

“Just” a phone call away: Reducing 30 day Readmission Rates through Increased Outpatient Follow Up

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INTRODUCTION

Hospital readmission within 30 days of discharge is a major burden on the US Healthcare system.

- 30 day readmission often indicates a poor prognosis
- It is an independent risk factor for one year mortality
- It negatively impacts hospitals by lowering Medicare reimbursement

At our 523 bed community teaching hospital, the 2015 all-cause readmission rate was 10.5%, increased from 2014. This resulted in a 0.03% reduction in reimbursement through the CMS Hospital Readmissions Reduction Program.

This quality improvement project attempted to evaluate whether increasing out-patient follow-up within 14 days of discharge was a useful intervention in reducing 30-day readmission.

METHODS

The project was initially designed as a prospective, crossover study between two resident ward teams. Any Providence Medical Group patient admitted to the Accountable Care Unit (ACU) was enrolled into the study. Once ready for discharge, residents were instructed to prompt health unit coordinators (HUCs) to schedule outpatient follow-up utilizing a protocol within 14 days. This initial pilot occurred from 10/16/17 through 12/10/17. Unfortunately, the protocol proved to be too complicated, requiring dependence on generating inpatient lists to identify the study group. Crossover also occurred between intervention and control teams in utilizing the HUCs for discharge. Based on these findings, the protocol was simplified in several ways. First, all patients were included rather than just one subset. Second, hospitalist teams managing patients on ACU were enrolled as control group while both resident teams represented the intervention arm. Finally, a HUC appointment log was created to act as a process measure (Figure 1). The study relaunched on 03/05/18 and concluded on 7/29/18.

