

Impact of Centralization of Discharge Follow-Up Calls at the Portland Veterans Administration Medical Center



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Background

- Transition from inpatient to outpatient setting is a vulnerable time with various risks¹⁻³
- Discharge follow-up calls contribute to reduced adverse events⁴⁻⁷
- At the Portland VAMC, discharge follow-up calls have traditionally been made by the Veteran's primary care nurse
- In November 2017, discharge follow-up calls were re-assigned to a centralized nursing call center

Pros and Cons of Centralization⁸

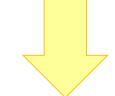
Pros	Cons
Staff dedicated solely to the task - potential to reach more Veterans	· ·
Quality of calls more consistent	Lack of staff familiarity with PCP and hospital

Aim

- Ensure that Veteran's perception of the call, confidence in primary care team, and understanding of follow-up items do not worsen after centralization
- Ensure that timely completion of follow-up items is maintained after centralization

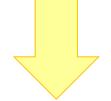
Methods

Veteran discharged home from general medicine service



Within 1-3 business days

Discharge follow-up call from a nurse



Within 3 weeks

QI team survey call

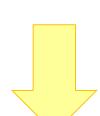
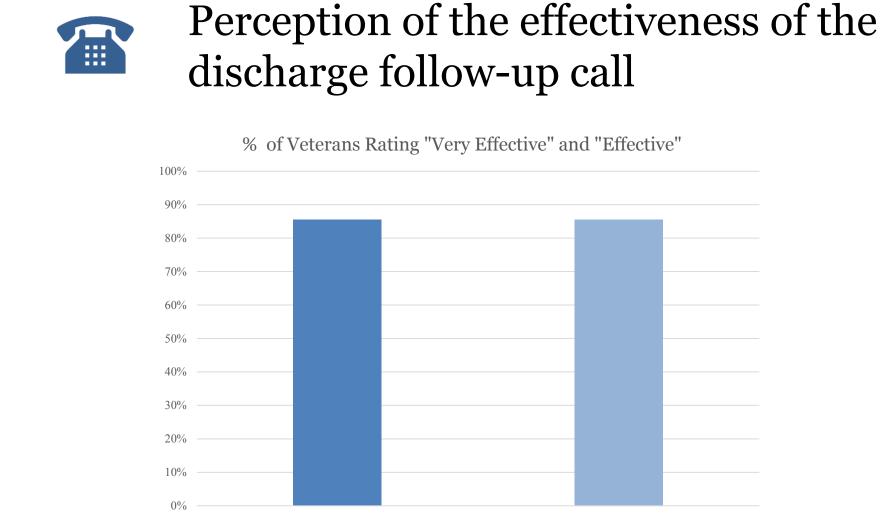


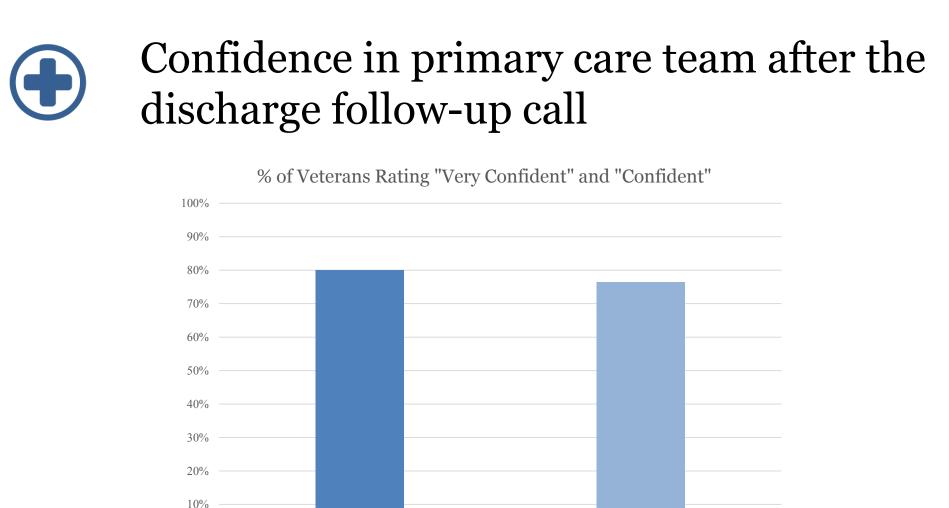
Chart review of follow-up items

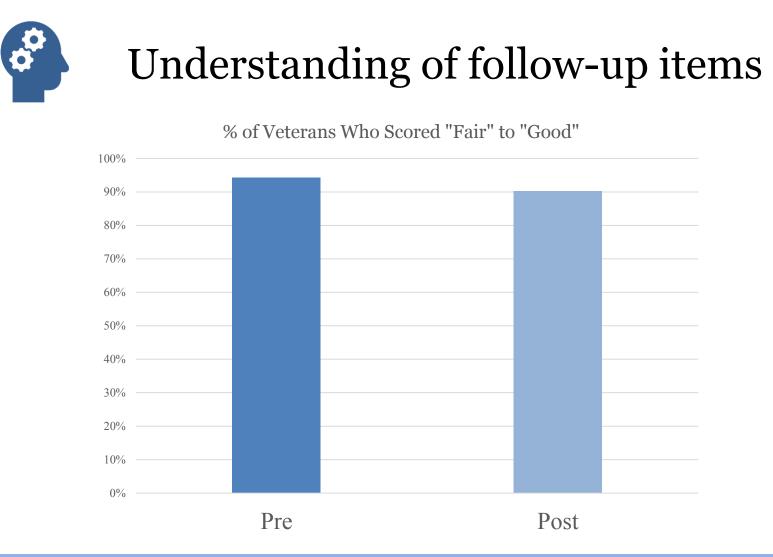
- 55 Veterans each in pre- and post-centralization group
- For chart review, credit was given only if all of the follow-up items were completed on time
- "On time" = completed within +/- 50% of expected time frame

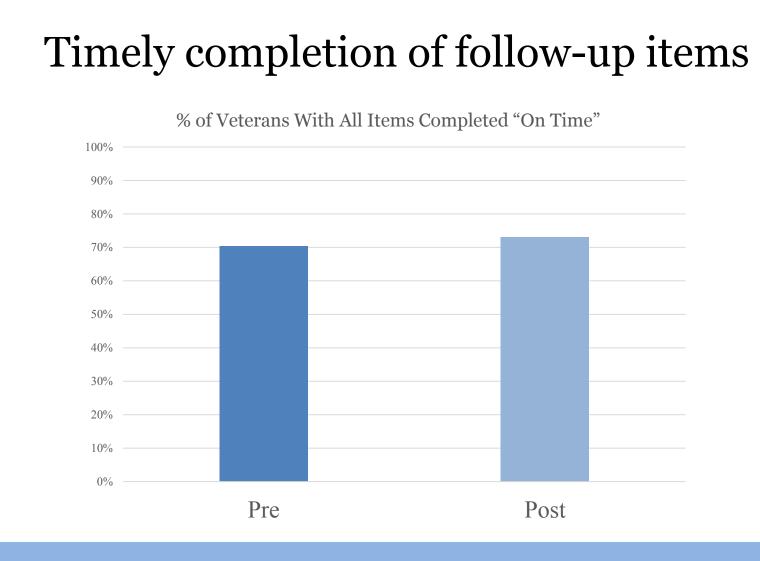
Results

Pre-centralization = Post-centralization









Limitations

- Veterans successfully surveyed were mostly elderly and homebound
- Re-hospitalized Veterans were not surveyed
- Veteran's confidence in their primary care team may stem from interactions prior to the discharge follow-up call

Conclusions

- Ensuring smooth transition from inpatient to outpatient setting is important in reducing readmissions and other adverse events
- Our results show that there was no significant difference pre- and post-centralization with regards to Veteran's perception of the call, post-call confidence in the primary care team, or understanding and timely completion of follow-up items
- Continuing centralized protocol has the potential advantage of maintaining good post-discharge care while creating time for de-centralized nurses to perform other care tasks

Next Steps

- Investigate whether centralization increased primary care team nurse time on other billable tasks
- Investigate readmission rates pre- and post-centralization

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