**Reducing Hospital Readmissions through evidence-based research: Quality**

**Improvement**

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**Improvement.**

Nurses are known as the backbone of healthcare. Nurses learn to use critical thinking,

knowledge, and skill to establish the root of a patient's needs to ensure they receive adequate

treatment and resources to improve care and manage their care outside the hospital. To ensure

nurses have the knowledge and skill to deliver high-quality patient care, the quality and safety

education for nurses (QSEN) developed competencies to promote better education for quality

and safety in healthcare. One of QSEN's competencies is quality improvement. Quality

improvement uses evidence-based research and its outcomes to design improvement methods to

help enhance healthcare knowledge and improve the quality and safety of the healthcare system

(QSEN Institute, 2020).

Readmission rates are an issue in many hospitals. Patient Hospital readmission rates

occur when a patient gets readmitted to a hospital within a specified period after discharge and

can be a quality indicator. Reducing readmissions is a health policy goal because it is an

opportunity to lower healthcare costs, improve quality and increase patient satisfaction (Pugh et

al.,2021).

**Article Summary**

Reducing preventable hospital readmission is a priority for payers, providers, and policymakers. It presents an opportunity to lower healthcare costs, improve quality and increase patient satisfaction. The research article *Evidence-based processes to prevent readmissions: more is better, a ten-site observational study* explores how hospitals can engage in several activities to lower their rate of readmissions.

**Introduction**

Health services utilize Hospital readmission rates as a benchmark outcome measurement of quality for patient care; higher readmission rates indicate ineffective treatment during past hospitalizations. In the research article *Evidence-based processes to prevent readmissions: more is better, a ten-site observational study* studied 10 VA hospitals to determine the impact of care transition processes on readmission rates. The study used a mixed-method, multi-stepped observational approach to collect data from numerous care transition processes that reduce readmissions. The mentioned research article concluded that facilities should implement evidence-based processes to incorporate discharge activities into the workflow, consistently use their underutilized processes, include patient feedback in discharge plans, and use community support (Pugh et al.,2021). The study found that Sites using the recommended care transitions correlated with reduced readmission rates and demonstrated high-quality patient care.

**Overview**

The research article proves that providing a significant number of the recommended evidence-based transitional care processes can reduce hospital readmissions.

Hospital readmissions are gaining attention as a quality improvement focus due to their financial expense and association with increased patient complications (Mileski,2017). Finding

ways to reduce 30-day readmissions can use quality improvement procedures to focus on patient quality of care, resulting in treatment efficiency, improved patient safety, and increased communication within partnering hospitals.

**Quality Improvement**

The mentioned study shows that hospitals can engage in several activities to lower their rate of readmissions. Healthcare should have the resources available to clarify patient discharge instructions, coordinate with post-acute care providers and patients' primary care physicians, and reduce medical complications during the pre-implementation stages (Boccuti, 2017). Use of data analysis to determine patients most at risk of readmissions, due to social determinants of health or their specific health conditions should be a resource available during the intra implementation stage.

Improving the readability of the discharge material and individualizing the information and delivery based on patient needs, facilitate prompt discharge follow-up with the primary care physician and other post-acute organizations involved preferences can improve patient confidence to care for themselves after discharge and reduce hospital readmissions.

Reducing preventable hospital readmission is essential to continuous quality improvement in healthcare. It presents an opportunity to lower healthcare costs, improve patient and nurse safety, and increase patient and nurse satisfaction.

Readmissions are costly, often doubling the cost of care for one of these readmission episodes, which is why it is a key performance indicator (Pugh et al., 2021). about $17 billion gets spent on avoidable hospital trips after discharge. Decreasing Patient readmission will save

the patient and their insurance money, and the hospital can continue to make a profit (LaPointe, 2018).

Understaffed and underfunding facilities could potentially Discharge too early before the patient is adequately stable. Discharge to a location that cannot support recovery or Recurrence or worsen of the original disease because of poor patient compliance or inadequate supervision (Dinerstein, 2018) without the change of patient readmission, both the patient and nurse safety are at risk.

The emotional toll of a hospital workplace with inadequate support and high patient volumes can cause problems in discharge planning, care transitions, and patient education (HealthStream, 2021).  Being understaffed can cause nurse burnout, decreasing the level of care nurses can provide based on their overworked conditions, decreasing patient and nurse satisfaction (Dinerstein,2018).

## Application to Nursing

Nurses can engage in several activities to reduce readmissions and improve quality. Nurses should schedule timely follow-up appointments with specialists and Primary care providers, manage medications for patients and educate them on the proper scheduling of medication, and enhance communications with patients, appropriately determining the patient's readiness for discharge, compiling a comprehensive and accurate discharge summary, so the healthcare team can identify if further care is needed to avoid readmission.,

**Practice**

A significant way to lower readmission rates is to ensure that hospitals have appropriate nurse staffing. According to ScienceDirect, a higher number of RNs result in lower readmission, approximately 8%. When staff levels are higher, nurses have more time to spend with each patient, ensuring more comprehensive communication to increase the quality of discharge instructions, which can help prevent readmission. A key component of ensuring adequate nursing coverage should be offloading non-clinical activities from nursing staff to appropriate non-clinical personnel.

**Education**

Nurses have the knowledge needed to address patient learning preferences, barriers, and comprehension in their discharge teachings. A Method that all nurses learn that could help reduce hospital readmissions is the teach-back method. The teach-back method checks understanding by asking patients to state in their own words what they need to know or do about their health (AHRQ,2020). This allows doctors and nurses to confirm that the nurse has explained things in a manner patients can understand. According to review studies published in the Journal of Patient Safety discharge education with the teach-back method resulted in a 45% reduction in 30-day readmissions.Refamiliarizing the staff Nurses with this technique can Ensure patient education throughout the hospitalization and decrease risk for patient readmission.

**Research**

The extent to which readmissions are preventable is still widely debated, the medical and social complexities of patients with the highest risk for readmission are now recognized, and hospitals have focused on improving care transitions as a strategy to reduce preventable readmissions (Pugh et al, 2021). Further reduction of readmissions will require new strategies to implement these evidence-based processes. It should consider how to incorporate activities into the

workflow. It may benefit from more consistent use of all or some of the more underutilized processes, including patient inclusion in discharge planning and increased utilization of community support. More investment should be made in inpatient social workers and dedicated case managers working on transitions (Pugh et al., 2021). Future work should explore organizational culture as a factor in readmission.

**Conclusion**

A clear quality and safety goal is essential to focus on efficient, effective, and purposeful care is the QSEN initiative for preparing future nurses with the knowledge, skills, and attitudes necessary to improve patient care (QSEN institue,2020). Quality improvement is an improvement method designed to test changes to continuously improve the quality and safety of the health care system. Quality improvement uses knowledge to recognize that nursing and other health professions students are a part of a system of care and care processes that affect outcomes for patients and families.

Readmission rates are essential indicators of the quality of care because they reflect the patient's depth of care. Nurses prevent and reduce risks, errors, and patient harm during health care provisions—continuous improvement based on learning from errors and adverse events can significantly impact patient care and readmission rates. Reducing hospital readmissions that result from poor inpatient or outpatient care represents an opportunity to lower healthcare costs, improve quality and increase patient satisfaction.

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