

ANSWER THE PHONE: YOU'RE NOT ALONE!

HEART FAILURE PATIENT READMISSIONS - PHONE CALL FOLLOW-UPS

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Purpose

The purpose of this EBP project was to determine if a structured follow-up phone call program decreased the 30-day readmission rate for Heart Failure (HF) patient population on CCU/CSU?

Background

Heart Failure (HF) is the fourth leading diagnosis for hospital admissions in the U.S.¹, and greatly decreases the quality of life for patients and their family. When HF is not treated, approximately 80% of patients do not survive more than five years². A multidisciplinary approach to HF, which includes an in-person, six component HF discharge instruction and structured phone call follow-up, will help to decrease hospital readmissions for heart failure, which may improve quality of life^{3,4,5,6}.

Method

All patients admitted to CCU/CSU with HF receive: in-person, HF discharge instruction which included HF handouts, dietary instructions by a Dietician, discharge medication review by a Pharmacist. Then, a phone call program was initiated based on best practices which consisted of a follow-up call within 72 hours of discharge plus weekly phone calls for up to one month. The calls were structured to include key best practice content areas and example scripting to enhance call consistency.

Results

51 patients were followed in the phone call program. Of these, 11 patients (21%) received the program of a call within 72 hours of discharge plus weekly calls. 30 patients (59%) received only part of the program due to feasibility issues discussed below and 10 patients (19%) received no follow-up call due to inability to reach. Multiple feasibility issues were addressed during this small test of change such as RN time constraints, difficulty reaching patients, patient's social isolation, non-English speaking patients and other issues.

Of 41 patients followed, one patient (2%), on the heart transplant service, was readmitted for HF due to inadvertently not taking a medication as prescribed. Three patients could be identified as supported by phone calls which possibly prevented patient readmission for heart failure. These

phone calls caught mistakes such as: compliance with daily weight monitoring, appropriate medication use, and need to notify MD of changing patient condition.

Conclusion

This short test of change showed encouraging potential for decreasing 30-day readmissions for heart failure in the heart failure patient population on CCU/CSU while also helping patient's feeling of support and positive Public Relations for the hospital.

Bibliography:

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