ENHANCING RECOVERY FROM HOSPITAL TO HOME: REDUCING POSTOPERATIVE READMISSIONS THROUGH NURSE-DRIVEN PHONE CALLS

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Background/Introduction: Enhanced Recovery After Surgery (ERAS) is a standardized approach to perioperative care, designed to decrease complication rates and time required for recovery. Reducing hospital length of stay however, shifts more of the postoperative recovery to the patient at home, increasing the necessity of post-discharge follow-up to help prevent readmissions. Several recent randomized trials have shown that readmissions can be preventable with improved patient education and effective post discharge follow-up.[1] With the aim of improving post-discharge care to prevent hospital readmissions, we sought to implement follow-up phone calls for patients enrolled on a thoracic ERAS protocol.

Methods: Following initiation of a thoracic ERAS protocol, postoperative discharge phone calls were initiated in for all thoracic ERAS patients. A baseline readmission rate of 6% was identified (9/152 patients) over a 12 month period. An interdisciplinary team consisting of ERAS nurses, surgeons, anesthesia providers convened to establish a plan to counsel and triage patient concerns in the immediate post-discharge period. A standard phone script was developed to target common reasons for readmission after thoracic surgery. Calls were initiated 48-72 hours after discharge; no patients were excluded.

Results: Forty-two post-discharge phone calls were attempted; 36 patients were reached and available for discussion. The most common themes identified during the follow-up calls included pain management (22%); constipation (11%); shortness of breath (7%); concerns about surgical incisions (9%); and issues with chest tubes (7%). Following identification of these themes, the interdisciplinary team reconvened to develop evidence-based education plans for staff and patients related to bowel management, the standardized use of multimodal discharge pain medication, and improved discharge education related to chest tube management. The readmission rate following implementation of these practice interventions was 8% (2/24 patients) over a 3 month period, with no readmissions occurring within the last 60 days following implementation.

Conclusion: Consistent use of follow-up phone calls for thoracic ERAS patients has helped to identify key opportunities for standardizing patient and staff education and improving post-discharge care. Key learning from post-discharge phone calls has driven large-scale process improvement through interdisciplinary collaboration and evidence-based review.

References: 1. Benbassat J, Taragin M. Hospital Readmissions as a Measure of Quality of Health CareAdvantages and Limitations. *Arch Intern Med.* 2000;160(8):1074–1081. doi:10.1001/archinte.160.8.1074