

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. Frederi Bjarne O. Lindhardt, Dorthe Overgaard. <i>Danish</i> <i>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 Prev 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 t whether post-discharge follow-up calls could redu 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 Disease from a University hospital in Denmark.

Methods: Intervention/Instruments	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.	It entailed a nurse-initiat based intervention. After required to fill questionn status and views about d 30 and 84, recording of 1 done.	ed post-discharge telephor r 30 days, participants we naires detailing their healt isease management. At de readmissions and deaths w
Analysis	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	Analysis entailed presen means and standard days were presented as percen test and Fisher's exact te test and control group or	the continuous data is ations, while discrete data ages and counts. Chi-squest were used to compare to atcomes.
Key Findings	The test group had a 29% lower readmissions incidence within the first 28 days with 25% lower odds as compared to the control	No sign that drop in readmissions was noted, but there was a significantly positive assessment of di- repagement, including dyspnea and lung problem and prompt detection and communication of exacerbation to healthcare providers. Higher mort was noted in the control group, but it was not significant.	
Recommendations	Recommendations for future studies included the inclusion of cost analysis to compare the study intervention with hospital roughe post- discharge care in legard to savings.	Authors recommend finding ways of selecting and differentiating among types of follow-up to be use	
Explanation of How the Article Supports EBP/Capstone Project	This article provide sufficient evidence to support the argument that post-discharge telephone follow-ups effectively decrease readmission rates. Therefore, it confirms the PCCO question and is ideal for the capstone project.	Although the article does not directly support the argument that telephone follow-ups reduce the rat readmissions, it shows positive outcomes in patien disease management and ability to discuss exacerbations with the healthcare professionals, w could indirectly reduce readmissions.	
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Criteria	Article 5		

Author, Journal (Peer- Reviewed), and Permalink or Working Link to Access Article	Ebony Lewis, Sarah Samperi, Christopher Boyd-Skinner. <i>Age and</i> <i>Ageing</i> . <u>https://web-a-ebscohost-</u> com.ezproxy.snhu.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=bbf9fb64- 1aeb-4289-8612-d2ecc90849d3%40sdc-v-sessmgr01	Mochuan Chen, Pihong I Adherence. <u>https://web-a</u> com.ezproxy.snhu.edu/el e185-4cdd-83c5-212617
Article Title and Year Published	"Telephone Follow-Up Calls for Older Patients After Hospital Discharge." 2017.	Influence of Structured wr Rehabilitation After
Research Questions (Qualitative)/Hypothesis (Quantitative), and Purposes/Aim of Study	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 multidisciple ary involvement in the process.	A research question or hy aim is clearly stated. The structured telephone calls recommendations for hor
Design (Type of Quantitative, or Type of Qualitative)	A qualitative phenomenological study designed to assess patient post- discharge experiences with telephone is now-ups	It was a pilot, randomize
Setting/Sample	The sample consisted of other coplet who had been admitted to hospital for acute reasons	208 KTA patients partici or control group in a ratio
Methods: Intervention/Instruments	The study entailed structured telephone calls to patients three months since discusse following an acute admission. The patients or their relatives werepresented with five questions, with the call lasting 6 minutes on average	The participants in the in following discharge, whi health care. The research depression, and quality o with inter and intragroup months since discharge.
Analysis	o specific analysis process appears in the article, probably since this is a qualitative study.	Statistical analysis was d analysis of variance (AN the groups being investig
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Key Findings	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.	The sociodemographic cl present major differences a higher mean of home-e healthy activities as com- group also demonstrated of motion and mental hea
Recommendations	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.	The authors do not make that structured telephone of adherence to home ex- enhanced range of motio
Explanation of How the Article Supports EBP/Capstone	The findings are relevant to the capstone project since they highlight the effectiveness of post-discharge telephone calls in reducing readmissions.	The article provides evid the health outcomes after the PICOT question and