

Telephone Calls Postdischarge From Hospital to Home: A Literature Review

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The oncology population is particularly affected by hospital readmissions because hospitalized patients with cancer often have complex needs. The complexity and diversity of care requirements create substantial challenges in planning for appropriate postdischarge support. Implementing postdischarge telephone calls in the population of patients with cancer could offer a low-cost intervention to address the complex needs of patients during the transition from hospital to home. The goal of the current literature review is to provide an understanding about postdischarge telephone calls in patients with cancer. Findings from this review support the notion that discharge phone calls could improve care continuity for patients transitioning from hospital to home. The literature review outlines information related to telephone call content, timing, and structure for healthcare systems that want to use a postdischarge telephone intervention for patients with cancer. However, additional research is needed to develop and test cancer-specific protocols.

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Key words: telephone follow-up; literature review; postdischarge; hospital readmission; supportive care

Digital Object Identifier: 10.1188/14.CJON.18-01AP

With decreasing reimbursement and penalties for 30-day readmissions that particularly affect Medicare patients, healthcare systems worry that they will have to absorb unsustainable costs (Hansen, Young, Hinami, Leung, & Williams, 2011). In response, many hospitals are trying to identify low-cost solutions to minimize 30-day readmissions. The complexity of the discharge process coupled with patients' stress about leaving the hospital as soon as possible causes a higher likelihood of readmission. Nurses, pharmacists, social workers, and other healthcare providers work to give patients all of the information they need before leaving the hospital. However, patients often remain underinformed, problems arise, and they are then readmitted. Readmissions have been linked to poor communication, failure to coordinate and reconcile medications, lack of postdischarge follow-up, and poor planning for care transitions (Berenson, Paulus, & Kalman, 2012; Harrison, Hara, Pope, Young, & Rula, 2011). With the current focus on preventing readmissions, healthcare providers are trying to identify strategies to support patients during the postdischarge period.

Patients with cancer are particularly affected by readmissions because they require inpatient care more often than other patients and have complex needs (e.g., medication, symptom management). The complexity and diversity of care requirements create substantial challenges in planning for appropriate postdischarge support (Mistiaen & Poot, 2006). Implementing postdischarge telephone calls for patients with cancer could serve as a low-cost intervention to address their complex needs during the transition from hospital to home. Although telephone follow-up offers a low-cost strategy to reduce readmissions, the intervention involves many factors (e.g., number of calls, timing, call content). For the current article, the authors conducted a comprehensive review of literature to help understand what is known about follow-up telephone calls in patients with cancer discharged from hospital to home.

Telephone Follow-Up

The literature search strategy included a bifurcated approach to identify a broad range of pertinent publications