Improving Post-Hospital Follow-Up Appointment Scheduling

Residents: Saahir Khan, John Joseph, Cory Taylor, Connie Tien

Chief Resident: Shyam Rao
The Problem

- Many patients do not have a post-hospital follow-up appointment at the time of discharge.
Opportunity Statement

• An opportunity exists to improve the number of patients with a post-hospital follow-up appointment at the time of discharge.

• This process should be improved since studies have shown that patients with timely post-hospital follow-up visits have lower 30-day emergency department (ED) visits and readmission rates.

• We will know our project has been successful when there is a 20% or greater increase in the percentage of patients with a follow-up appointment at the time of discharge.
Resources

• Peer and mentor feedback at PI project meetings
• Case management leadership on current post-hospital follow-up protocols
• Fellow senior residents and interns in executing the intervention
Current Knowledge

- Follow-up appointments typically take a couple days to arrange.
- Arrangement of follow-up appointments is typically delayed until the day prior to discharge or on the day of discharge.
The Intervention

- Block 13 UCI Wards
  - 3 control groups (BDG)
  - 3 intervention groups (ACE)
- Via an email to the senior and a face-to-face with the intervention groups
  - Taught residents how to place appointment requests in QUEST
  - Asked residents to place the order early on during the hospitalization
QUEST Follow-Up Appointment Order

- Follow Up Appointment Post Discharge
- Follow Up Post Discharge BURN and WOUND (Burn and Wound Evaluate and Treatment - Post Discharge)
- Follow Up Post Discharge OT (OT Evaluate and Treatment - Post Discharge)
- Follow Up Post Discharge PT (PT Evaluate and Treatment - Post Discharge)
- Follow Up Post Discharge ST (ST Evaluate and Treatment - Post Discharge)

Prior to placing Occupational Therapy order, check that patient is not on complete bedrest.
Prior to placing Physical Therapy order, check that patient is not on complete bedrest.
Requested Date
09-12-2016

This order does NOT generate an appointment and is ONLY informational.

Appointment scheduled, STARs case needed

Reason for appointment

Followup physician Location/Clinic

Timeframe appointment is needed Requesting physician

Known scheduling obstruction
None

Other appointment instructions
Data Analysis

- LACE score
- Whether a follow-up appointment request was placed in QUEST prior to discharge
- Whether a follow-up appointment was scheduled at the time of discharge
- Readmission within 30 days of discharge during that block
LACE Score

- Identifies patients at risk for readmission or death within 30 days of discharge
- L – length of stay of the current admission
- A – acuity of the admission (i.e. ED admit vs elective)
- C – co-morbidities
- E – number of ED visits within the last 6 months
- Scores range from 1-19
- Calculated daily
# Results

<table>
<thead>
<tr>
<th></th>
<th>Control Group</th>
<th>Intervention Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>160</td>
<td>161</td>
</tr>
<tr>
<td>Average LACE score</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>% with follow-up appointment at discharge</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>% with follow-up appointment request placed at discharge</td>
<td>9%</td>
<td>50%</td>
</tr>
<tr>
<td>% of patients readmitted within 30 days of discharge</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>Average LACE score among those readmitted within 30 days of discharge</td>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>
Outcomes

• We achieved our goal of increasing follow-up appointments at the time of discharge by 100% compared to the control group
Sustainability

• The intervention is simple and quick
• Can be incorporated into the standard start-of-block orientation for internal medicine ward teams at UCI
Obstructions

• Randomization was not successful so we could not analyze the effect of our intervention on readmission rates

• Majority of follow-up appointment requests continued to be placed in the latter half of the hospital course or on the day of discharge, giving less time for these appointments to be made prior to discharge

• Unable to track how many patients actually showed up to their follow-up appointments
Lessons Learned

• The opportunity to improve the rate of follow-up appointments at the time of discharge can be realized with simple interventions

• Changing the culture of practice in regards to scheduling follow-up appointments early during the hospital course requires buy-in by case managers and physicians and is more difficult to do so
Future Projects

- 50% of patients in the intervention group had a follow-up appointment request placed, but only 20% of patients left with a follow-up appointment at the time of discharge
  - Assess barriers to making follow-up appointments
- In our project, LACE score was on average 2 points higher for 30-day readmissions
  - Similar project, but with a focus on patients with higher LACE scores
References


