



The aim of the paper is to analyze source dealing with telephone follow-up calls. Moreover, it is necessary to determine effectiveness of intervention in reducing the readmissions rates and improving patients' outcomes.

Criteria	Article 1	Article 2
Author, Journal (Peer-Reviewed), and Permalink or Working Link to Access Article	G. Brent Hamar, Carter Coberley, James E. Pope, Andrew Cottrill, Scott Verrall, Shaun Larkin, Elizabeth Y. Rula. <i>Australian Health Review</i> . https://www.publish.csiro.au/ah/pdf/AH16059	Marie Lavesen, Steen Ladelund, Addie J. Frederiksen, Bjarne O. Lindhardt, Dorthe Overgaard. <i>Danish Medical Journal</i> . https://ugeskriftet.dk/files/scientific_article_files/11/a5276.pdf
Article Title and Year Published	"Effect of Post-Hospital Discharge Telephonic Intervention on Hospital Readmissions in A Privately Insured Population in Australia." 2018.	"Nurse-Initiated Telephone Follow-Up on Patient with Chronic Obstructive Pulmonary Disease Improves Patient Empowerment, But Cannot Prevent Readmissions." 2016.
Research Questions (Qualitative)/Hypothesis (Quantitative), and Purposes/Aim of Study	The hypothesis was that patients in My Health Guardian (MHG) program who received prompt follow-up calls post-discharge would have a lower risk of readmissions in the first 28 days after discharge in comparison to members of the MHG who were not included in the hospital discharge (HODI) calls. The purpose of the study was to determine the effect of telephone-based support to patients after being discharged in reducing rates of early readmissions.	The research question was not explicit but can be inferred from the aim of the study, which was to test whether post-discharge follow-up calls could reduce readmissions and mortality rates, and improve management of illness for chronic obstructive pulmonary disease (COPD) patients.
Design (Type of Quantitative, or Type of Qualitative)	It was a cohort study employing the quasi-experimental retrospective design.	The study was a randomized controlled trial.
Setting/Sample	The sample consisted of MHG patients with chronic diseases who had been discharged and participated in the HODI call program and a control group of nonparticipating MHG members.	The sample size was 224 people, and they were recruited by either a primary investigator or Department of Pulmonary and Infectious Diseases from a University hospital in Denmark.

<p>Methods: Intervention/Instruments</p>	<p>The treatment group was subjected to HODI follow-up calls as soon as possible after discharge, while the control group was not subjected to similar treatment. Rate of readmission was assessed as any hospitalization occurring between days 1 and 28 since release.</p>	<p>It entailed a nurse-initiated post-discharge telephone based intervention. After 30 days, participants were required to fill questionnaires detailing their health status and views about disease management. At days 30 and 84, recording of readmissions and deaths was done.</p>
<p>Analysis</p>	<p>Data were analyzed using independent sample t-tests, Fisher's exact statistical testing, and Chi-squared tests. The intervention effect on readmissions was estimated using the Zero-inflated negative binomial (ZINB) multivariate models</p>	<p>Analysis entailed presenting the continuous data in means and standard deviations, while discrete data were presented as percentages and counts. Chi-square test and Fisher's exact test were used to compare the test and control group outcomes.</p>
<p>Key Findings</p>	<p>The test group had a 29% lower readmissions incidence within the first 28 days with 25% lower odds as compared to the control</p>	<p>No significant drop in readmissions was noted, but there was a significantly positive assessment of disease management, including dyspnea and lung problems and prompt detection and communication of exacerbation to healthcare providers. Higher mortality was noted in the control group, but it was not significant.</p>
<p>Recommendations</p>	<p>Recommendations for future studies included the inclusion of cost analysis to compare the study intervention with hospital routine post-discharge care in regard to savings.</p>	<p>Authors recommend finding ways of selecting and differentiating among types of follow-up to be used</p>
<p>Explanation of How the Article Supports EBP/Capstone Project</p>	<p>This article provides sufficient evidence to support the argument that post-discharge telephone follow-ups effectively decrease readmission rates. Therefore, it confirms the PICO question and is ideal for the capstone project.</p>	<p>Although the article does not directly support the argument that telephone follow-ups reduce the rate of readmissions, it shows positive outcomes in patient disease management and ability to discuss exacerbations with the healthcare professionals, which could indirectly reduce readmissions.</p>

