

Abstract Form

Hospital Affiliation:	UCLA Medical Center
Presenter Name (Last, First):	Kim, Seewan
Co-Authors:	Jessica Zhang MD, Brian Le MPH, Erin Dowling MD, Wendy Simon MD
Project Title:	Improving Post-Discharge Follow-Up Completion Rate: Interventions on Patient and Provider Factors

Research Category (please check one):

<input type="checkbox"/> Original Research	<input type="checkbox"/> Clinical Vignette	<input checked="" type="checkbox"/> Quality Improvement	<input type="checkbox"/> Medical Education Innovation
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Abstract

Introduction:

Hospital readmissions are a major cause of healthcare costs as well as increased patient morbidity and mortality. Post-discharge follow-up with outpatient providers has been shown to improve patient outcomes and reduce hospital readmission. Among patients with UCLA primary care physicians (PCPs) who are discharged home from the inpatient medicine services at UCLA Ronald Reagan and Santa Monica Hospitals, only 44% complete post-discharge follow-up with a PCP.

Methods:

We identify factors contributing to patients’ inability to schedule and complete their post-discharge follow-up based on interviews, chart review, and use of a standardized scheduling template documenting barriers. To address the most common barrier, PCP availability, timeslots were reserved in PCP schedules specifically for post-discharge follow-up. Overall usage of the timeslots, their utilization for the intended purpose, and impact on provider availability as a scheduling barrier were trended over time using control charts and analysis of scheduling patterns. To promote utilization, ongoing feedback was provided to schedulers and physicians and a warning prompt was introduced into the scheduling system.

Results:

The most common barriers to scheduling post-discharge follow-up were PCP availability and patient preference to schedule on their own. Appropriate scheduling of the reserved slots for hospital post-discharge follow-up visits increased from 34% to 55% over the intervention period, with the system warning prompt having the most significant impact rather than ongoing audit and feedback to schedulers. Despite interventions, PCP availability remained a significant scheduling barrier, impacting 30% of patients.

Conclusion:

We demonstrate the use of quality improvement methodology to improve the rate of post-discharge follow-ups through interventions such as a standardized scheduling protocol and introduction of dedicated slots for post-discharge follow-up in the scheduling system. Future studies will aim to demonstrate that increasing timely post-discharge follow-up decreases 30-day readmission rate.