ISRCTN86866399 https://doi.org/10.1186/ISRCTN86866399

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

Submission date 19/05/2025	**Recruitment status** Recruiting	[X] Prospectively registered [_] Protocol
Registration date 23/05/2025	**Overall study status** Ongoing	[X] Statistical analysis plan [_] Results
Last Edited 15/05/2026	**Condition category** Other	[_] Individual participant data [X] 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

Contact information

Type(s)
Scientific, Principal investigator

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Additional identifiers

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
15/08/2026

Eligibility

Key inclusion criteria
Clusters/pods of nursing staff will be eligible of 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 an 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
30/06/2026

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
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
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?
Statistical Analysis Plan			21/05/2025	No	No
Statistical Analysis Plan			30/12/2025	No	No