

Introduction, Background & Significance

One third of patients with decompensated cirrhosis readmitted within 30 days after hospital discharge. (Gaspar et al., 2019)

Up to 66 percent mortality within one year (Yanny et al., 2019).

>50 % of patients have at least one nosocomial infection (Schultalbers et al., 2020).

Account for almost 20% of the Medicare budget (Garg et al., 2018)

Higher depression and lower quality of life scores (Buganza-Torio et al., 2019-

Only 19 percent of patients are employed (Chirapongsathorn et al., 2018).

Up to 70% of early readmissions can be prevented (Bajaj et al., 2018).

Clinical Question

Will an inpatient-outpatient bridge program decrease 30-day hospital readmission rates, number of ER visits and improve the nutritional status of patients diagnosed with decompensated cirrhosis?

Methodology

Design

- A quality improvement project designed to bridge the gap in transition of care

Setting

- Inpatient unit in a Level 1 trauma center located in Northern New Jersey and an outpatient clinic caring for patients with cirrhosis within the same hospital.

Study Population

- Patients with diagnosis of decompensated cirrhosis
- 18 years or older
- Evaluated for liver transplant or already placed on transplant list
- Discharged home after hospital stay
- 29 eligible patients participated

Measure s

- Data from the electronic health records (EHRs) in regard to ER visits, readmission rates and MELD scores.
- Daily logs to assess medication and dietary adherence
- Mini Nutrition Assessment tool to assess nutritional status at week 1 and week 6
- Comparison of findings between Hispanic and non-Hispanic patients

Analysis

- Parametric independent sample t test for MELD scores
- Chi square tests for readmissions and ED visits.

Results

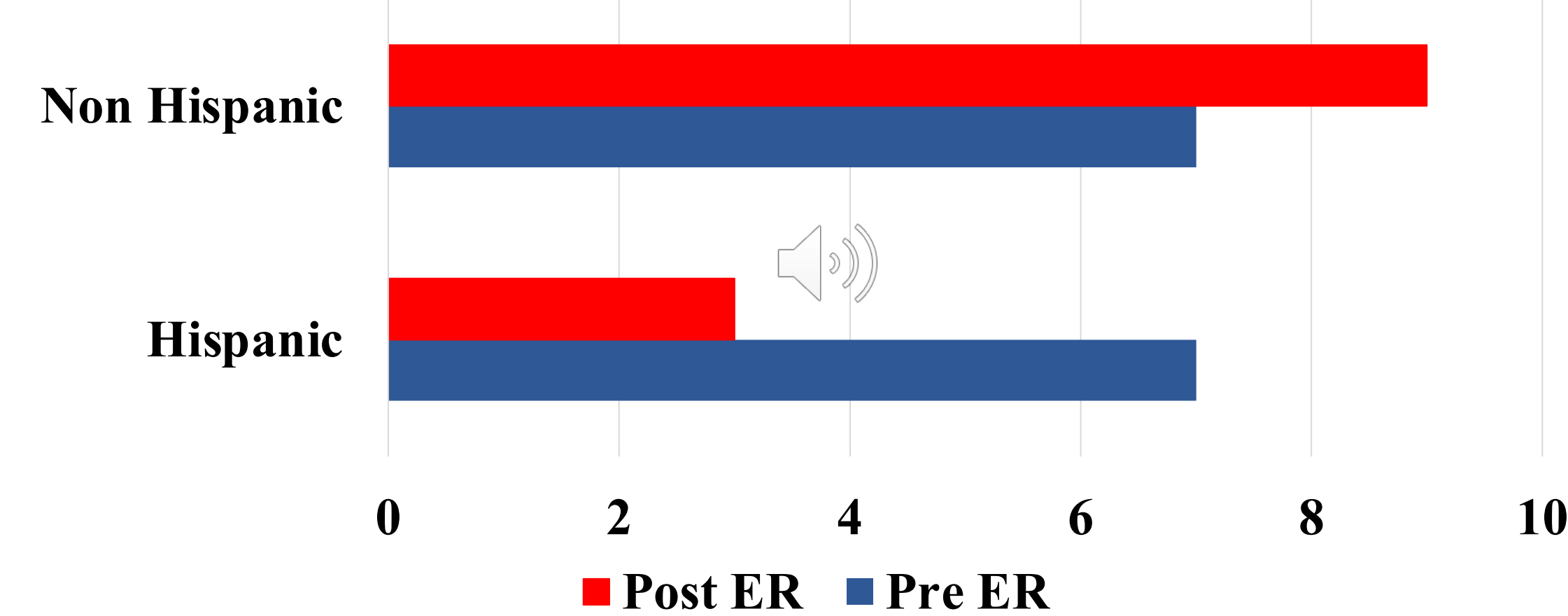
- An exceptionally high rate of ER visits and 30-day hospital readmissions in both pre (ER=41.4% and 30-day readmission= 55%) and post (ER= 48% and 30-day readmission= 55%) data.

