



**Introduction**

- The causes of negative healthcare outcomes during transitional care as follow:
  - ❖ the lack of patient engagement in the care; absent or inadequate communication;
  - ❖ The lack of collaboration among interdisciplinary team members;
  - ❖ limited follow-up and monitoring;
  - ❖ inadequate coordination of continuity of care;
  - ❖ and discrepancies in services as patients move between healthcare professionals and throughout healthcare settings (Hirschman et al., 2015).

**Background and Significance**

- Transitional care requires:
  - ❖ coordination and communication among clinicians who are involved in the care regarding goals of care and clinical status,
  - ❖ patients and family education, and logistic arrangement (Golden & Shier, 2020).
- The population of older adults with multiple chronic medical conditions is increasing.
- These elderly populations require transitional care during the hospitalization to reduce LOS and to improve the quality of care.
- Developing implementation of transitional care for older patients may have economic benefits and improve the care of elderly patients (Mora et al., 2017).
- Medicare enrollment has increased from 11 million beneficiaries in 1996 to 59 million in 2018.
- The CMS's healthcare cost was increased from \$596.6 billion in 2008 to \$995 billion in 2018 (Centers for Medicare & Medicaid Services, 2018).

**Aim**

- This study aims to explore if APN-led transitional care reduces length of stay (LOS) during transitional care from the acute care setting to an alternative care setting for Medicare patients 65 years and older diagnosed with sepsis.

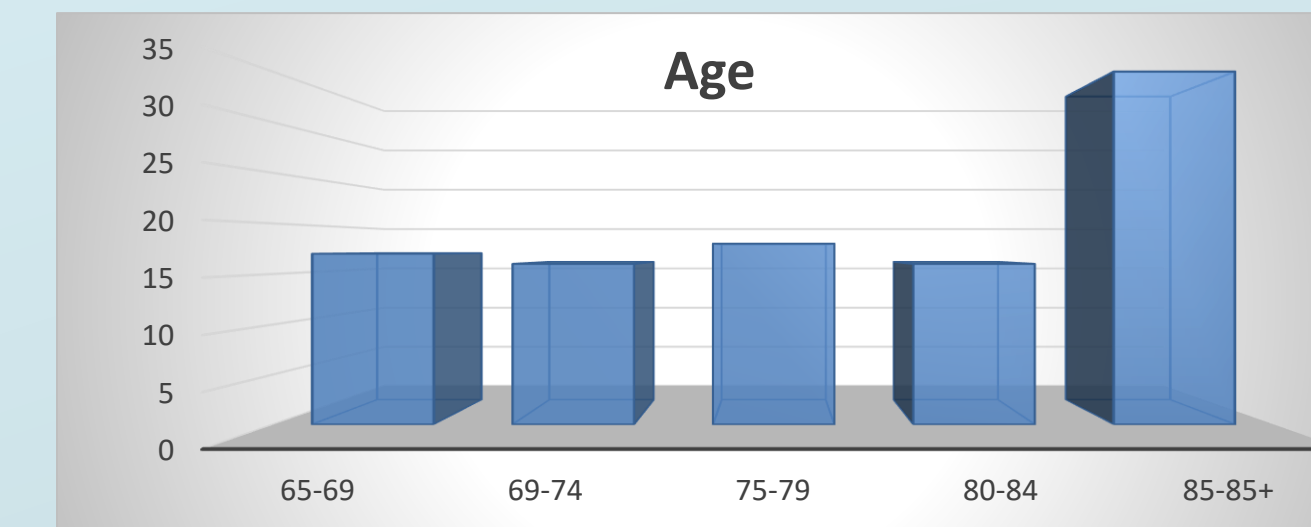
**Objectives**

- The objectives of this study is to explore factors that affect LOS,
- Finding out if there is a significant difference in LOS between APN-led transitional care and traditional standard care,
- And identifying the most significant factors and their impact on transitional care in relation to the LOS.

