

TFU
ents

ing
rates.
and
the

face
with



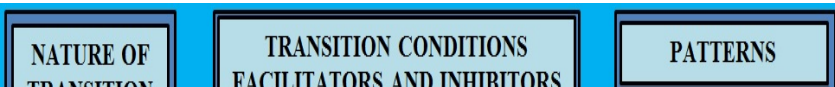
Figure 2. Pretest and posttest design.

- Two adult medicine units with similar baseline TFU reach rates were selected as the intervention and comparison units.
- Convenience sampling technique was employed.
- Reach rates were calculated after 54 study site visits.
- Descriptive and nonparametric statistics were employed to explain project outcomes.
- Utilized RedCap, Excel, and IBM SPSS version 22.
- The project was approved by the IRB as a non-human subjects research and as a QI initiative.

INTERVENTION

- Pre-hospital discharge face-to-face meeting to explain post discharge call and complete:
 - Patient hand-out: (a) the best phone numbers to reach the patient, (b) the preferred time and date for TFU, (c) the health care representative who can participate in the TFU, (d) and a reminder of paperwork and items needed at the time of the TFU.

THEORETICAL FRAMEWORK



Rates

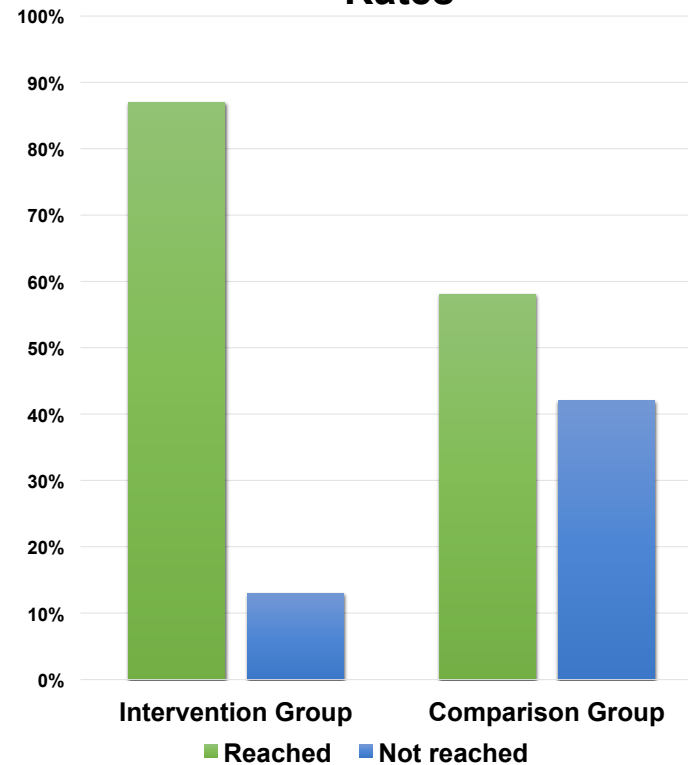


Figure 4. Reach rates of the intervention and comparison group.

- Chi-square test demonstrated a significance level of $p < 0.001$.

patients at discharge. ranged be Coleman (2009). It n the patient TFU is be knows wh call is imp and 2) est number to the time o

IMPLIC

- Face-to more pa therefor and rea
- Replica patients fashion: assuring triaging needed

CONCL

- Face-to of care assistec plans.