



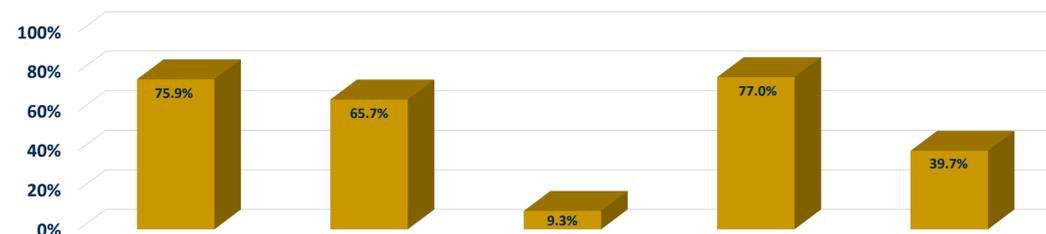
Introduction

- Transitioning to home from hospital discharge remains an opportunity for improvement; ~1 in 5 children experience a problem during this time¹
- Assistance scheduling post-discharge appointments improves follow-up rate²
- Primary care provider (PCP) access to discharge summaries at follow-up visits reduces the rate of readmissions³
- **The purpose of this study was to assess outpatient follow-up and provider-provider communication at discharge from the UC Davis Children's Hospital**

Methods

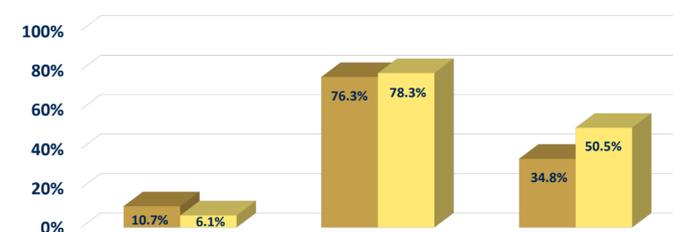
- Manual chart review of ward discharges at UC Davis Children's Hospital (UCDCH)
- Criteria
 - Children age <21 admitted to the Pediatric Hospitalist service
 - Hospitalized on the UCDCH Ward
 - Discharged from the UCDCH Ward
- Measures
 - At discharge:
 - ❖ Documented PCP
 - ❖ Scheduled follow-up appointment with PCP
 - Within 48 hours of discharge:
 - ❖ Discharge summary completed
 - ❖ Discharge summary routed to PCP
- Differences in the setting of insurance and ethnicity were assessed with χ^2 testing (uncorrected 2-tailed p-value)

Results



Overall Compliance	PCP Identified (EMR "SnapShot")	PCP Identified (D/C Summary)	F/U Appointment Made	D/C Summary Completed <48hrs	D/C Summary Routed <48hrs
	75.9% (1120/1476)	65.7% (969/1476)	9.3% (137/1476)	77.0% (1136/1476)	39.7% (586/1476)

Figure 1: Overall compliance with documenting PCP, follow-up appointment, and discharge summary communication



Insurance	F/U Appointment Made	D/C Summary Completed <48hrs	D/C Summary Routed <48hrs
Public	10.7% (109/1014)	76.3% (774/1014)	34.8% (353/1014)
Private	6.1% (28/461)	78.3% (361/461)	50.5% (233/461)
p-value	0.00414	0.403	<0.0001

Figure 2: Differences in documented follow-up appointments and discharge summary communication, by insurance

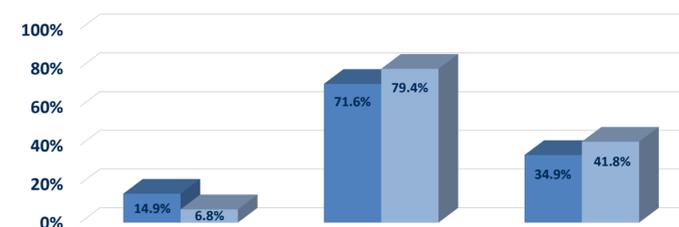


Figure 3: Differences in documented follow-up appointments and discharge summary communication, by ethnicity

Ethnicity	F/U Appointment Made	D/C Summary Completed <48hrs	D/C Summary Routed <48hrs
Hispanic	14.9% (64/430)	71.6% (308/430)	34.9% (150/430)
Non-Hispanic	6.8% (70/1025)	79.4% (814/1025)	41.8% (428/1025)
p-value	<0.0001	0.00126	0.0145

Discussion

- 1476 eligible discharges from January 2016 to March 2017 were reviewed
- Hispanic patients and publicly insured patients were more likely to have follow-up appointments made by discharge, but less likely to have their discharge summaries routed to their PCP in a timely fashion. This may be related to the rate of PCP identification in these patients, but this was difficult to assess in our study (see limitations below). Publicly insured patients on average have an increased length of hospital stay⁴ which may contribute to increased documentation time
- Study limitations
 - Documentation may not reflect true compliance (eg. follow-up appointment was made but not recorded in the patient's chart)
 - No reliable source for PCP at discharge; the "SnapShot" page showed PCP at time of chart review, while the discharge summary only showed PCP when certain templates were used
- Future directions
 - A Pediatric Discharge Navigator may be hired to improve outpatient follow-up and PCP communication
 - Rapid cycle process improvement as new information is revealed

References

- 1) Heath, J., R. Dancel, and J.R. Stephens, Postdischarge phone calls after pediatric hospitalization: an observational study. *Hosp Pediatr*, 2015. 5(5): p. 241-8.
- 2) McPhail, G.L., et al., Improving follow-up in hospitalised children. *Qual Saf Health Care*, 2010. 19(5): p. e35.
- 3) Van Walraven C, Seth R, Austin PC, Laupacis A. Effect of discharge summary availability during post-discharge visits on hospital readmission. *J Gen Intern Med*. 2002;17(3):186-92
- 4) Pati S, Lorch SA, Lee GE, Sheffler-Collins S, Shah SS. Health Insurance and Length of Stay for Children Hospitalized With Community-Acquired Pneumonia. *Journal of hospital medicine : an official publication of the Society of Hospital Medicine*. 2012;7(4):10.1002/jhm.959. doi:10.1002/jhm.959.