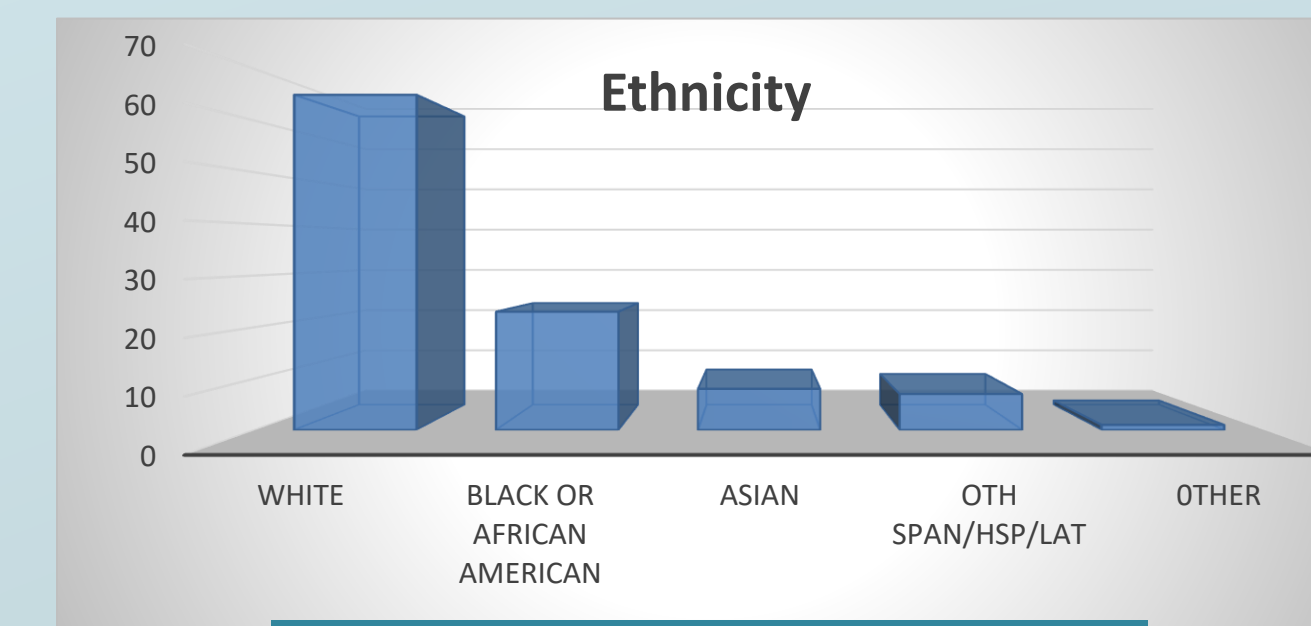
**Methodology**

- The study design was a descriptive study through retrospective chart review from the beginning of the third quarter of 2018 to the end of the second quarter of 2019.
- The study sample was 102 Medicare patients 65 years and older diagnosed with sepsis – not included any other type of medical insurances.
- CI collected the study data by using a spreadsheet. Study variables were age, gender, ethnicity, mortality, 30-day readmission, community support, and transitional care.
- CI used IBM SPSS Statistics 24.

