Improvement of Outpatient Follow-up Appointments After Hospital Discharge in a Tertiary Care Veterans Affairs Hospital: A Pilot Project

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Background

- At the Minneapolis Veteran Affairs Health Care System (MVVAHS), the process of scheduling the primary care clinic (PCC) follow-up appointments is generally initiated by a phone call from PCC nurses or PCC medical support assistants after the hospital discharge
- Our preliminary data showed that this process fails to schedule 22% of the ordered appointments

Aims

- Create a new process that generates the PCC follow-up appointments prior to hospital discharge
- Evaluate whether a new process is effective in scheduling PCC follow-up appointments and whether this process lead to more adherence to PCC appointments
- Discharging providers were informed about the new pilot process

Methods

- A new process to generate the PCC follow-up appointments prior to hospital discharge was piloted in a 19-bed general medical ward (3F ward) (Figure 1)
- Developed new order template for PCC follow-up appointments to standardize the follow-up order and to make follow-up order placed separately from the discharge order set (Figure 2)
- Trained an inpatient medical support assistant to schedule PCC follow-up appointments
- Discharging providers were informed about the new pilot process but the decision to participate was voluntary

Results

- 48 consecutive patients who were discharged with PCC follow-up appointment orders from January 12 – February 16, 2016

Control group

- Physicians order primary care clinic follow-up appointments
- PCC appointment scheduled N=19
- PCC appointment not scheduled N=17
- PCC appointment scheduled N=12
- PCC appointment not scheduled N=0

Pilot group

- Physicians order primary care clinic follow-up appointments
- PCC appointment scheduled N=16
- PCC appointment not scheduled N=10
- PCC appointment scheduled N=10
- PCC appointment not scheduled N=0

Follow-up adherence

- N=17
- N=2
- N=6
- N=6

Follow-up non-adherence

- N=36
- N=2
- N=10

Adherence to follow-up appointments

- Control group: 53% (used current follow-up order template) vs. Pilot group: 47% (used new follow-up order template) (P=0.004)

Conclusions

- The current process is only able to schedule 53% of follow-up appointment. Of 17 appointments that were not scheduled, 35% were because of failure to make a post-discharge telephone call
- By making PCC follow-up appointment before discharge, our project succeeded in ensuring that the PCC follow-up appointments were made (100%) when compared to current process (53%)
- However, there was no improvement in adherence to follow-up appointment. This is explained by high rate (67%) of PCC cancellation by providers as the follow-up appointment was deemed no longer necessary
- Future improvement project should aim to improve the appropriate use of follow-up appointment order