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On my honor, I pledge that I have neither given nor received any unauthorized assistance on this paper.

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Abstract

Background and Purpose: Preventable hospital readmissions are costly both emotionally and financially for patients and their families. Despite the growing number of mental health admissions, little attention has been given to improve the transition from hospital to home for youth admitted with mental disorders. The purpose of this quality improvement project was to evaluate the effectiveness of follow up discharge phone calls on the reduction of pediatric readmission rates when completed 48-72 hours after behavioral health admissions and to determine the feasibility of the time and resources required for the calls.

Methods: This project utilized a pre/post-test intervention design. Chart reviews were conducted on patients discharged to home with a behavioral health diagnosis for the three months prior to project implementation. For the intervention, telephone calls were completed utilizing a standardized phone script 48-72 hours post behavioral health discharge. Readmission rates for the two groups were then compared.

Results: A total of 69 participants who met inclusion criteria were included (35 pre-intervention and 34 post-implementation). A chi square resulted in 0.118, $p > 0.05$; therefore, there was no statistical significance between the control group and the intervention group, likely due to the small sample size. 79.4% of post discharge calls were completed, and the average time required for the calls was 8 minutes with an additional 11 minutes on average for follow up items from the calls.

Conclusion: The findings suggest post discharge follow up calls may have a clinically significant impact on youth with mental health disorders and should be explored further. Discharge follow up calls can bring added value to this vulnerable population by increasing understanding of discharge instructions and medication compliance to reduce recidivism and increase the patient and family care experience.

Keywords: readmission rates, discharge phone call, child, adolescent