PRACTICE TIPS

The importance of scheduling 7-day post-discharge appointments

Why are these appointments important?

More than 25% of 30-day hospital readmissions are preventable.

Factors contributing to readmissions:

Lack of post-discharge resources	Poor communication with patients	Inadequate care coordination

University of California San Francisco study/JAMA Internal Medicine

Early patient post-discharge follow-up can reduce hospital readmissions while improving transition of care. Examples include:

Scheduling 7-day appointments prior to discharge	Ensuring patients complete their post-discharge follow-up visit
Phone calls to patients within 2 business days of discharge	Medication reconciliation as soon as possible after discharge

1 in 5 patients is impacted by social determinant of health concerns.

Advise patients and their caregivers to keep their post-discharge appointment!

If they are feeling healthy...
their doctor will provide tips for managing their health issue, next steps for future tests, labs, care, etc.

If they don't feel well...
their doctor can work with them to address health concerns.

Refrain from assuming:

All patients/caregivers have internet access and/or smart phones.

That elderly patients are unable to navigate telehealth visits/patient portals.

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Sources: Agency for Healthcare Research and Quality, Centers for Disease Control & Prevention, Centers for Medicare & Medicaid Services, Camden Health (https://camdenhealth.org/wp-content/uploads/2019/01/7DP-one-pager.pdf), Jama Internal Medicine (https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2498846), I-MPACT, National Library of Medicine (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4800825/)

When advising patients on follow-up appointments:

Communicate often and clearly	• Include family/caregivers, when possible, to fully engage care team. • Listen for cues indicating patient concerns (unable to afford medication and/or copays, medication adherence, transportation issues, social support, etc.). • Communicate understanding of patient/caregiver concerns. • Use simple language to avoid barriers.
Simplify discharge instructions	• Give out and highlight contact phone number for questions with the patient discharge plans. • Make sure patient understands who to call and encourage patient/caregiver to contact office with questions. • Explain what the patient/family can expect when they call (e.g. triage, an "on call" resource, voicemail system with someone calling back within certain timeframe, etc.). • Inform patient that when calling any provider's office for appointments to let the office know that patient had recent skilled nursing facility or hospital stay. • When needed, assist the patient in calling other provider(s) to schedule an appointment. • Check with providers on telehealth options, if available for follow-up appointments.
Promote use of the patient portal	• Ask patient if they need help setting up portal. • With non-urgent concerns, encourge them to use the portal for questions, medication refills and provider communication.

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