

A Study on Post-Discharge Calls and Their Impact on Patient Health

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Abstract

Hospital discharge is a critical transition point in patient care, where proper follow-up is essential to ensure recovery and prevent complications. This study explores the significance of post discharge follow-up calls in monitoring patient health, addressing concerns, and reducing hospital readmissions. It evaluates the effectiveness of these calls in improving patient adherence to treatment, identifying early complications, and enhancing overall satisfaction. The research is based on data collected from a multi-speciality Hospital in Coimbatore, analyzing patient responses and hospital staff feedback on the implementation of systematic post-discharge follow-up programs.

1. Introduction

The transition from hospital to home is often a vulnerable period for patients. Despite comprehensive discharge instructions, many patients struggle to adhere to their treatment plans or recognize early signs of complications. As a result, hospital readmissions and adverse health outcomes remain common. Post-discharge follow-up calls serve as an effective tool to bridge this gap by ensuring that patients receive the necessary guidance and support.

This study aims to assess the impact of post-discharge calls on patient health outcomes, focusing on adherence to treatment, reduction in complications, and overall satisfaction with healthcare services.

2. Objectives of the Study

- To evaluate the current status of post discharge communication.
- To assess the impact of structured post-discharge calls on patient health outcomes.
- To evaluate the effectiveness of systematic post-discharge calls in reducing complications and readmissions.
- To investigate patient satisfaction and perceived quality of care.
- To evaluate the effectiveness of postdischarge calls from a staff perspective.

3. Review of Literature

1.Vashi A, Rhodes KV. (2011)

Vashi and Rhodes conducted a systematic review to assess the relationship between post-discharge phone calls and hospital readmission rates. The study analyzed 33 research papers and identified a consistent pattern: frequent and early (within 48 hours) follow-up calls correlated with lower readmissions. Calls focusing on medication adherence, symptom assessment, and appointment scheduling proved most effective. The authors advocated integrating structured follow-up calls into transitional care models, noting their cost-effectiveness compared to in-person visits. The study also emphasized the need for standardized protocols and further research

into call content and frequency. This review found strong evidence that early, structured phone calls after discharge reduce readmissions and improve medication adherence and care continuity.

2.Hain DJ et al. (2016)

This study evaluated patient perceptions of nurse-led follow-up calls post-discharge. Patients reported feeling safer, more supported, and better informed about their care plans after receiving calls. These calls addressed medication management, wound care, and symptom monitoring. The study found that such interventions increased patient satisfaction scores and positively influenced perceptions of hospital care quality, also reducing anxiety during the transition home. Nurse-led follow-up calls boosted patient satisfaction, confidence, and feelings of safety during the post-discharge period.

4. Methodology

4.1 Research Design

This study follows a descriptive and exploratory research design, utilizing both qualitative and quantitative research approaches.

4.2 Data Collection

A structured questionnaire was designed to assess the health condition, recovery process, and satisfaction of discharged patients. Key areas of focus included:

- Follow-up appointments: Ensuring patients adhere to review schedules.
- Clinical queries: Addressing post discharge doubts or concerns.
- Post-discharge complications: Identifying health issues that may require medical intervention.

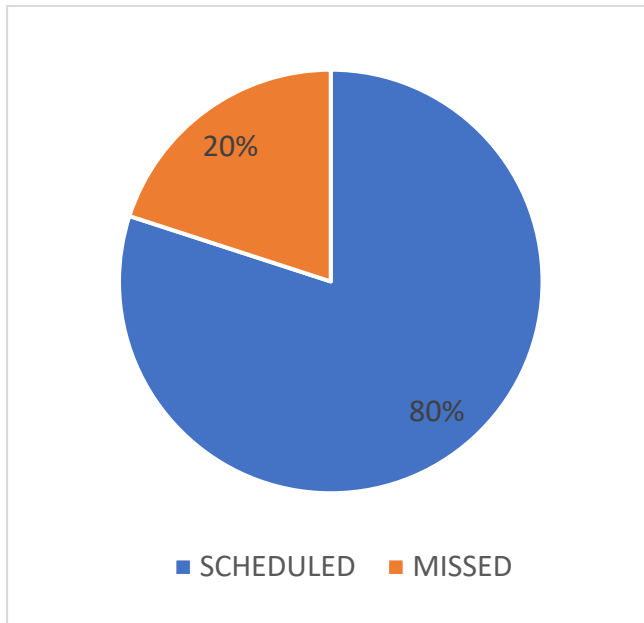
4.3 Sampling Technique

- Population: Discharged patients from the hospital and relevant hospital staff.
 - o Sample Size: **850** patients.
 - o Sampling Method: Simple random sampling.