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<p>Author, Journal (Peer-Reviewed), and Permalink or Working Link to Access Article</p>	<p>Ebony Lewis, Sarah Samperi, Christopher Boyd-Skinner. <i>Age and Ageing</i>. https://web-a-ebSCOhost-com.ezproxy.snhu.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=bbf9fb64-1aeb-4289-8612-d2ecc90849d3%40sdc-v-sessmgr01</p>	<p>Mochuan Chen, Pihong I. <i>Adherence</i>. https://web-a-com.ezproxy.snhu.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=bbf9fb64-1aeb-4289-8612-d2ecc90849d3%40sdc-v-sessmgr01</p>
<p>Article Title and Year Published</p>	<p>“Telephone Follow-Up Calls for Older Patients After Hospital Discharge.” 2017.</p>	<p>“Influence of Structured Telephone Calls on Rehabilitation After Hospital Discharge.” 2017.</p>
<p>Research Questions (Qualitative)/Hypothesis (Quantitative), and Purposes/Aim of Study</p>	<p>There was no explicit research question or hypothesis, but the aim of the study was clearly stated, which was to report on the benefits of post-discharge telephone follow-ups for older adults, with a focus on duration, optimal time intervals, content, and multidisciplinary involvement in the process.</p>	<p>A research question or hypothesis is clearly stated. The aim is clearly stated. The structured telephone calls were used to provide recommendations for home care.</p>
<p>Design (Type of Quantitative, or Type of Qualitative)</p>	<p>A qualitative phenomenological study designed to assess patient post-discharge experiences with telephone follow-ups</p>	<p>It was a pilot, randomized controlled trial.</p>
<p>Setting/Sample</p>	<p>The sample consisted of older people who had been admitted to hospital for acute reasons</p>	<p>208 KTA patients participated in the study or control group in a ratio of 1:1.</p>
<p>Methods: Intervention/Instruments</p>	<p>The study entailed structured telephone calls to patients three months since discharge following an acute admission. The patients or their relatives were presented with five questions, with the call lasting 6 minutes on average</p>	<p>The participants in the intervention group received structured telephone calls following discharge, which focused on health care. The research measured depression, and quality of life with inter and intragroup comparisons at three months since discharge.</p>
<p>Analysis</p>	<p>No specific analysis process appears in the article, probably since this is a qualitative study.</p>	<p>Statistical analysis was done using analysis of variance (ANOVA) comparing the groups being investigated.</p>

Key Findings	<p>Most patients and/or their loved ones expressed a lack of awareness of the existence of various forms of professional support and expressed gratitude for the telephone calls. The follow-up provided a chance for them to expose their concerns and also learn about existing support structures. The study found various potential benefits of telephone follow-ups, including a reduction in readmissions, identification of multiple needs of patients after discharge, and lowering mortality by decreasing levels of loneliness and social isolation that often lead to negative health outcomes.</p>	<p>The sociodemographic characteristics of the study population present major differences from the control group. The study group had a higher mean of home-exercise activities as compared to the control group. The study group also demonstrated a higher level of physical activity, range of motion and mental health.</p>
Recommendations	<p>The authors recommend nurses to offer guidance and information to patients in the days following discharge. They also propose follow-up calls to assess the success of measures taken to help patients after release, in addition to providing social and emotional support.</p>	<p>The authors do not make any specific recommendations that structured telephone calls would improve adherence to home exercise programs or enhance range of motion.</p>
Explanation of How the Article Supports EBP/Capstone	<p>The findings are relevant to the capstone project since they highlight the effectiveness of post-discharge telephone calls in reducing readmissions.</p>	<p>The article provides evidence that structured telephone calls improve adherence to home exercise programs and enhance range of motion. This supports the PICOT question and the hypothesis.</p>

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