- No statistically significant difference between the number of ER visits and 30-day hospital readmissions pre and post study.

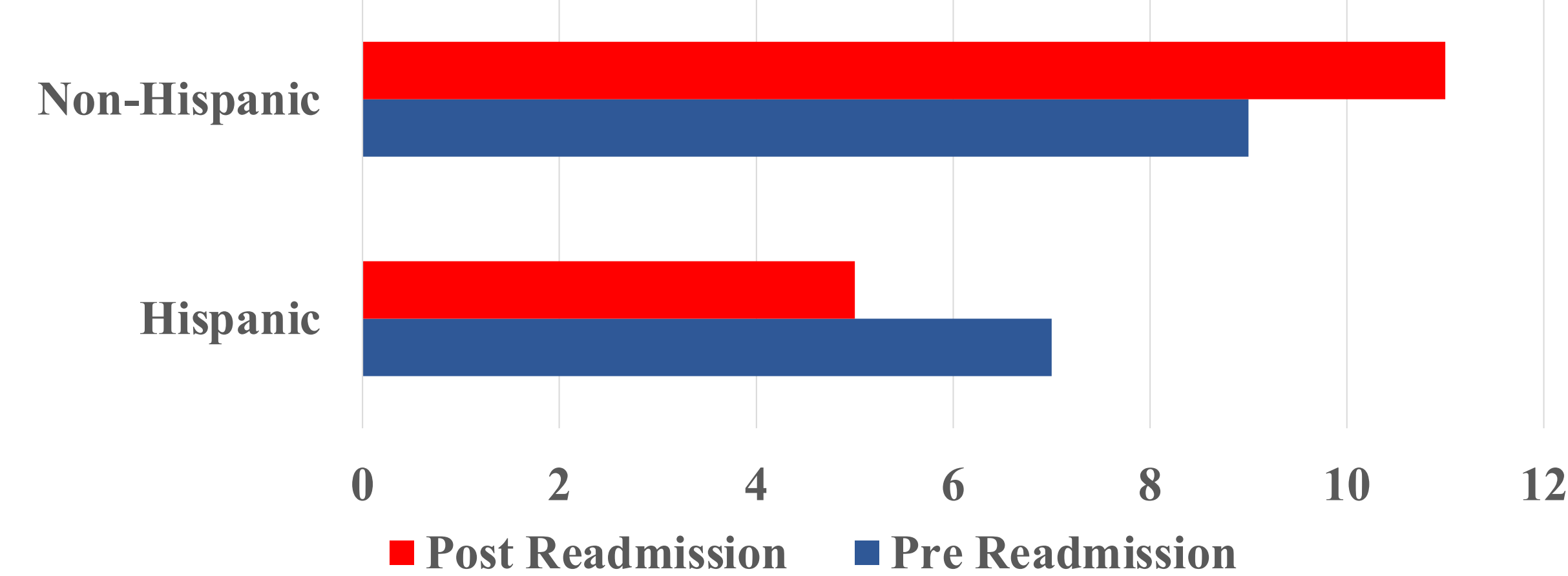
- Clinically and statistically significant reduction in the number of ER visits and 30-day readmissions among Hispanic patients ($\chi^2 p = 0.006$ vs $p = 0.004$)

- The nutritional status of the patients who were at risk for malnutrition or who were already malnourished showed a significant improvement post referral ($\chi^2 p = 0.039$).