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DATA

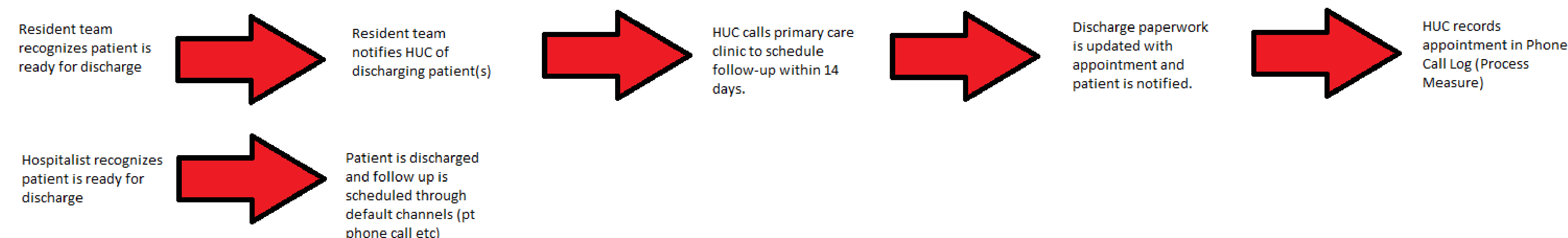


Figure 1. Study Workflow

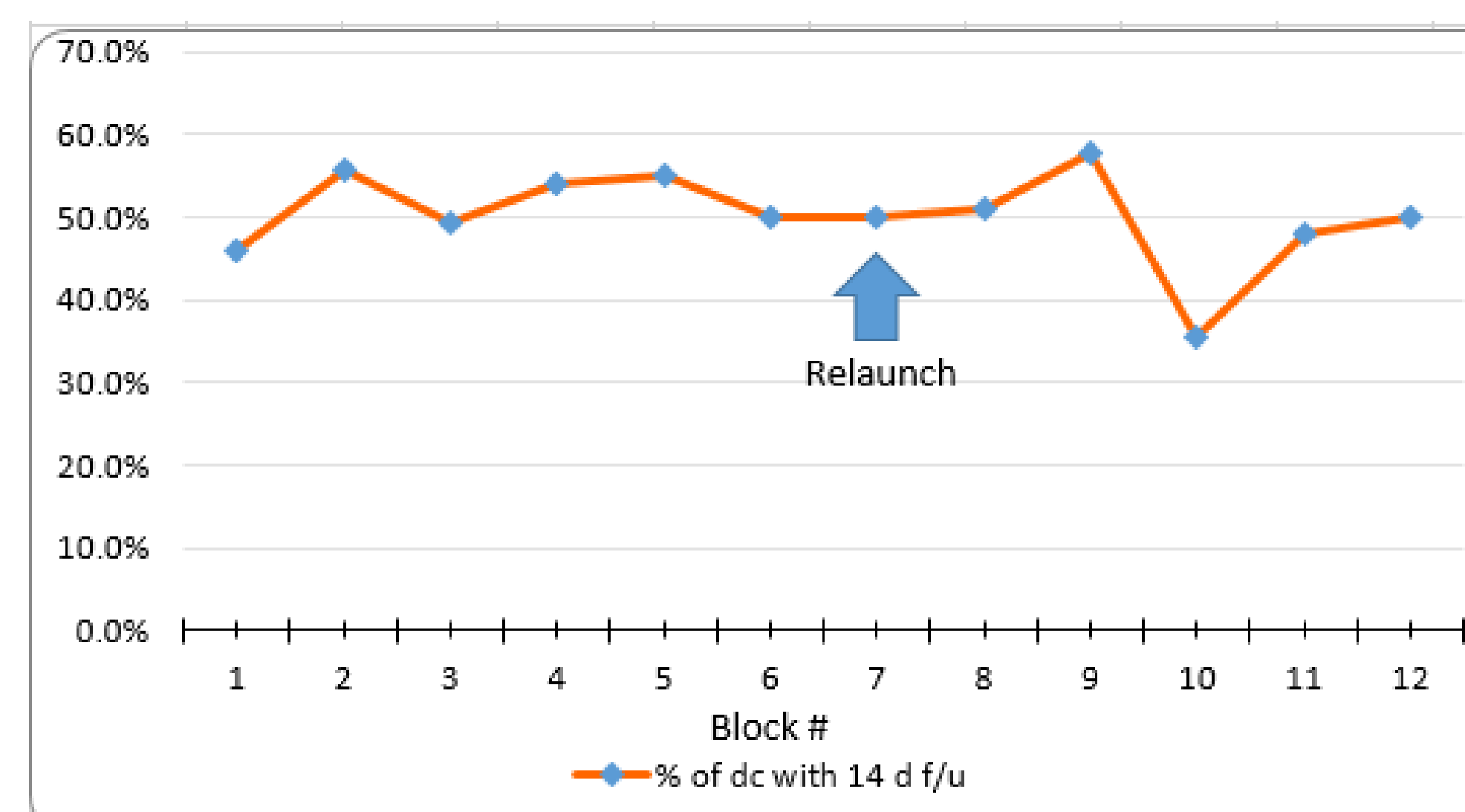


Figure 2. Outpatient Follow up within 14 days

	Readmitted	Not Readmitted	% Readmission
w/ 14 day f/u	25	135	15.60%
w/o 14 day f/u	41	128	24.20%
		p = 0.0548	

Table 1. Readmissions with and without 14 day Follow-up

RESULTS/DISCUSSION

At the end of relaunch a total of 329 patients were discharged and 66 were readmitted within 30 days. Unfortunately, the intervention did not appear to increase outpatient follow-up within 14 days (Figure 2). For interest, we assessed readmission rates among patients who did and did not get 14 day follow-up. Data revealed only 15.6% of patients were readmitted when 14 day follow-up occurred, while 24.2% of patients without 14 day follow-up were readmitted (Table 1).

Despite two cycles of change, increasing 14-day follow-up proved difficult. We were however able to identify several root causes using failure mode and effects analysis.

- First, review of the process measure suggests crossover occurred between intervention and control groups in utilizing the discharge protocol again.
- Second, the EMR query used to identify whether patients had follow-up was only able to capture a subset of patients, as some providers don't use our health record.
- Finally, HUCs often failed to secure an appointment due to lengthy hold times, suggesting that our default practice of leaving this task to a recently ill patient or family member is dubious at best. Simpler solutions include electronic scheduling or an outpatient hospital discharge clinic operated by hospitalists.

Overall, the study suggests follow up within 14 days of discharge may be useful in reducing 30 day readmission rates; however, additional studies are needed to determine which intervention is most effective at increasing outpatient follow-up.