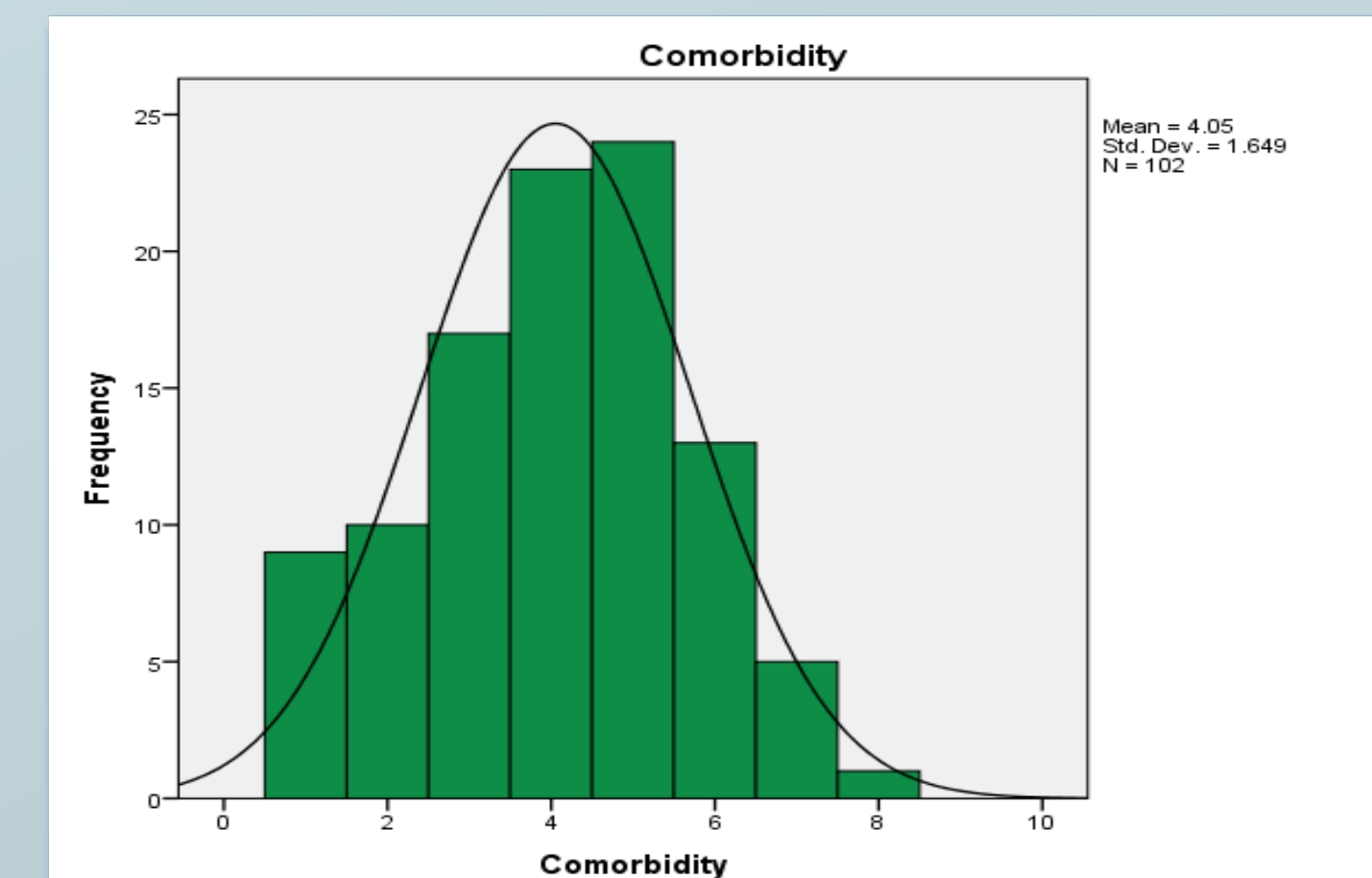
**Outcomes**



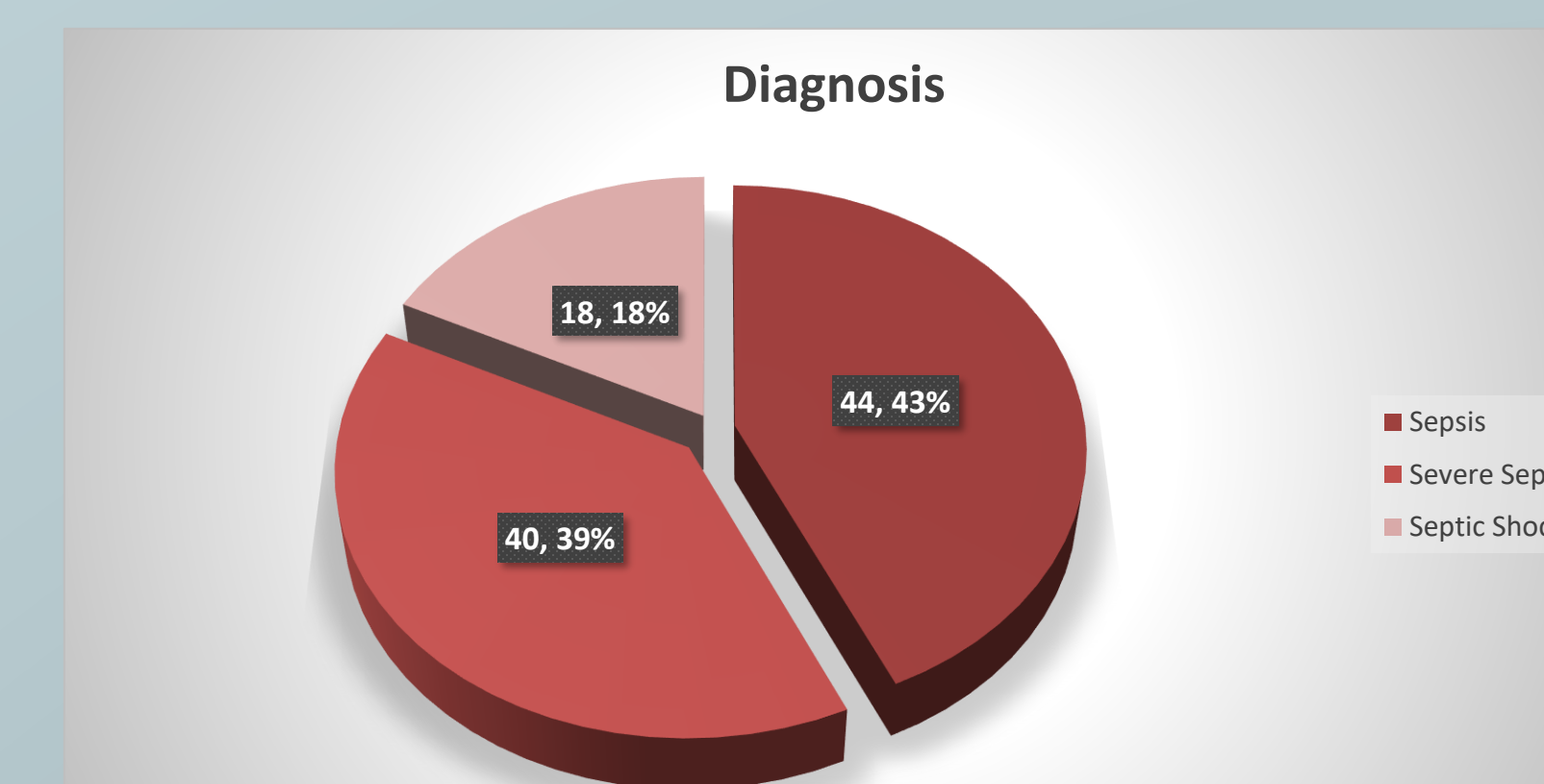
34.3 % (35 cases) was 85 and older.