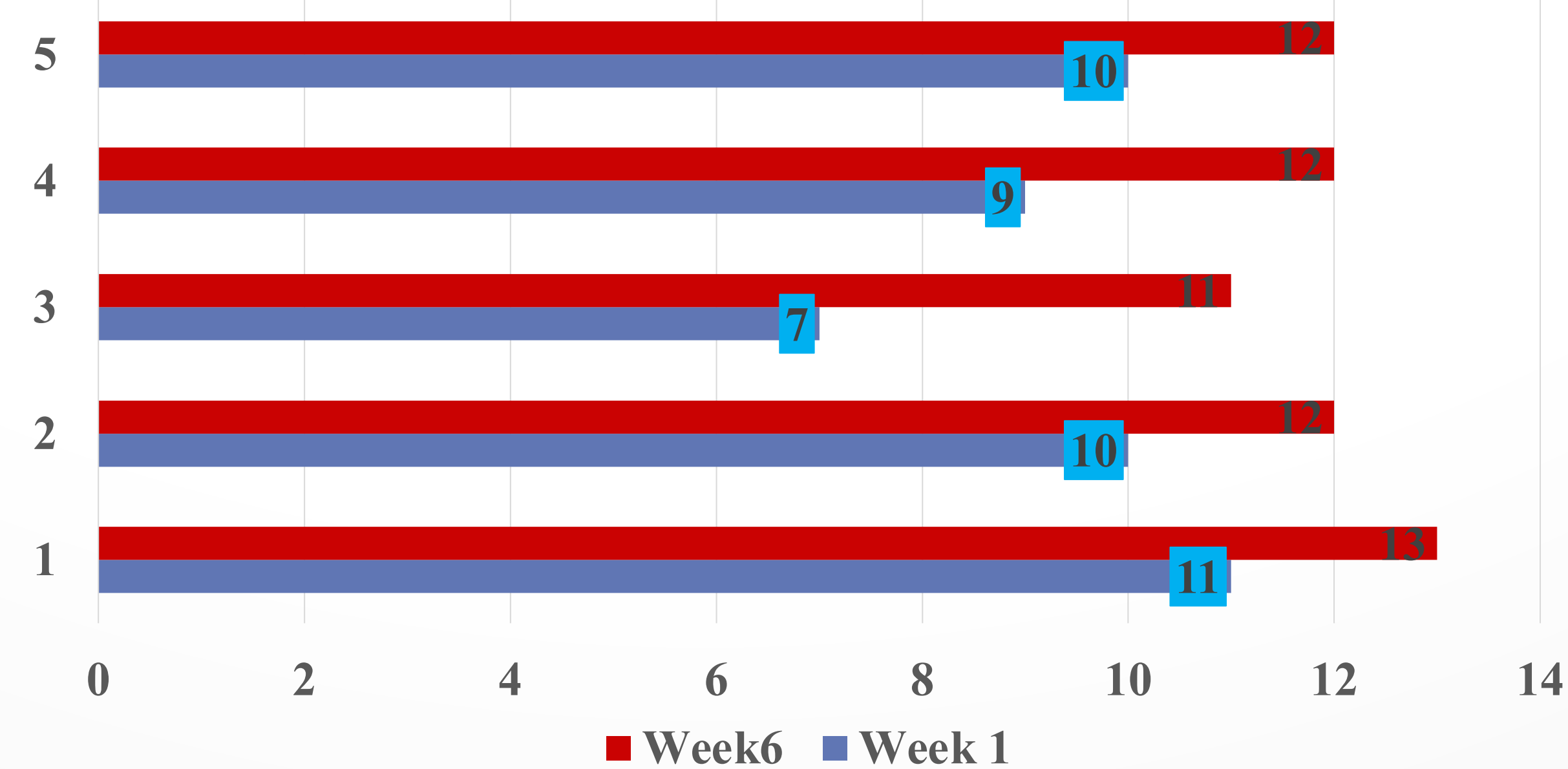
ER Visits



30 day Readmission



Nutrition Score



Discussion

Conclusions

- More than half of the patient sample was readmitted within 30 days.
- >25% of patients readmitted with 48 hours.
- The study had more of an impact on Hispanics compared to non-Hispanics.

