

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

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<b>Registration date</b> 23/05/2025	<b>Overall study status</b> Ongoing	<input checked="" type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 30/12/2025	<b>Condition category</b> 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 June 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](mailto:brinn.jones@va.gov)

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## Additional identifiers

**Clinical Trials Information System (CTIS)**

Nil known

**ClinicalTrials.gov (NCT)**

Nil known

**Protocol serial number**

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

**Study type(s)**

Efficacy, Safety, Treatment

**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(s)**

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

### **Key secondary outcome(s)**

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.

### **Completion date**

15/06/2026

## **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:

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)**

Employee, Healthy volunteer, Patient

### **Healthy volunteers allowed**

Yes

### **Age group**

Mixed

### **Lower age limit**

18 years

### **Upper age limit**

100 years

### **Sex**

All

### **Total final enrolment**

0

### **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**

03/09/2025

### **Date of final enrolment**

01/05/2026

## **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  
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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  
Port Angeles  
United States of America  
98506

## Sponsor information

**Organisation**  
VA Puget Sound Health Care System

**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

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**  
Not expected to be made available

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Statistical Analysis Plan</a>			21/05/2025	No	No
<a href="#">Statistical Analysis Plan</a>			30/12/2025	No	No