

## ABSTRACT

### The Impact of Telephone Follow-Up Calls on 30-Day Readmissions in Older Adults Post Total Joint Replacement Surgery

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Readmission has been defined as an unplanned return to the hospital shortly after being discharged from a recent hospital stay (Harrison, Hara, Pope, Young, & Rula, 2011). The elderly, consistently have the highest rate of hospital re-admission (Robinson, Howie-Esquivel, & Vlahov, 2012). Discharge telephone follow-up (TFU) calls to patients resulting in the reduction of readmissions leads to hospital savings of approximately \$1.4 million yearly (Harrison et al., 2011). For this project, I explored the healthcare issues of readmission and emergency department/urgent care visits. I investigated the impact of TFU calls by using the Agency for Healthcare Research and Quality's (AHRQ) RE-Engineered Discharge (RED) Toolkit on 30-day readmissions and emergency department (ED) visits in older adult patients post total joint replacement surgery. I implemented this clinical scholarly project on the orthopedic floor of San Antonio Regional Hospital, a 271-bed medical center located in Southern California. There was no statistically significant association between successful TFU calls and hospital readmission rate ( $p = .999$ ). There was, however, a statistically significant relationship between successful TFU call made and ED/urgent care facility visit rates ( $p < .001$ ,  $\phi = 0.638$ ,  $p = .023$ ). An increase in patient-provider communication, patient self-care knowledge, and hospital care satisfactory was also noted.

*Keywords:* readmission, hospital, ED, telephone, follow-up, AHRQ, red toolkit, orthopedic, joint replacement