

Impact of a novel post-discharge clinic on post-hospital follow-up among Veterans

Submission date 19/05/2025	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 23/05/2025	Overall study status Ongoing	<input checked="" type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 15/07/2025	Condition category Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

This is a prospective, cluster-randomized quality improvement trial to evaluate the difference in time to access outpatient follow-up care in Veterans with a hospital discharge in the VA Puget Sound.

Our primary outcome of interest will be days between nurse index phone call to recently discharged patient and outpatient post-discharge clinic visit with a clinician in primary care (general medicine service line, MD, DO, PA, or NP). Secondary outcomes of interest will include 30-day post-discharge readmission rate and ER visits within 30 days of nurse index phone call. Exploratory outcomes will be primary care utilization, combined ER/UC use, prescription medication outcomes (total, discontinued, and safety events), and discharge summary availability.

Who can participate?

Primary care teams who are assigned to the intervention arm.

Patients who are assigned to a participating clinician team and engaged in primary care at the Veterans Health Administration in the Seattle clinic and have had a hospital discharge.

What does the study involve?

Current standard of practice is that primary care team nurses make phone outreach to empaneled patients recently discharged within 2 business days of nurse receipt of notification of hospital discharge. Notification to nursing staff is provided by centralized reporting (VSSC), with triggering by patient-self report during or after a non-VA hospitalization. Nurses can then opt to further arrange provider follow-up in clinic by any modality, based on triage of patient needs and complexity.

Among sites randomized to the active arm, participating cluster/pod nurses will have the option to schedule Veterans with a recent hospitalization to a follow-up, dedicated multidisciplinary discharge clinic occurring twice weekly. Usual care arm-cluster/pod nurses will have the option to schedule Veterans recently discharged to existing primary care grid openings, which can include the continuity provider or non-continuity provider (acute, resident trainee grid openings).

What are the possible benefits and risks of participating?

Participating clusters/pods of nursing will be randomly allocated to the active or usual-care arms affecting the administration of post discharge follow-up. Patients will not experience a difference in clinical care workflows or usual practices.

Where is the study run from?

VA Puget Sound Health Care System (USA)

When is the study starting and how long is it expected to run for?

May 2025 to March 2026

Who is funding the study?

This work will be supported by the Primary Care Analytics Team, funded by the VHA Office of Primary Care (USA)

Who is the main contact?

Brinn Jones (Project Manager), brinn.jones@va.gov

Contact information

Type(s)

Scientific, Principal Investigator

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number**ClinicalTrials.gov number**

Nil known

Secondary identifying numbers

PCIL-DC-Clinic

Study information

Scientific Title

Impact of a novel post-discharge clinic on post-hospital follow-up among Veterans

Study objectives

Veterans in the intervention arm (via site-level RN team empanelment) will have different number of days to scheduled outpatient primary care follow-up appointment than Veterans in the usual care arm, among those Veterans recently discharged from hospital stay.

Ethics approval required

Ethics approval not required

Ethics approval(s)

This work was designated as non-research, quality improvement after review by the VHA Office of Primary Care under the national VHA Office of Research and Development policy of the U.S. Department of Veterans Affairs (VHA Office of Research & Development Program Guide 1200.21, "VHA Operations Activities That May Constitute Research," issued Jan 9, 2019), consistent with the intent to resolve questions of operationally-relevant process optimization for the health system. This exempts the work from further VHA Institutional Review Board (IRB) review or exemption. Work under this designation is conducted following all methodologic, policy, and ethical guidelines and regulations governing the conduct of VHA Office of Primary Care non-research quality improvement activities.

Study design

Single-center prospective cluster-randomized quality improvement trial

Primary study design

Interventional

Secondary study design

Cluster randomised trial

Study setting(s)

GP practice, Hospital, Pharmacy

Study type(s)

Treatment, Safety, Efficacy

Participant information sheet

No participant information sheet available.

Health condition(s) or problem(s) studied

Veterans with a hospital discharge in the VA Puget Sound

Interventions

This is a prospective, cluster-randomized quality improvement trial to evaluate the difference in time to access outpatient follow-up care in Veterans with a hospital discharge in the VA Puget Sound.

The unit of randomization will be site of affiliate nurses. Sites (i.e., pods or clusters of nurses who share protocols for care within larger sites) in the VA Puget Sound will be identified by site leadership, if participating in a primary care teamlet (Patient Aligned Care Team, PACT) serving empaneled patients within affiliated VA primary care clinics. Among sites randomized to the active arm, team nurses will have the option to schedule Veterans with a recent hospitalization to a follow-up, dedicated multidisciplinary discharge clinic occurring twice weekly. Usual care arm-site team nurses will have the option to schedule Veterans recently discharged to existing primary care grid openings, which can include the continuity provider or non-continuity provider.