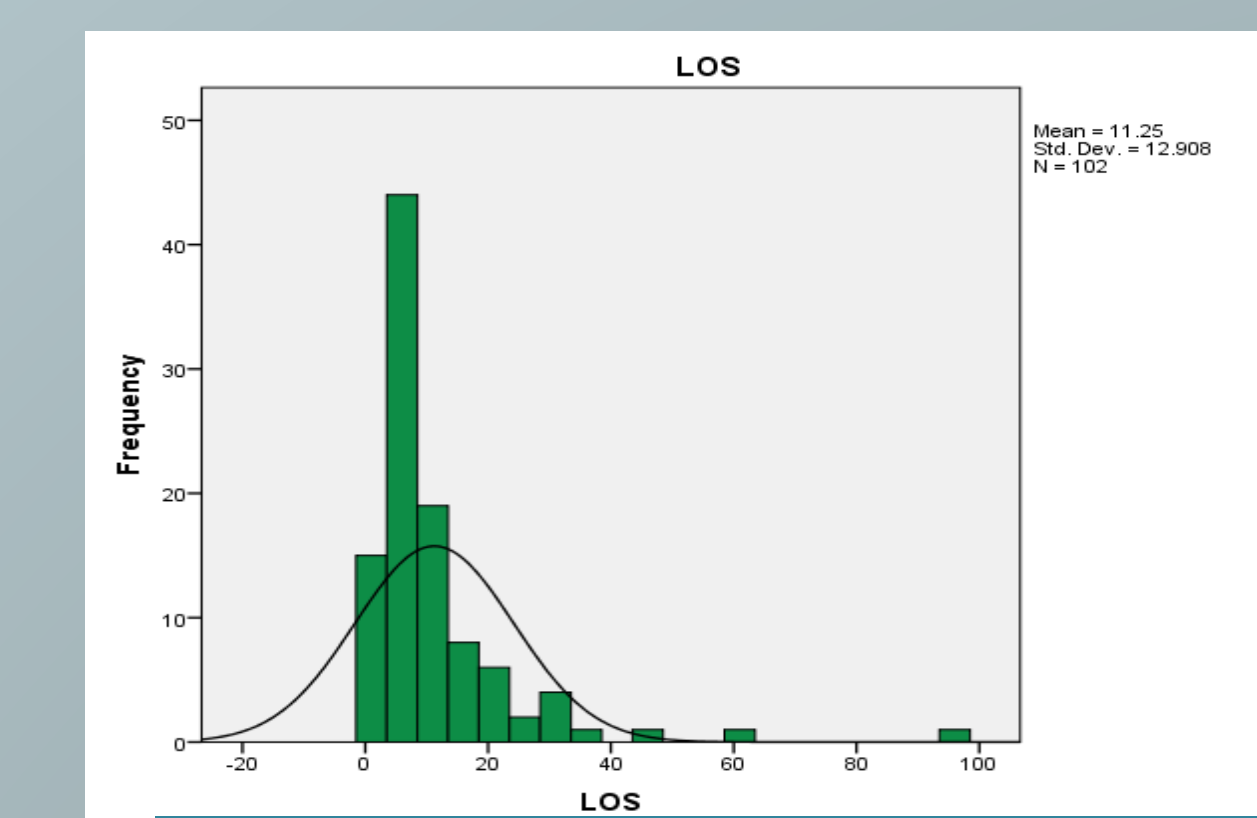
63 % (65 cases) was white.