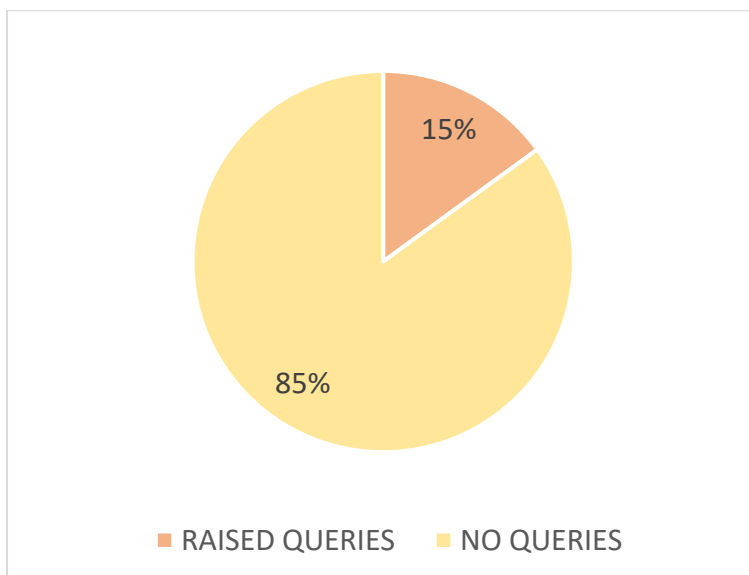
5.Data Analysis and Findings

5.1 The analysis of patient responses revealed the following:

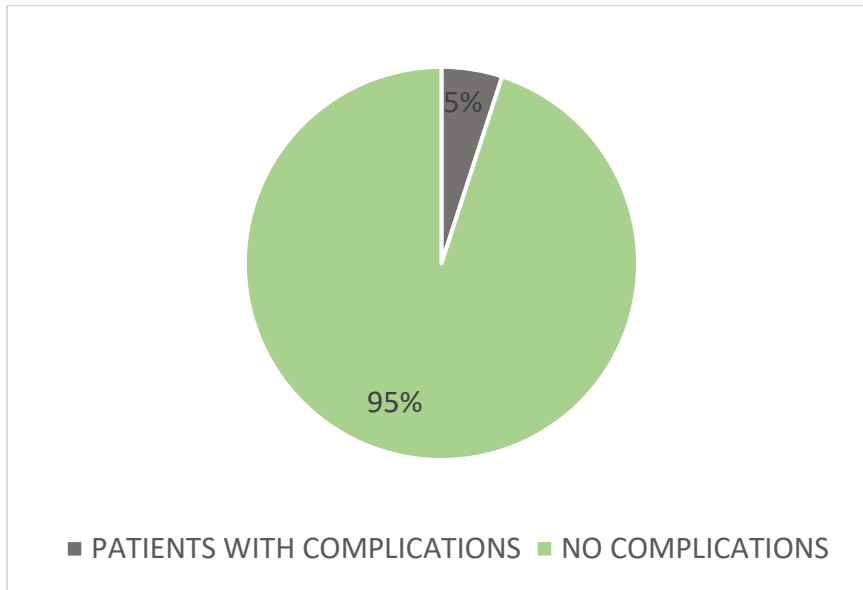
FOLLOW UP APPOINTMENTS



CLINICAL QUERIES



COMPLICATIONS

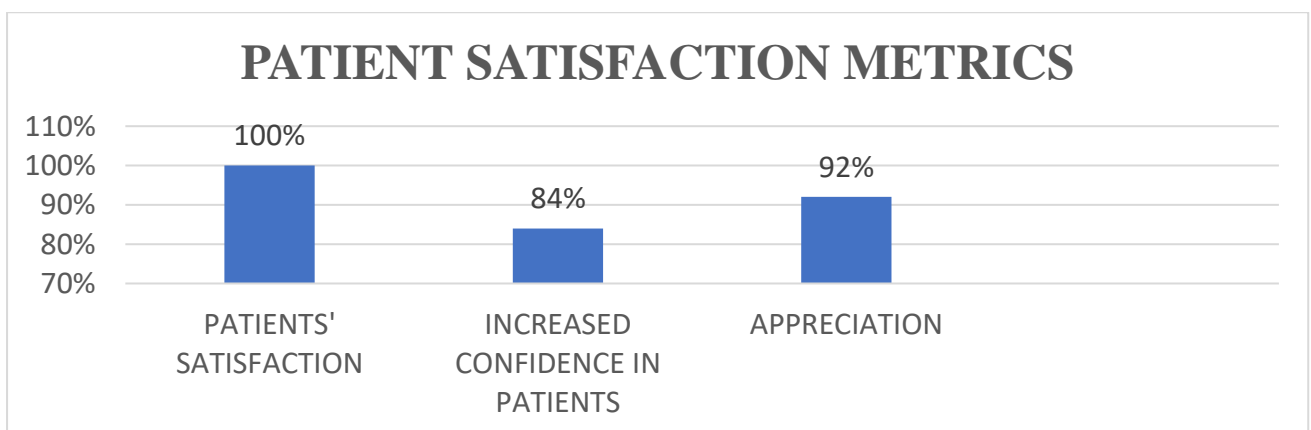


Key Findings

- Follow-up Appointments: While 80% of patients had post-discharge review appointments, 20% did not, indicating a gap in scheduling follow-ups.
- Clinical Queries: 15% of patients had post-discharge doubts, highlighting the need for clearer discharge instructions.
- Complication Rates: 5% of patients experienced post-discharge complications, suggesting that timely follow-up calls could help in early identification and intervention.

5.2 Patient Satisfaction:

- 100% of patients who responded to the follow-up calls reported being satisfied with the interaction.
- This demonstrates the effectiveness of calls in reinforcing patient confidence and care continuity.



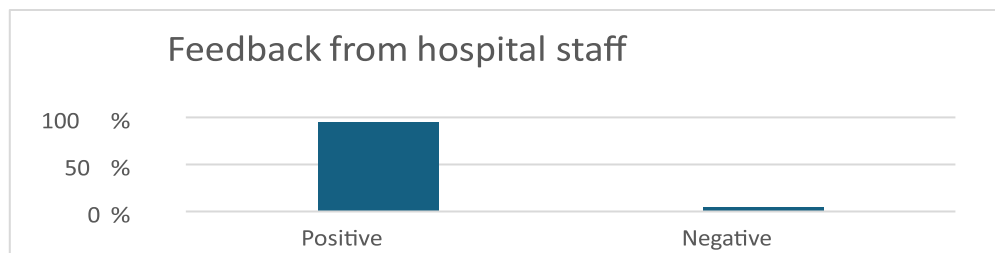
5.3 Hospital Staff Feedback

5.3.1. Positive Feedback:

95% of the hospital staff supported the post-discharge call initiative. They noted improvements in care coordination, patient satisfaction, and the ability to monitor recovery remotely.

5.3.2. Negative Feedback:

5% of staff expressed concerns, mainly around workload, time management, or occasional communication barriers during calls.



6. Discussion

The results confirm that post-discharge calls are essential for ensuring patient adherence to treatment, addressing concerns, and reducing complications. However, challenges such as resource allocation, communication barriers, and ensuring data privacy must be addressed to enhance the effectiveness of follow-up programs.

Hospital staff provided positive feedback, emphasizing that these calls allow them to proactively manage patient health, minimize readmissions, and improve workflow efficiency.

7. Conclusion and Recommendations

7.1 Recommendations

- Standardize the follow-up process to ensure that all discharged patients receive timely calls.
