Postpartum Follow-Up Phone Calls  
Mother-Baby Care Unit in a 700 Bed Teaching Hospital  
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Introduction
There is an ongoing struggle between care providers who aim to provide exceptional care to their patients and agencies’ demands for lower operating costs and timely discharges. Providing post-discharge follow-up phone calls to postpartum mothers may be a solution to bridge this gap and improve post-discharge health outcomes.

Purpose
Provide post-discharge follow-up calls to new mothers in order to:
1. Decrease patient-based medical errors through review of medication & self-care discharge instructions
2. Increase patient satisfaction
3. Reduce hospital readmission rates through early detection of complications
4. Increase patient readiness for discharge through prescheduled follow-up call
5. Improve overall health outcomes by exceeding Healthy People 2020 (HP2020) safe sleep & breastfeeding objectives

Methods
• Follow-Up phone call made by ARNP to English & Spanish speaking patients 2-3 days post-discharge.
• Mothers surveyed regarding their physical and mental condition, recovery process, reviewed & clarified discharge instructions & medication list, answered self, baby care and breastfeeding questions. Surveyed parents regarding infant condition, care and instructions as appropriate.
• Data collected during survey compiled in spreadsheet to track Healthy People objectives, complications, pain scores, & trends.
• Press-Ganey (PG) survey results used to determine healthcare performance.
• IRB exempt status granted.

Results

<table>
<thead>
<tr>
<th>Results</th>
<th>Number</th>
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<tbody>
<tr>
<td>Calls made to English &amp; Spanish speaking families</td>
<td>100% N=1200</td>
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<tr>
<td>Calls completed within 96 hours post-discharge</td>
<td>84% (1008/1200)</td>
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<td>Calls completed on 1st attempt</td>
<td>65%</td>
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<tr>
<td>Patient readiness for discharge (PG surveys)</td>
<td>↑6.6% (N=1317)</td>
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<tr>
<td>Patient satisfaction (PG surveys)</td>
<td>↑3.6% (N=1317)</td>
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<tr>
<td>Families practicing safe sleep practices</td>
<td>99.9%</td>
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<tr>
<td>Mothers breastfeeding at discharge from this hospital</td>
<td>86% (1032/1200) State average 79.3% National average 76.9% [1]</td>
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<td>Mothers continuing to breastfeed at time of follow-up call</td>
<td>98% (1011/1032)</td>
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<td>Calls requiring ARNP intervention (i.e. prescriptions, medical recommendations or immediate clinic visit)</td>
<td>4% (48/1200)</td>
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<td>Infant with follow-up appointment scheduled with their primary care provider at time of call</td>
<td>99.9% (839/840)</td>
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<tr>
<td>Mothers who had scheduled their 6 week postpartum check at time of call</td>
<td>64% (768/1200)</td>
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<tr>
<td>Patient readmission rate</td>
<td>Data not yet available.</td>
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Evaluation
• Pre & post-intervention PG survey data & readmission rates are compared.
• Phone call data gathered is compared to state and national HP2020 outcomes.

Practice Implications
• Increased patient satisfaction
• Increased patient readiness for discharge promotes earlier discharges and decreases length of stay (lower operating costs)
• Promotes safer sleep for babies
• Promotes continued breastfeeding & supports need for continued inpatient interventions for breastfeeding success

Conclusions
• Cost-benefit analysis demonstrated:
  • Project is cost-effective and sustainable. (i.e. Preventing 3 readmissions per year will cover all program costs).
  • Utilizing RNs instead of ARNPs for project implementation will save over $8400 per year due to lower hourly wages.

Reference