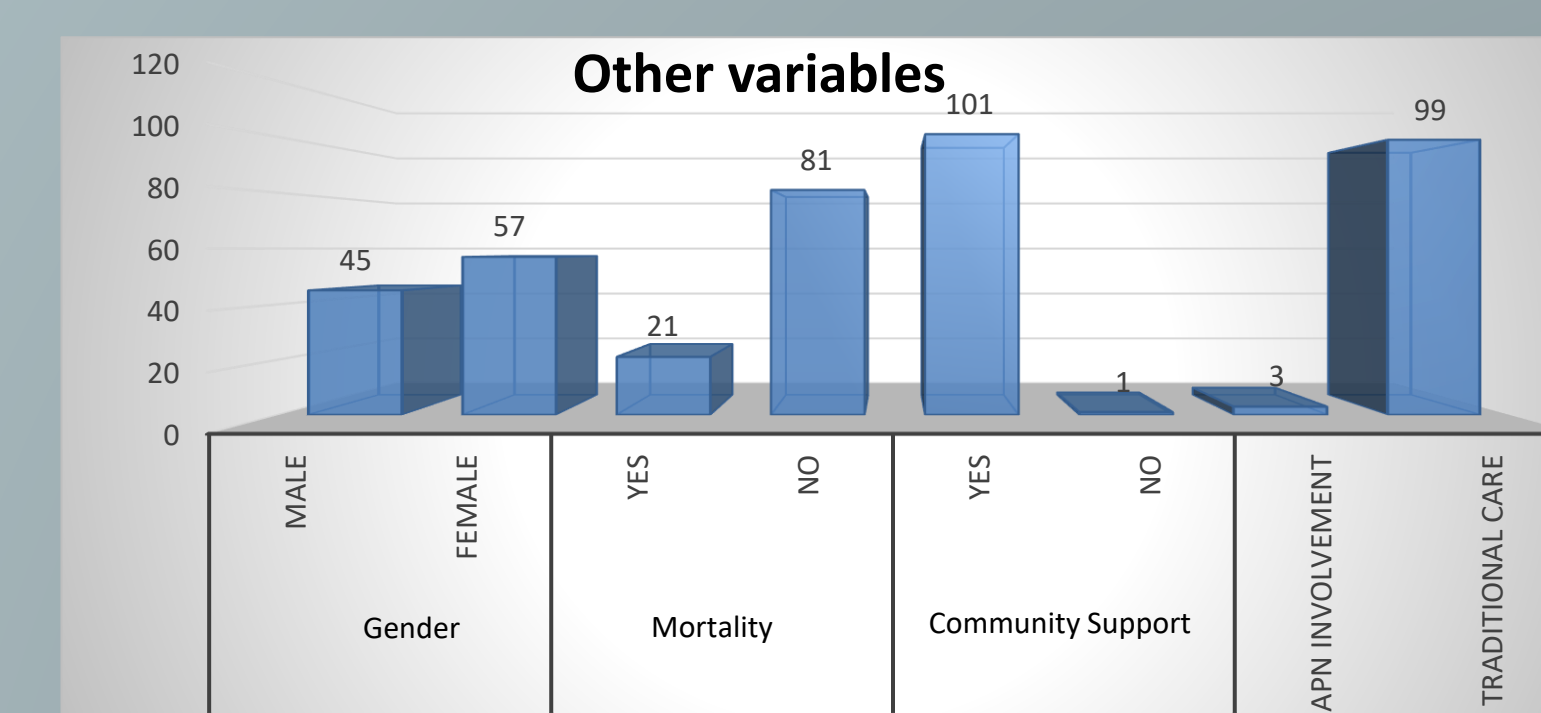
Mean comorbidity was 4.05.



Sepsis and severe sepsis was 43.1 % each.



Overall mean LOS was 11.25 days.



Differences in LOS (*P*-values): age was 0.149, comorbidities 0.163, and diagnosis 0.432.

**Discussion and Implementation**

- This study was designed to explore if there was a statistically significant difference between patients who had community support or not, and transitional care APN involvement and traditional standard care by using paired t-test.
- There was only 1 case who did not have community support, and only 3 cases had transitional care APN involvement during the hospitalization.
- So, no paired t-test performed.
- This study found similar results with other researchers that patients' age, number of chronic medical conditions, and the severity of disease had an association with LOS. Yet, these results were not statistically significant.
- This study presented that the teaching hospital had longer LOS than the national average LOS of sepsis (9.16 days in 2013).
- Therefore, it is imperative to have a different study design to test the value of APN involvement in transitional care to decrease LOC and to improve the quality of care for elderly patients.

**References**

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