



Readiness for Discharge: Nurse-Driven Intervention to Reduce Readmissions

Presented by Jean Dowling Dols, PhD, RN, NEA-BC, FACHE;
Katie Chargualaf, PhD, RN, CMSRN; Clare Schwarzbach, BSN, RN
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Summary: According to a recent study by Wilson et al. (2015), liver transplant patients readmitted within 30 days of index hospitalization for liver transplant had lower survival and worse long-term graft function. The Centers for Medicare and Medicaid Services use readmissions as a proxy measure of hospital quality. Re-hospitalization increases the cost of care for patients, providers, and payers. It often reflects incidents that may have been preventable and have the potential to increase patient mortality. Following completion of a nurse-led research study identifying the risk factors for 30-day readmission of patients following a liver transplant, RNs identified that a collaborative effort with patients and their caregivers was needed to assure readiness for discharge.

Nursing Implications:

- Identification of risk factors for 30-day readmission enables nurses to individualize approaches.
- Collaboration between the nurse, patient, and caregiver is needed to assure readiness for discharge.

Key Takeaways:

- Readmissions are a proxy measure of hospital quality.
- Health literacy, culture, and linguistics need to be considered when educating patients.
- Demonstration of skills reinforces learning.

Link: <https://library.amsn.org/amsn/sessions/5403/view>

References:

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