

Reduction of Hospital Readmissions: Quality Improvement

Julia Bushnell

Lakeview College of Nursing

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Professor Travis Whisman

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New problems arise in healthcare consistently. Because of this, research and analysis must be routine and focus on quality improvement within treatment. Quality improvement is a way to break down problems within healthcare (Puri et al., 2023). Quality improvement is used to improve patient outcomes by making changes within the system (Puri et al., 2023). Quality improvement builds on knowledge, skills, and attitudes. Knowledge is improved by assessment and reflection within the clinical setting (QSEN Institute, 2020). Certain skills required for quality improvement include practice, identification, navigation of the electronic health record, and participation in research (QSEN Institute, 2020). An attitude that appreciates the need for quality improvement will be beneficial to the overall outcome (QSEN Institute, 2020). The QSEN Institute is made up of the competencies that include knowledge, skills, and attitudes. QSEN institute is beneficial to quality improvement by providing general guidelines that leads to improvement. Hospital readmissions have been a consistent issue seen within healthcare. This occurs when a patient is discharged from the inpatient setting to home (or rehabilitation center) and is admitted back to the hospital within 30 days of discharge (Dautzenberg et al., 2021). Hospitalizations can have a negative impact on the health of an individual, especially those of an older age. The reasoning for readmission is commonly medication noncompliance or confusion (Dautzenberg et al., 2021). Using quality improvement to fix this issue can keep patients out of the hospital with an increase in health. The article is a quality improvement meta-analysis over the results of a study conducted to minimize hospital readmissions in geriatric patients (Dautzenberg et al., 2021). This research includes the interventions the healthcare team needs to complete prior to discharge to achieve the best probable outcome for the patient (Dautzenberg et al., 2021).

Article Summary

Medication review in addition to patient education and medication reconciliation has been shown to decrease the amount of rehospitalizations seen within the geriatric patients (Dautzenberg et al., 2021). The article found 4,045 studies to collect data to test their theory about reduction of readmissions (Dautzenberg et al., 2021). The participants were aged 65 years or older, both male or female, that had been discharged to home or a rehabilitation center within the past 30 days (Dautzenberg et al., 2021). Research found that performing medication review alone does not reduce the risk of rehospitalizations (Dautzenberg et al., 2021). This data indicates the importance of performing all tasks such as medication reconciliation and patient education in addition to medication review to make a positive impact on results (Dautzenberg et al., 2021).

Introduction

The meta-analysis article studies the role of medication reconciliation, medication review, and patient education in terms of reducing the risk of readmissions within hospitals (Dautzenberg et al., 2021). For the geriatric population, hospitalizations can be a major setback to their overall health. An unfamiliar setting without the usual routine can cause confusion and/or impact the overall mental health for the older adult. After discharge, these clients are at risk for decline, falls, confusion, and delirium which can ultimately lead to rehospitalization (Dautzenberg et al., 2021). Rehospitalizations related to inadequate medication compliance is a frequent occurrence seen in healthcare (Dautzenberg et al., 2021).

Overview

The QSEN Institute demonstrates skill in quality improvement by seeking “information about outcomes of care for populations served in care setting,” (QSEN Institute, 2020). The intent of this article is to evaluate the interventions that take place in the care setting post discharge (Dautzenberg et al., 2021). Setbacks such as a fall or infection are typically minor in younger populations. However, in older adults, these setbacks can become fatal. Performing education, medication reconciliation, and medication review can decrease the likelihood of readmissions in older adults and therefore promote better health with an increase in quality of life (Dautzenberg et al., 2021). The charts within the article demonstrate the comparison between performing medication review alone and medication review along with patient education and medication reconciliation (Dautzenberg et al., 2021). These charts revealed a decrease in rehospitalizations (Dautzenberg et al., 2021).

Quality Improvement

The proper education to patients or the patients’ caregivers has proven to have a positive outcome following hospitalization. Performing these interventions prior to discharge or two weeks within discharge promotes quality improvement. Following a medication regime from one facility, such as the hospital, to another, a nursing home, can lead to confusion or other problems (Dautzenberg et al., 2021). Medication reconciliation and patient education are interventions nurses or other members of the healthcare team can complete prior to discharge. When giving a patient education, it is important to first learn the teaching method that is most beneficial to the patient. Providing handouts and having an active discussion with the patient can be beneficial teaching methods. Hospitals are consistently having issues with readmissions amongst the geriatric community (Dautzenberg et al., 2021). Through education, the patient (or caregiver) can

understand the importance of medications and treatment, resulting in quality improvement. This intervention can also clarify any prior confusion, increasing the likelihood of compliance.

