

Postdischarge

Follow-up



Cliff Enright, *Starburst*

Postdischarge Follow-up Call Recommendations for Case Managers

General Information—Preparing for the Call

Both the National Transitions of Care Coalition (NTOCC) Seven Essential Interventions and the Agency for Healthcare Research and Quality (AHRQ) Re-Engineered Discharge (RED) Toolkit recommend follow-up phone calls to patients who have been treated for a venous thromboembolism (VTE), which can help identify and address potential questions or problems arising after discharge.^{1,2}

You may want to review some general information prior to your call such as the patient's name, phone number, case number, primary and secondary diagnoses, any procedures performed, and all relevant clinical information including medications.^{1,2}

You should note the length of stay and patient disposition (to home or rehabilitation facility). This information should be gathered in collaboration with the hospital discharge planner as the patient moves to the next setting of care.²

It can also be useful to have the name and contact information for the following²:

- Primary care physician and/or specialist
- Discharging hospital
- Retail pharmacy
- Long-term or post-acute care facility (if applicable)
- Home health care agency (if applicable)
- Durable medical equipment agency (if applicable)

Making the Call

The NTOCC Seven Essential Interventions and AHRQ RED Toolkit recommend an initial follow-up phone call be made within 48 to 72 hours after the patient has been discharged home.^{1,2}

The questions below may be useful as conversation starters. However, some of these suggested questions also may be asked again during subsequent medication adherence calls.

- How is your recovery proceeding?
- Have you filled your prescriptions?
- Are you receiving the assistance you need?
- When is your follow-up appointment with your primary care physician or specialist?

Medication Adherence

After these general questions, you have an opportunity to discuss patient adherence to medications.^{1,2}

- Review each medicine's purpose, how to take each medicine correctly, and note important side effects the patient/caregiver should be aware of
- Be sure patient has a realistic plan to secure the needed medications and all refills
- Assess any concerns about the medicine plan the patient or caregiver may have about the medications

Treatment

The American College of Chest Physicians (ACCP) Evidence-Based Clinical Practice Guidelines recommend anticoagulation medications for the treatment of venous thromboembolism (VTE) and to reduce the risk of recurrence.³

- Remind the patient of the risk for recurrent VTE and the importance of taking medications as prescribed⁴

Tailor your discussion to the prescribed treatment.

- Ensure that the patient is aware of the refill date of his or her medication if the entire course was not dispensed
- If parenteral drugs are part of the treatment regimen, ask the patient if he/she is comfortable with self-injection and is performing it as directed
- If warfarin is being used, ask about whether prothrombin time (PT) and international normalized ratio (INR) monitoring are being done
- For any treatment, including anticoagulants, ask patients or caregivers if they are monitoring for known treatment-related adverse events as directed

Ongoing Follow-up

Call the patient at regular intervals for the duration of treatment for VTE to help ensure patient adherence with medication.¹

During one of the final calls, explain that the patient's physician may want to reevaluate him/her after 3 months to determine if anticoagulation is still required to help prevent a potential recurrence of VTE.

**You are encouraged to report adverse events of prescription drugs to the FDA.
Visit www.fda.gov/Safety/MedWatch, or call 1-800-FDA-1088.^{5,6}**

References

1. National Transitions of Care Coalition. Care transition bundle: seven essential intervention categories. https://ntocc.d2zqlwde-liquidwebsites.com/wp-content/uploads/2020/04/NTOCC_7-Essential-Interventions.pdf. Accessed July 2, 2020. 2. Tool 3: How to deliver the Re-Engineered Discharge at your hospital. Agency for Healthcare Research and Quality; Rockville, MD: March 2013. <http://www.ahrq.gov/professionals/systems/hospital/red/toolkit/redtool3.html>. Accessed July 2, 2020. 3. Kearon C, Akl EA, Ornelas J, et al. Antithrombotic therapy for VTE disease. CHEST guideline and expert panel report. *CHEST*. 2016;149(2):315-352. 4. Prandoni P, Noventa F, Ghirarduzzi A, et al. The risk of recurrent venous thromboembolism after discontinuing anticoagulation in patients with acute proximal deep vein thrombosis or pulmonary embolism. A prospective cohort study in 1,626 patients. *Haematologica*. 2007;92(2):199-205. 5. Safety: product problems. US Food and Drug Administration website. <http://www.fda.gov/safety/medwatch/howtoreport/ucm053091.htm>. Updated August 11, 2016. Accessed July 2, 2020. 6. Safety: reporting by health professionals. US Food and Drug Administration website. <http://www.fda.gov/safety/medwatch/howtoreport/ucm085568.htm>. Updated March 25, 2016. Accessed July 2, 2020.