $p<0.0001$) was found between unsuccessful calls and readmission (unsuccessful call readmissions = 28%, patients reached = 13%). Updated results continue the same trend and can be seen in the following chart:





Discussion

Automated post-discharge phone calls are an innovative solution to address ineffective care transitions. Even when follow up is not needed, reaching patients significantly decreases readmission rates. Patient question or concern alerts indicate opportunity for improvement in pre-discharge teaching.

Next Steps

As of August 2018, the Post Discharge Phone Call program is now live throughout the entire Trauma Center (10 unique units), as well as several Cardiac Surgery units.

The roll out will continue on new units as they become ready. The pilot units continue to share strategies on increasing participation rates and reaching patients whose automated phone call was unanswered.

Utilizing the lessons learned from the pilot group, we are recommending that Care Coordinators reach out to patients flagged as "Maximum Call Attempts" in addition to the patients who generated Alerts.

References

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