



**Objective :**

- Analyze the effectiveness of rapid PCP follow-up within 7 business days of discharge from the Inpatient Rehab Facility (IRF) at the University of Kansas Medical Center (KUMC) in reducing readmission rates for all diagnoses.

**Background:**

- The Centers for Medicare and Medicaid Services began to reduce payments to qualifying hospitals for 30-day readmission rates that were higher than predicted for specific diagnoses in 2012.
- This process was broadened to include skilled nursing facilities in 2018.
- It is reasonable to assume future expansion will include acute inpatient rehabilitation facilities.
- Sherwood *et al.* (2018) demonstrated that rapid PCP follow-up within 7 business days of discharge lowers 30-day readmission rates for patients admitted to IRF with a primary diagnosis of debility.

**Methods:**

- A prospective cohort study was conducted at the KUMC's IRF from February 1, 2020 to March 15, 2020.
- A protected ledger was created to record patient MRN, discharge date, PCP follow-up date, and re-admission within 30 days of discharge.
- For patients within the KUMC system, a post-discharge follow-up order was placed via the electronic medical record prior to discharge.
- For patients outside the KUMC system, the resident caring for the patient attempted to schedule follow-up via phone call.

**Results:**

- Of the 92 patients included in analysis, 40 patients had PCP follow-up within 7 days of discharge while 52 patients did not (Figure 1).
- 5% of patients with rapid PCP follow-up within 7 days and 5.8% of patients without rapid PCP follow-up were readmitted to the hospital within 30 days of discharge (Figure 2).

**Conclusion:**

- Adoption of rapid PCP follow-up within 7 business days of discharge may reduce 30-day readmission rates for all patients.
- Significant barriers to scheduling PCP follow-up appointments exist.
- The current PDSA cycle involves use of a decision-making tree (Figure 3) during team conference to help increase adherence to PCP follow-up scheduling.

**Reducing Readmissions: Primary Care Follow-up Appointments after Acute Inpatient Rehabilitation**

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**Adoption of rapid PCP follow-up within 7 business days of discharge may lower 30-day readmission rates at KUMC IRF. However, considerable barriers remain in routinely securing these appointments. Future endeavors should seek to address these barriers.**



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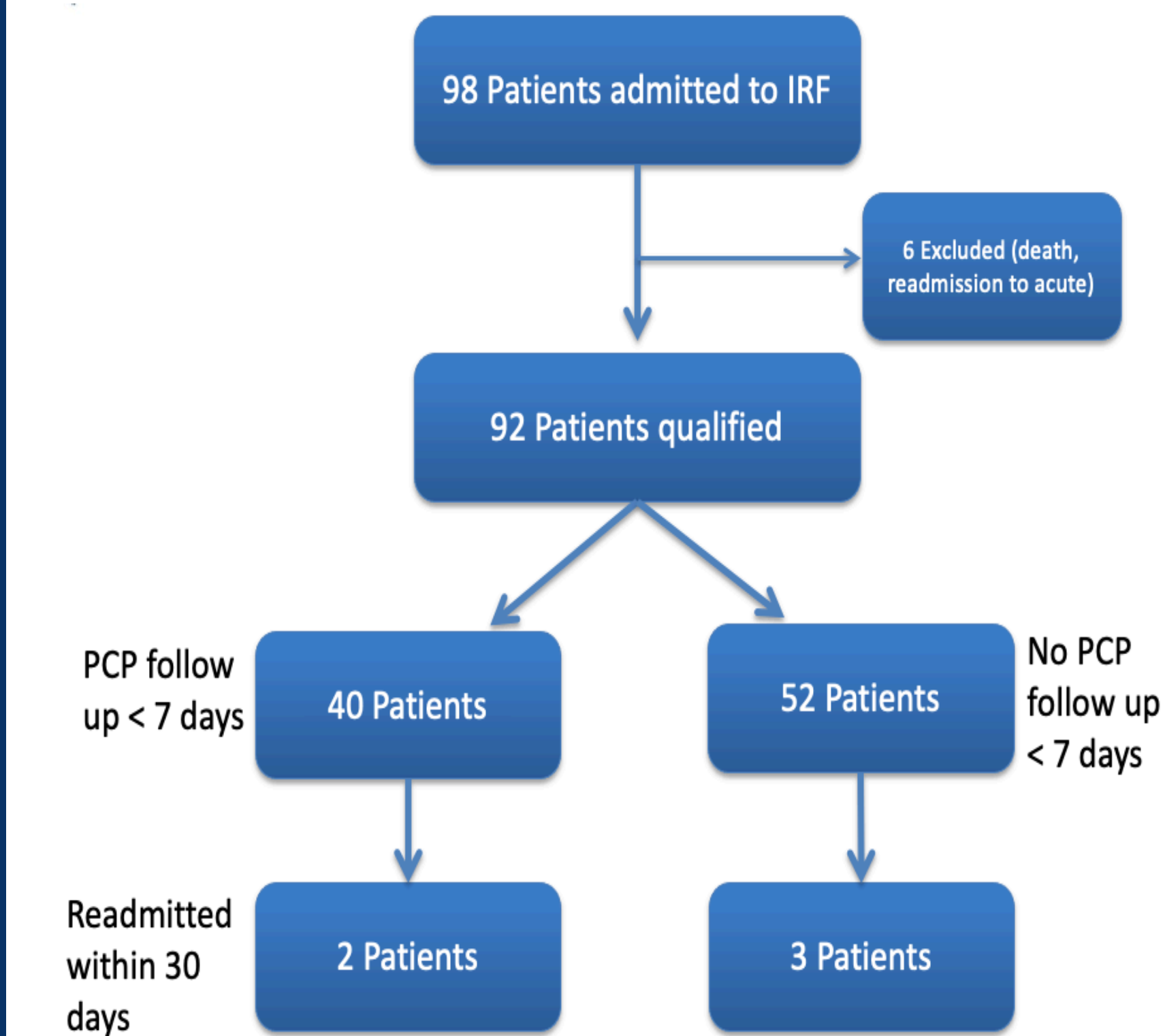


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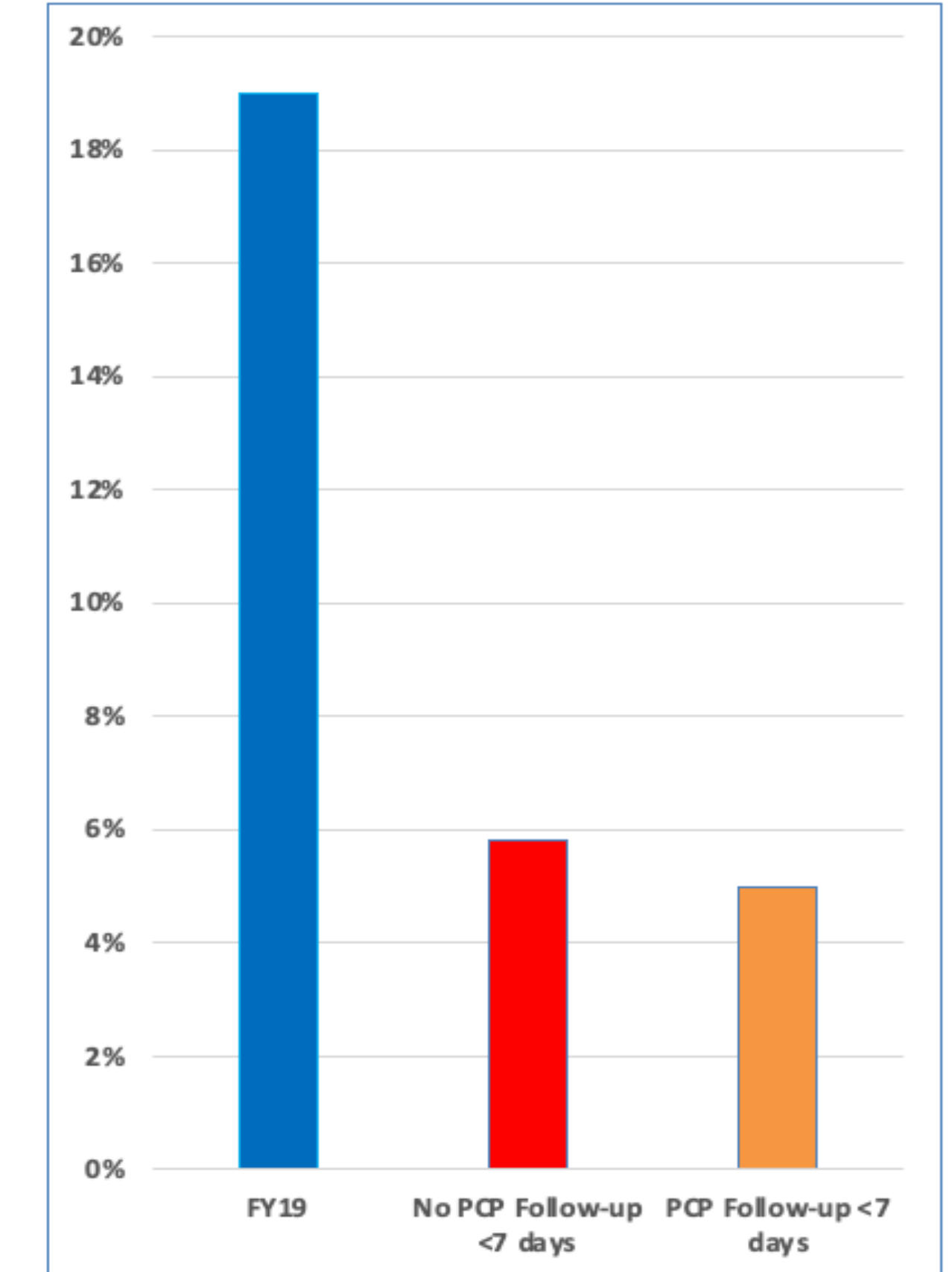


**Figures:**

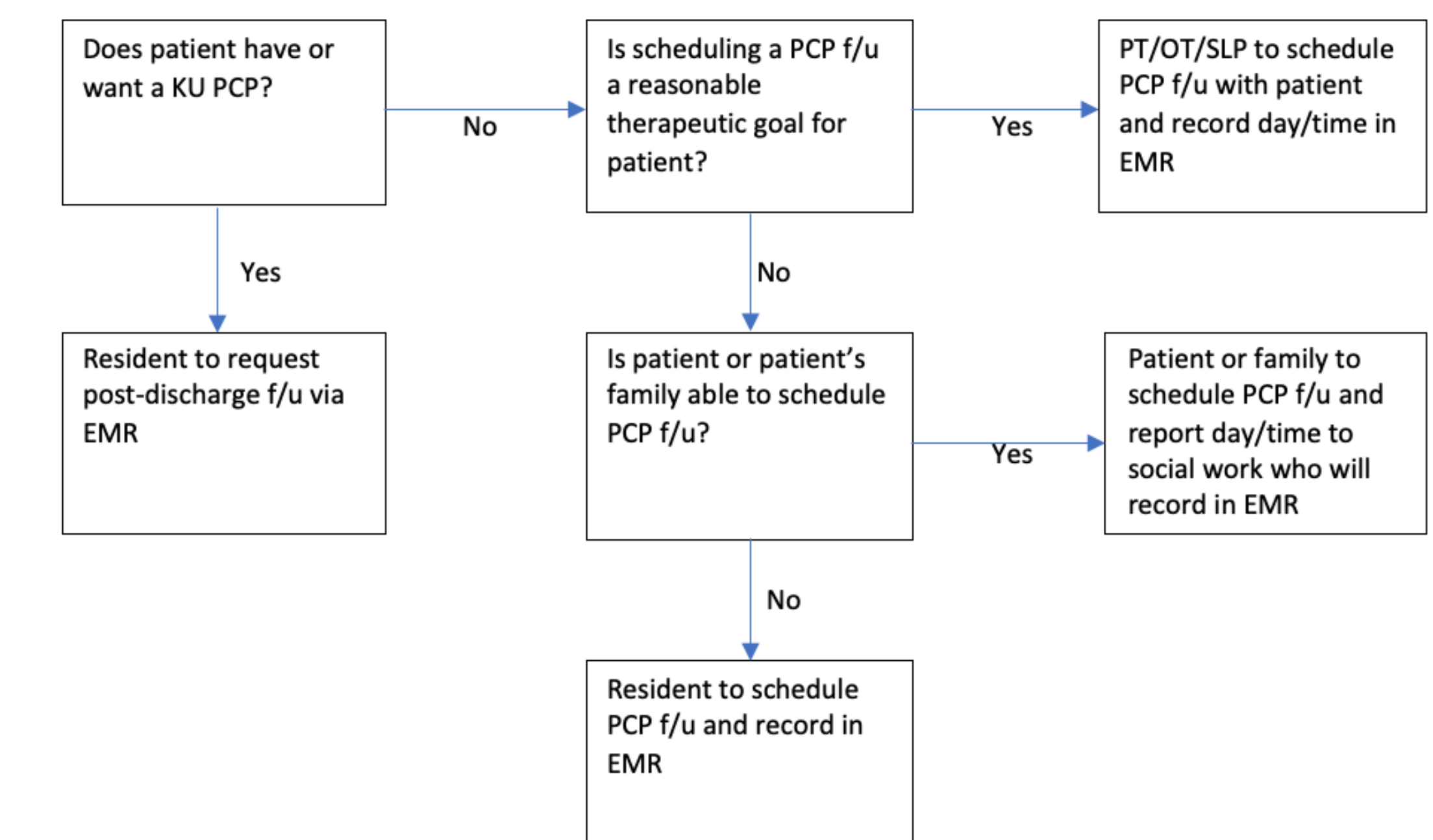
**Figure 1: Inclusion-Exclusion**



**Figure 2: Percent of Patients Readmitted in 30 days**



**Figure 3: Team Conference Decision-making Tree**



**References**

- Sherwood D, Gill B, Schirmer D, Arickx A, Shu C, Jackson A, Eickmeyer S. The race for readmission reduction: Primary care follow-ups reduce debility readmissions after acute inpatient rehabilitation. *J Int Soc Phys Rehabil Med* 2020;3:121-5
- Brooke, B. S., Stone, D. H., Cronenwett, J. L., Nolan, B., DeMartino, R. R., MacKenzie, T. A., ... Goodney, P. P. (2014). Early Primary Care Provider Follow-up and Readmission After High-Risk Surgery. *JAMA Surgery*, 149(8), 821.