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TELEPHONED, TEXTED, OR TYPED OUT: A RANDOMIZED TRIAL OF PHYSICIAN–PATIENT COMMUNICATION AFTER EMERGENCY DEPARTMENT DISCHARGE

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Abstract—Background: Novel means of emergency department (ED) post-discharge communication—telephone callbacks and text messages—are increasingly being utilized to facilitate patient-oriented outcomes, such as ED revisits, patient adherence, and satisfaction. **Objective:** The primary measure of interest is the rate of ED revisits in the week after discharge. The secondary measures of interests are rate of primary medical doctor (PMD) or specialist physician contact in the week after discharge and patient satisfaction. **Methods:** Pilot randomized controlled trial with three groups: usual discharge; usual care + phone call 48 h after discharge asking if patients wanted to speak with a physician; or usual care + text message 48 h after discharge asking if patients wanted to speak with a physician. All participants received a 1-week assessment of patient satisfaction. ED revisit and contact with PMD or specialist physician within 7 days of discharge were obtained from electronic medical record and analyzed using χ^2 test. **Results:** Two hundred and fifty-one patients were enrolled and randomized (66 control,

103 phone, 82 text). Although the three groups did not show a statistically significant difference, the phone and text groups had similar and lower proportions of patients revisiting the ED (>50% reduction) and calling or visiting their PMD or specialist physician (approximately 30% reduction) than the control group ($\chi^2 = 4.57$, degrees of freedom [df] = 2, $p = 0.10$; $\chi^2 = 1.36$, df = 2, $p = 0.51$). There was no difference in patient satisfaction ($\chi^2 = 2.88$, df = 2, $p = 0.24$). **Conclusions:** Patients who are contacted for ED follow-up by phone and text, though perhaps not more satisfied, may tend to revisit the ED and contact their PMD or specialty physician less often than patients receiving standard written discharge instructions. However, this pilot study is underpowered, so larger randomized studies are needed to confirm. © 2018 Elsevier Inc. All rights reserved.

Keywords—communication; discharged patients; patient satisfaction; randomized controlled trial; emergency department follow-up; telephone contact; text message contact

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INTRODUCTION

Novel means of post-discharge communication, including telephone callbacks, are increasingly being utilized to increase satisfaction with emergency department (ED) visits

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(1–3). However, prior studies that have shown that callbacks improve patient satisfaction have suffered from selection bias, as physicians either called back a self-selected subset of patients or only included those who returned a satisfaction survey (1–3). A pilot randomized controlled trial is needed to see if improvements in patient satisfaction are significant when patients are randomized.

In addition, callbacks may have other benefits. In particular, telephone callbacks after ED visits have resulted in improved compliance with primary medical doctor (PMD) follow-up in both the adult and pediatric populations (4–8). Presumably, these telephone callbacks allow patients to have additional questions answered that may not have come to their mind when in the ED, with almost 50% of patients requesting clarification about their discharge instructions during the telephone callback (9). If so, callbacks may prevent return visits to the ED because of improved compliance or adherence to discharge instructions.

Although never compared directly with telephone calls, texting is another modality that has been utilized to communicate with discharged ED patients and could potentially be an equally effective and more efficient method of ED follow-up (10,11).

The feasibility and effectiveness of these novel approaches in facilitating communication with patients following discharge from the ED have not been studied in a randomized fashion. The goal of this pilot study was to compare telephone versus text in contacting ED patients after discharge, particularly in comparing the effects of these methods of contact on patient-oriented outcomes, such as returns to the ED, follow-up with the PMD, and patient satisfaction.

MATERIALS AND METHODS

Study Design

This is a pilot feasibility study at a single site utilizing a randomized controlled trial design with three groups: discharge as usual, phone call after discharge, or text messaging after discharge. The study was approved by the local Institutional Review Board and written informed consent was obtained from all participants before randomization. As this study did not meet requirements for registration on ClinicalTrials.gov, it was not registered in advance, as it is not a trial of drugs and biologics or of devices (12).

Study Setting and Population

The study was conducted from August 26, 2015 to December 15, 2015 in the ED of a university hospital system in an urban setting with a census of approximately 50,000 patient visits per year.

Study Methods

ED research assistants (RAs), formally trained before the start of the study, identified patients to approach by locating patients who were flagged for discharge to home from the ED. RAs attempted to approach all discharged patients in their assigned ED beds from 8 AM to 8 PM Monday through Friday, excluding national or school holidays. RAs used a standardized script in their interactions with patients. RAs had a research cell phone they carried with them to test call and test text each patient during the enrollment process. Patients had to acknowledge receipt of both the test call and test text before completing enrollment. Patient inclusion and exclusion criteria are listed in [Figure 1](#).

After obtaining informed consent, patients were randomized 1:1:1 to one of three study arms using a web-based randomizer (13). All patients received a 1-week assessment phone call and usual discharge care, which at the study site ED includes a printed copy of discharge instructions typed by the ED provider, relevant diagnosis-specific information, follow-up information, contact phone number for the ED, and return precautions. In the control arm (C), patients received only the standard of care printed discharge instructions and any verbal instructions provided by nursing staff as part of discharge. In the phone call arm (P), patients received usual standard-of-care printed discharge instructions and a phone call from the RAs within 24 h after discharge. If the patient did not respond to the first call, he or she was called once more at 24–48 h. No voicemails were left at any time. A participant in the phone group was considered a “successful contact” if he or she picked up the phone and responded to the question (regardless of whether the response was “yes” or “no”). In the text arm (T), the patient received standard of care printed discharge instructions before discharge and a text message within 48 h after discharge. A participant in the text group was considered a “successful contact” if a response was texted back within 48 h (regardless of whether the response as “yes” or “no”). See [Figure 1](#) for details on study flow.

The 1-week assessment phone call for patient satisfaction was completed by an RA, using a standardized script, once at 6 days after the index visit and again on the seventh and eighth days if the participant did not respond on the prior days. No voicemails were left at any time. In an effort to obtain more responses to the patient satisfaction survey, all participants who had not responded to the call on day 8 received up to two more phone calls up to 2 months after their index visit; no voicemails were left at any time. A participant was considered a “successful contact” if he or she responded to the call and completed the survey at any time. The patient satisfaction survey

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