

**Troubleshooting Barriers to Clinical Follow-up:
A Post-Discharge Phone Call Intervention**

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Purpose: Many trauma patients do not attend scheduled outpatient appointments. Non-adherence to recommendations is associated with complications and poor outcomes, dissatisfaction, and higher costs. We initiated an intervention, consisting of a telephone call to trauma patients within 3-5 days of discharge, to answer questions and to facilitate clinic appointments. We hypothesized this would promote better attendance and greater patient and provider satisfaction.

Methods: We included 159 adult patients over 8 consecutive weeks with hospital stay >3 days. A control group of 365 similar patients discharged over the same period of time during the preceding year did not receive the intervention. Demographic and injury data and subsequent disposition were evaluated.

Results: The study group had 119 men (75%) and mean age 39.6 years (range, 18-69). Mechanisms included motor vehicle collision (26%), fall (21%), motorcycle crash (19%), and gunshot (16%). 18% were discharged home, and 57% lived within 20 miles. Our control group was evenly matched for age, gender, mechanism, spectrum of injury, and social history. One-third of intervention patients were contacted directly by phone, while 28% received a voice mail due to no person answering, and 38% could not be reached. 80% of intervention patients with appointments attended the visit versus 55% of control patients ($P < 0.0001$). Attendance at clinic visits was not related to age, gender, mechanism of injury, employment status, or hospital distance. Patients in a skilled facility were more likely to follow up (88% vs 77%, $P < 0.0001$). 49% had a positive toxicology screen on presentation. Patients with a negative screen were more likely to follow up (84% vs 75%, NS).

Conclusion: A simple telephone intervention improved follow-up rates. Hospital distance did not impact subsequent care, although patients discharged home were less likely to return. Risk factors to poor adherence require further exploration and could identify patient profiles that benefit from more support. In addition, this study has implications for appropriate system utilization, reduction of recidivism, and better outcomes, which can be found with additional programs and services for trauma patients, such as a discharge phone call, phone coaching, or other recovery programs.