- Enhance patient education during discharge to minimize posthospitalization doubts.
- Use digital tools such as automated reminders to improve adherence to follow-up appointments.
- Train healthcare staff on effective communication techniques for post discharge interactions.

7.2 Conclusion

Post-discharge follow-up calls play a vital role in patient recovery and hospital efficiency. The study highlights that while most patients benefit from scheduled follow-ups, some gaps remain in patient communication and adherence to post-discharge care plans. Addressing these gaps through systematic follow-up strategies can significantly improve patient outcomes.

By implementing these measures, hospitals can further improve patient care and reduce readmission rates, leading to a more efficient healthcare system.

References

1. Hain, D., et al. (2016). “Patient Satisfaction and Post-Discharge Calls: A Longitudinal Study.” *Journal of Nursing Administration*. “PostDischarge Medication Management: A Study of Discharge Instructions.” *Annals of Internal Medicine*.
2. McAlister, F. A., et al. (2004). “The Role of Post-Discharge Follow-Up in Improving Health Outcomes.” *Archives of Internal Medicine*.
3. Kangovi, S., et al. (2017). Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities: A Randomized Clinical Trial. *JAMA Internal Medicine*, 177(9), 1237–1245.
4. Jack, B. W., et al. (2009). A Reengineered Hospital Discharge Program to Decrease Rehospitalization: A Randomized Trial. *Annals of Internal Medicine*, 150(3), 178–187.
5. Bradley, E. H., et al. (2013). Hospital strategies associated with 30-day readmission rates for patients with heart failure. *Circulation: Cardiovascular Quality and Outcomes*, 6(4), 444–450.
6. Kripalani, S., et al. (2007). Promoting effective transitions of care at hospital discharge: A review of key issues for hospitalists. *Journal of Hospital Medicine*, 2(5), 314–323.
7. Marek, K. D., et al. (2013). Medication reconciliation post-discharge: The role of a pharmacist. *Journal of the American Medical Directors Association*, 14(10), 748–753.