

# Decreasing Readmission Rates: A Nursing Led Initiative

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## Background

- Trauma patients are vulnerable to hospital readmission during the first 30 days after discharge.
- Unplanned hospital readmissions are associated with increased healthcare costs and morbidity.
- The 30 day readmission rate has been used as a quality indicator following non-traumatic hospital admissions, yet there are no published reports on effective programs to reduce readmissions after trauma.

In 2012, 1 in 7 patients discharged from the Shock Trauma Center were readmitted to the acute care setting for a 15.1% readmission rate.

- A chart review was conducted for all patients readmitted and the following issues were discovered:
  - lack of education on disease management
  - inability to navigate the healthcare system
  - unawareness of community resources
  - absence of a primary care provider (PCP)

## Aim/Goal

The goal of the Trauma Transitional Care Coordination Program was to provide a successful recovery for those patients most vulnerable to hospital readmission during the initial 30 days after discharge.

## Methods

- The Trauma Transitional Care Coordination (TCC) Program was founded upon a traditional model used in ambulatory care settings. The model provides regular patient contact, education, medication review, improved access and navigation of healthcare.
- Outcomes were measured for lost to follow up, follow-up appointments attended, PCP appointments attended, hospital readmission within the 30 days after discharge while in the program, and a patient experience survey.

## Methods (continued)

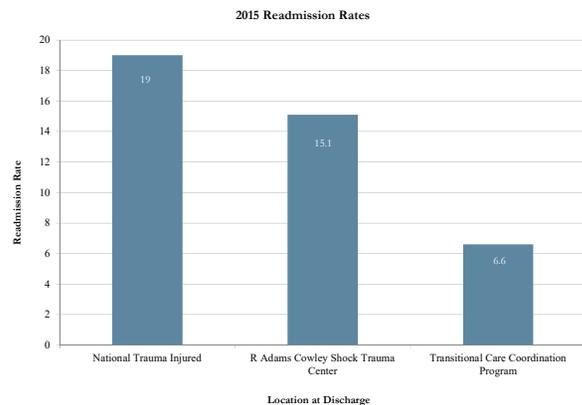
Each Trauma Transitional Care Coordinator provides:

- identification of readmission risk factors
- program enrollment for eligible patients prior to leaving the hospital
- calls to patients within 24 to 48 hours post discharge
- work on patient-centered recovery goals
- medication review and reconciliation within 72 hours of discharge
- education on disease management and navigation of healthcare needs
- improving patient's access to healthcare and establishing relationship with a PCP

## Outcomes

260 patients were enrolled in the Trauma Transitional Care Coordination Program from 01/2014 – 09/2015. Of those patients enrolled in the program, only 6.6% were readmitted to the acute care setting.

- 74% patients attended the follow-up appointment
- 44% established a relationship with a PCP
- 3% total patients were lost to follow-up
- 96% completed the Trauma TCC Program
- 60% participated in a patient experience survey



## Discussion

The Trauma TCC Program achieved its original directive to decrease the readmission rate. There are no national benchmarks trending this data, however, the readmission rate for the Trauma TCC Program was below a published national trauma patient readmission rate and below the readmission rate for the Shock Trauma Center.

## Next Steps

The Trauma TCC program will continue to provide post-discharge support and coordination to eligible patients.

Additional attention will be focused on:

- hardwiring the Trauma TCC referral system
- development of a trauma readmission predictive tool
- determining the healthcare literacy of a trauma injured patient pre and post program enrollment

## References

- Petrey, L. B., Weddle, R. J., Richardson, B., Gilder, R., Reynolds, M., Bennett, M., . . . Warren, A.M. (2015) Trauma patient readmissions: why do they come back for more?. *Journal of Trauma and Acute Care Surgery*, 79(5) 717-725.
- Staudenmayer, K., Weiser, T. G., Maggio, P.M., Spain, D. A., & Hsia, R.Y. (2016) Trauma center care is associated with reduced readmissions after injury. *Journal of Trauma and Acute Care Surgery*, 80( 3) 412-418.

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