1. Active arm: Dedicated discharge clinic

Intervention Type: Other

Intervention Description: Dedicated, post-hospital multidisciplinary discharge clinic.

2. Control arm: Usual care

Intervention Type: As-available scheduling into continuity provider clinic, or utilization of non-usual provider grid options, as permitted by openings.

The intervention will last 6 months, and follow up for 7 months.

Intervention Type

Other

Primary outcome measure

Days between nurse index phone call to recently discharged patient and outpatient post-discharge clinic visit with a clinician in primary care measured using patient records at end of study

Secondary outcome measures

Secondary outcome measures:

1. 28-day count of VA and community care (IVC) hospital readmissions (patient-level),
2. 28-day count of ER visits, VA and community care (IVC) (patient-level)

Other prespecified outcome measures:

3. PC utilization post-RN call (outpatient visits - total, and by modality (in-person, VVC, telephone)) within 45-days.
4. Combined ER / urgent care post-RN call, by 28-days.
5. Total prescription medications (controlling for baseline/pre-intervention) at 28 days.
6. Medications discontinued and by type of reason for discontinuation, between index RN call and 28 days.
7. Medication safety events (adverse drug / allergy events), between index RN call and 12 days

8. Post-hospital discharge summary availability among patients with no discharge summary at time of index RN call, by first Licensed Independent Practitioner (LIP) appointment in primary care.

Overall study start date

19/05/2025

Completion date

15/03/2026

Eligibility

Key inclusion criteria

Clusters/pods of nursing staff will be eligible if there is:

1. >1 active RN care manager per pod serving assigned patients,
2. Pod is located at a clinic within VA Puget Sound
3. RN within a pod is assigned to patient aligned care team (PACT) with primary care providers delivering outpatient continuity care to patients

Patients are eligible:

1. Assigned to a PACT within an eligible pod RN
2. Receiving empaneled primary care from a clinic in the VA Puget Sound
3. Have at least 1 outpatient visit in the past 24 months
4. Have been discharged from a hospitalization on or after day 0 of the trial start date and/or self-notify the VA Puget Sound of their hospitalization

Participant type(s)

Healthy volunteer, Patient, Employee

Age group

All

Lower age limit

18 Years

Sex

Both

Target number of participants

13 pods/clusters; 600 patients with ~45 patients per pod/cluster

Key exclusion criteria

1. RNs will be excluded from eligibility if on a team Patient Aligned Care Team (PACT) of: GERI, SCI, or HBPC
2. PACTs will be excluded that had less than 1 patient visit during study time frame for their PACT primary care provider (PCP)

Date of first enrolment

28/07/2025

Date of final enrolment

15/08/2025

Locations

Countries of recruitment

United States of America

Study participating centre**Seattle VA Medical Center**

1660 S Columbian Way

Seattle

United States of America

98108

Study participating centre**American Lake VA Medical Center**

9600 Veterans Drive Southwest

Tacoma

United States of America

98493

Study participating centre**Everett VA Clinic**

220 Olympic Boulevard

Everett

United States of America

98203

Study participating centre**Mount Vernon VA Clinic**

307 South 13th Street, Suite 200

Mount Vernon

United States of America

98274

Study participating centre**Olympia VA Clinic**

500 Lilly Road Northeast, Suites 201 and 202

Olympia
United States of America
98506

Study participating centre

Puyallup VA Clinic

11216 Sunrise Boulevard East, Suite 209, Building 3
Puyallup
United States of America
98374

Study participating centre

Silverdale VA Clinic

9177 Ridgetop Boulevard NW
Silverdale
United States of America
98383

Study participating centre

North Olympic Peninsula VA Clinic

1114 Georgiana Street
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Sponsor information

Organisation

VA Puget Sound Health Care System

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Sponsor type

Government

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ROR

<https://ror.org/00ky3az31>

Funder(s)

Funder type

Not defined

Funder Name

VA Health Services Research Services

Alternative Name(s)

VA Health Services Research and Development Service, VA HSR&D, Veterans Health Administration HSR and D, HSR&D

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United States of America

Results and Publications

Publication and dissemination plan

Results from this study will be disseminated among the health system stakeholders and clinical leadership, consistent with the project designation as an operationally focused quality improvement project, to help resolve questions of system optimization. Generalizable findings from this work will also be analyzed and disseminated for wider audiences through peer-reviewed manuscripts and/or for topical scientific conferences.

Intention to publish date

31/12/2026

Individual participant data (IPD) sharing plan

No additional data for this project will be collected, outside routine data collected for patient care under the Veterans Health Administration Office of Primary Care. As such, no datasets will be available for dissemination or sharing outside the institution. Analytic plans and detailed methods, outside those shared through scientific publications and conference proceedings, can be made available upon reasonable request.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Statistical Analysis Plan			21/05/2025	No	No