Application to Nursing

Nurses play an important role in inpatient care which also involves discharge planning. Depending on the patient and their discharge plan, nurses should provide adequate education, or ensure the patient has received education from the proper source. The best way to improve the readmission risk is to teach the patient about their medication and treatment regime prior to discharge. This can be done by using various teaching methods such as discussion, Q&A, demonstration, or handouts. Currently, patients have a section in their electronic health record (EHR) for education and medication reconciliation. Nurses can use these sections in the EHR to help reduce the readmission risk and improve patient outcomes. In order to improve this issue, the priority needs to be patient education.

Practice

Research has shown that there are three components that nurses are able to complete which includes patient education, medication reconciliation, and transitional care (Dautzenberg et al., 2021). Nurses should also ensure that they are up to date with the current education on these topics (Dautzenberg et al., 2021). Performing these interventions prior to discharge resulted in an 82% improvement in hospital readmissions of geriatric patients (Dautzenberg et al., 2021). By using these components as well as quality teaching methods, readmissions can decrease.

Education

The EHR can be a useful tool when it comes to decreasing readmission risks. Because research has indicated that medication reconciliation, medication review, and patient education decrease the amount of readmissions, nurses utilizing their resources to complete these tasks is best practice (Dautzenberg et al., 2021). EHR's within facilities have options to complete medication reconciliation and review patient education.

Research

With the priority of patient education, there are a few factors that nurses should consider. Furthering research in readmissions in the geriatric population the researchers should look at other factors such as patient history. Patients who have experienced readmissions in the past are at a greater risk of experiencing it again (Dautzenberg et al., 2021). From a nursing perspective, looking at a patient's hospital admission history can indicate what education and planning needs to occur upon discharge. The healthcare professionals may be able to identify what is bringing these clients back to the hospital and how they are to improve the situation. Is it medication errors, polypharmacy, or other comorbidities? These topics are essential to review in furthering research (Dautzenberg et al., 2021).

Conclusion

Quality improvement is a way for the healthcare system to improve patient outcomes by conducting research over pressing issues that arise overtime. The QSEN Institute has created competencies within knowledge, skills, and attitudes as a guideline for quality improvement. Knowledge such as assessment and reflection, skills including the navigation of the EHR,

identification, and practice, and an attitude that appreciates the requirement of quality improvement within healthcare (QSEN Institute, 2020). Research was conducted on behalf of quality improvement to determine what factors can decrease the readmission numbers within the older adult population, a consistent issue in hospitals (Dautzenberg et al., 2021). Interventions including medication reconciliation, patient education, and medication review have shown to decrease readmission numbers (Dautzenberg et al., 2021). Nurses and other members of the healthcare team are able to complete these interventions prior to discharge. For the older adult population, hospitalizations can have a negative impact on their health holistically. Hospitals do not have the same routine nor comfort as the home of the patient. Because hospitalizations can cause emotional distress and/or confusion, physical health may be delayed in improvement. Completing interventions prior to discharge can set the patient up for success by ensuring they have the adequate tools in maintaining health. Nurses can utilize resources within the EHR to complete medication reconciliation and patient education preceding discharge to reduce readmission levels (Dautzenberg et al., 2021).

References

- Dautzenberg, L., Bretagne, L., Koek, H. L., Tsokani, S., Zevgiti, S., Rodondi, N., Scholten, R. J. P. M., Rutjes, A. W., Di Nisio, M., Raijmann, R. C. M. A., Emmelot-Vonk, M., Jennings, E. L. M., Dalleur, O., Mavridis, D., & Knol, W. (2021). Medication review interventions to reduce hospital readmissions in older people. *Journal of the American Geriatrics Society*, 69(6), 1646-1658.
- Puri, I., Hollingshead, C. M., & Tadi, P. (2023). Quality improvement. *National Library of Medicine*.
- QSEN Institute (2020). *QSEN competencies*.
https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement