Implementation of Telephone Follow-Up Post Discharge in Cardiac Surgery Patients

Jena Morrison, DNP, APRN, FNP-BC

Problem Statement

Readmission
- The definition of readmission is an unplanned return to the hospital shortly after being discharged from a recent hospitalization
- Coronary artery bypass graft (CABG) surgery
- CABG surgery patients are of particular interest due to high readmission rates and mean hospital charges
- Readmission rates for (CABG) surgery range from 8.1–21.1%
- The annual cost to Medicare for potentially preventable CABG readmission is $151 million

Project Purpose

The purpose of this quality improvement project is to implement telephone follow-up (TFU) post discharge to improve transition of care and readmission rates in post-cardiac surgical patients.

Nursing Theory

Application of Maslow’s hierarchy of needs along with emphasis on improving patients’ self-care capacity, both must be prioritized during the hospital stay and after they are discharged home, in order to reduce the incidence of readmission.

Methods

Quantitative Experimental Design

Sampling Inclusion
- Isolated CABG procedure
- Age 50 and older
- English Speaking
- Alert and Oriented
- Discharged Home
- Telephone Access

Intervention
- Delivery: The intervention consisted of a telephone follow-up post-discharge at 48-72 hours and 30 days that was a part of the AHRQ Red Toolkit
- Components: Health status, medication reconciliation, case management needs, follow-up appointments, and plans for what to do if a problem arises

Outcome Measures
- Readmission rates

Data Collection
- Self-reporting survey via phone interviews
- Medical record review

Results

Patient Demographics
Of the 30 participants, 27 (90%) were male, 3 (10%) were female.
- Age: M=67.37, SD= 8.342, BMI: M= 30.84, SD= 5.687

Medical Record Review Results 01/01/19-03/31/2020

<table>
<thead>
<tr>
<th></th>
<th>Jan-Dec 2019 1 year</th>
<th>July-Dec 2019 6 month</th>
<th>Oct-Dec 2019 3 month</th>
<th>Jan-March 2020 DNP Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CABG (A)</td>
<td>449</td>
<td>221</td>
<td>105</td>
<td>30</td>
</tr>
<tr>
<td>Number of CABG Patients Readmitted in 30 days (B)</td>
<td>43</td>
<td>27</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>CABG 30-day readmission rate (A/B)</td>
<td>9.6%</td>
<td>12.2%</td>
<td>10.5%</td>
<td>3.3%</td>
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Transition of Care/Self-Reporting Outcomes

<table>
<thead>
<tr>
<th>Completed/Scheduled Appointment with Primary Care Provider</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Knowledge for Self-Management</td>
<td></td>
<td></td>
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<tr>
<td>1) Patients who correctly identified the reason for their hospital visit</td>
<td>30 (100%)</td>
<td>0 (0%)</td>
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<tr>
<td>2) Patients who were able to report signs and symptoms and what to watch out for after being discharged home</td>
<td>29 (96.67%)</td>
<td>1 (3.33%)</td>
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<tr>
<td>3) Patients who were able to correctly identify and report how to take their medications</td>
<td>28 (93.3%)</td>
<td>2 (6.7%)</td>
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<tr>
<td>Patient Satisfaction with TFU</td>
<td>30 (100%)</td>
<td>0 (0%)</td>
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Discussion

- Readmission rates improved by 7.2% after the implementation of a telephone follow-up post discharge.
- Attention to primary care provider appointments and follow-up (83.3%), knowledge for self-management (100%, 96.67%, 93.3%), patient satisfaction (100%), as well as utilization of hospital discharge summaries to deliver education post-discharge was completed with each individual patient to achieve successful patient outcomes.

Implications for Advanced Practice Nursing

- APRN’s can translate research into evidence-based practice and drive change within an organization with aims of improving patient outcomes.
- The project experience was rewarding and attributed advanced leadership skills and clinical expertise and signified the purpose and reputation of being a DNP-prepared nurse practitioner.

Sustainability

- Given the success, the site where the QI project was implemented is interested in continuing the intervention.

References


Implementation of Telephone Follow-Up Positively Impacted Readmission Rates and Transition of Care Outcomes Among this Patient Population

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