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Implementation of Nursing Telephone Follow-Up to Reduce 30-Day Readmissions for the Adult Hemodialysis Patient

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Problem: Recurrent hospital readmissions are responsible for considerable health care costs, with readmission rates in patients with end stage renal disease (ESRD) remaining as high as 37% within 30 days of discharge (USRDS, 2014). Studies show a considerable percentage of readmissions are preventable through effective discharge planning and patient follow-up after discharge (Mistiaen & Poot, 2006).

Approach: A systematic literature review was conducted to identify an evidence-based process to reduce post-discharge complications and readmission rates in dialysis patients. A 2006 Cochrane review identified telephone follow-up (TFU) as a high-quality, low-cost method of providing health information, advice, and the recognition of complications after hospital discharge (Mistiaen & Poot, 2006).

Solution: This project examines the effectiveness of an evidence-based quality improvement process implemented in an Acute Renal Unit providing post-discharge telephone follow-up by experience dialysis nurses. To enhance the experience of the dialysis patient's transition from the acute care setting to home, a series of systematic processes were implemented to standardize unit workflow, in addition to utilization and leveraging of the hospital's electronic documentation system (EMR) to document the patient progress and outcomes. The study involves the comparison of EMR data pre follow-up implementation to post follow-up implementation and its effect on reducing post-discharge complications (e.g., blood pressure and diabetes management) and 30 day readmissions in a sample of adult hemodialysis (Stage 5 CKD and ESRD) patients.

Outcomes: Of 100 patient encounters reviewed a compliance of 71% was achieved in the early stages of the TFU project (29 patients were excluded and 71 patient encounters were included). Of those 71 encounters, 57 (80%) had a call attempt by a nurse and 14 (20%) encounters had no documentation recorded. Of those 57 calls, 22 patients (38%) were contacted by the nurse; the post-discharge intervention was completed, a message was left 18 times (32%), and no answer was noted 17 times (30%). The remaining 29 (29%) encounters had no call attempt made. Three (10%) patients refused the opportunity and 26 (90%) were excluded because they did not meet the requirements for follow-up.

Implications: Knowledge gained from understanding the effect of post-discharge telephone follow-up by experienced dialysis nurses will allow for either continuation or adaptation of the current telephone follow-up program. This can benefit society by providing discharge patients with an optimized process to decrease complications and readmissions, thus reducing costs and increasing satisfaction in addition to overall well-being.

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