Can Face-to-Face Meetings before Hospital Discharge Improve Telephone Follow-Up Reach Rates for Adult Medicine Patients?

Johns Hopkins Health Systems, Baltimore, Maryland, USA; Franz H. Vergara MSN, RN, ONC

A quality improvement (QI) project to increase TFU reach rates was proposed to assist more patients in their post-discharge care plan. Pre-hospital discharge face-to-face meetings were selected as the intervention and comparison units. The intervention group had a higher TFU reach rate compared to the comparison group. Chi-square test demonstrated a significance level \( p < 0.001 \).

**Objective**

The Johns Hopkins Hospital established a care practice model that minimizes hospital readmission rates. The impact of care coordination on patient outcomes is known. A telephonic nurse case manager reaching a patient was identified as a good intervention in the effort to increase TFU reach rates.

**Background/Significance**

The Affordable Care Act (2010) requires that more patients are discharged with care plans. Face-to-face meetings and pre-discharge discharge call and complete:

- Patient hand-out: (a) the best phone numbers to reach the patient, (b) the preferred time and date for TFU, (c) the health care representative who can participate in the TFU, (d) and a reminder of paperwork and items needed at the time of the TFU.

**Theoretical Framework**

**Intervention**

- Pre-hospital discharge face-to-face meeting to explain post discharge call and complete:
  - Patient hand-out: (a) the best phone numbers to reach the patient, (b) the preferred time and date for TFU, (c) the health care representative who can participate in the TFU, (d) and a reminder of paperwork and items needed at the time of the TFU.

**Results**

- Average TFU reach rates were 56%.
- The project was approved by the IRB as a non-human subjects research and as a QI initiative.
- Two adult medicine units with similar baseline TFU reach rates were selected as the intervention and comparison units.
- Convenience sampling technique was employed.
- Reach rates were calculated after 54 study site visits.
- Descriptive and nonparametric statistics were employed to explain project outcomes.
- Utilized RedCap, Excel, and IBM SPSS version 22.
- The project was approved by the IRB as a non-human subjects research and as a QI initiative.

**Conclusion & Recommendation**

- Chi-square test demonstrated a significance level of \( p < 0.001 \).

**Implications**

- Face-to-face meetings can be added to the standard of care assisted care. The future research is recommended to investigate the direct impact of TFU reach rates to health care plans.
- Replication of this study with surgical and pediatric patients might assist those population in a similar fashion; helping with their transitional care needs by triaging to the appropriate health care team, when needed and also showed statistical significance.  

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**References**