Postpartum Follow-Up Phone Calls

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Healthy People 2020 (HP 2020) aims to improve the health and general well-being of mothers and their infants through a variety of measureable health objectives (U.S. Department of Health and Human Services, n.d.). Many obstetric care providers' daily actions support the goals of HP 2020 through their use of education, immunizations, and preventative health actions.

There is an ongoing struggle that exists between care providers who aim to provide exceptional care to their patients while attempting to stay within their agency's pre-set budget. Patients deserve high-quality service while agencies demand lower operating costs and timely discharges.

Currently there is no routine follow-up for mothers discharged from the Mother-Baby Unit at a 700 bed teaching hospital until their recommended six-week postpartum physical exam. Previously conducted studies have demonstrated increased patient satisfaction through the use of a designated discharge coordinator and pre-planned follow-up visits or phone calls that take place in the 1-2 weeks post discharge (Houghton, Bowling, Clarke, Hopkins, & Jones, 1996; Kvist & Persson, 2009). This project aimed to determine if it was possible to increase patient satisfaction and achieve increased patient readiness for discharge in the inpatient mother-baby unit through the implementation of post-discharge follow up phone calls and the use of a designated discharge coordinator.

Follow-up calls were made by the discharging nurse practitioner (NP) to 1200 English & Spanish speaking patients over a six-month period. Eighty-four percent of calls were made within ninety-six hours of discharge from the inpatient unit (n=1008). During the phone calls general well-being questions were asked, discharge medications, self, & baby-care instructions were reviewed and any maternal questions were answered. Breastfeeding support was provided as needed.
Upon completion of data collection it was found that the HP 2020 objectives of safe sleep and breastfeeding were exceeded in the population surveyed. This project indicated that 86% of mothers were breastfeeding at the time of discharge from the Mother-Baby Unit. Of the mothers surveyed during their follow-up call 98% who had initially begun breastfeeding were continuing to breastfeed at the time of the follow-up call. This is significantly higher than the national average of 76.9% and state average of 79.3% (CDC, 2012). Safe sleep habits were reported among 99.9% of patients surveyed. Fewer than 4% of calls required medical intervention by the NP (n=36).

Patient satisfaction trends were measured by comparing Press-Ganey survey data pre & post-intervention. Overall patient satisfaction scores increased by 3.6% (N=1317) on this patient care unit compared to pre-intervention. The patient's readiness for discharge rose 6.6%, supporting literature review articles which explain that patient satisfaction is not determined by length of stay but by quality of time on the unit and the knowledge of post-discharge follow-up and support (Kvist & Persson, 2009).

This project demonstrates that implementation of routine follow-up calls may increase patient satisfaction, increase patient readiness for discharge, and promote achievement of HP 2020 objectives. This project reinforces the importance and efficacy of safe sleep initiatives to eliminate co-sleeping and blankets in infant cribs. The feat of increasing patient satisfaction and supporting the objectives of Healthy People 2020 is a complex and multifaceted project. No one intervention can instantly meet all of these objectives. The follow-up phone call project paired with the use of a designated discharge coordinator suggests there is some improvement in patient satisfaction scores. Continued sustenance of the project and continued monitoring of this data will provide stronger correlation of cause and effect.
References