Implications on practice

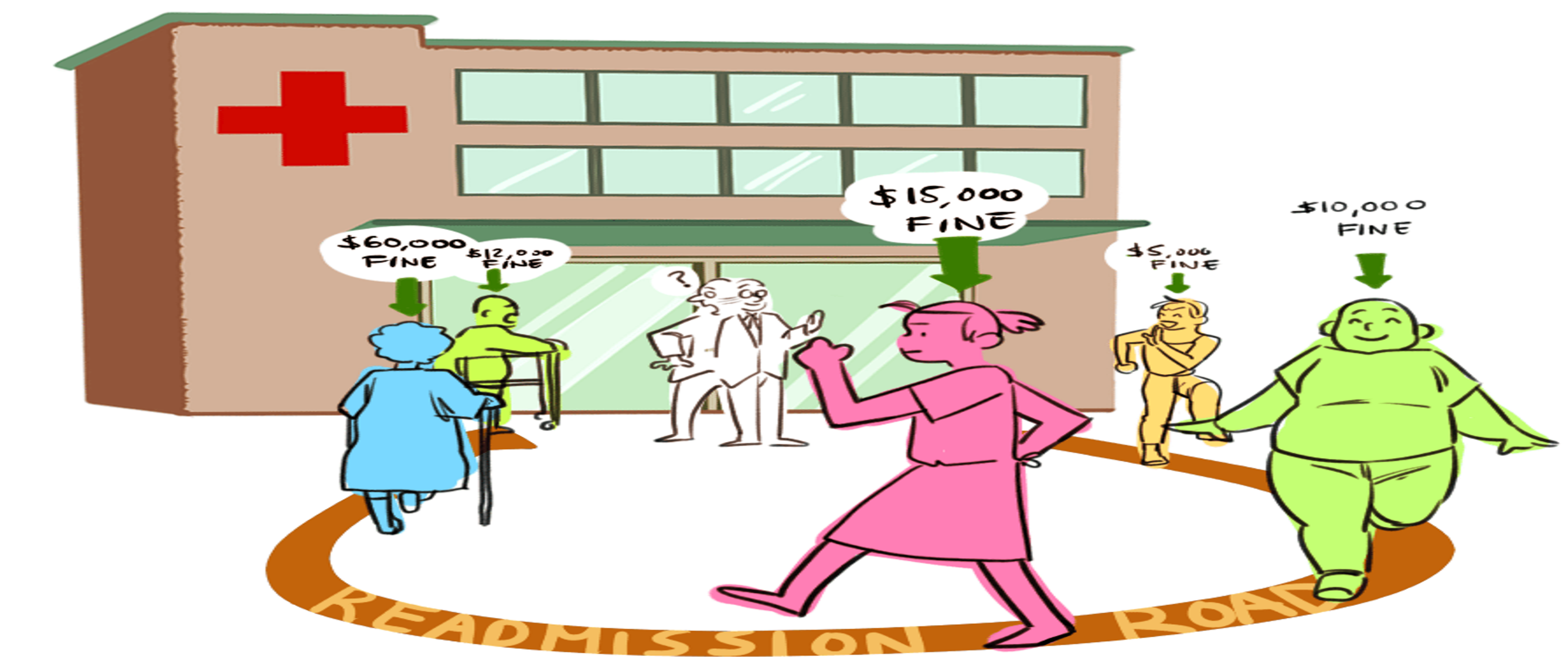
- Early follow up should take place within 24-48 hrs.
- Culturally competent educational programs for Hispanic patients.
- Dedicated inpatient discharge nurse

Implications on policy

- Reducing readmissions to obtain large scale reductions in cost
- Policies to foster a shared sense of responsibility among all staff
- Potentially \$2140 saving on each early readmissions avoided.

Implications on Education

- Daily logs and nutritional screening can be used as educational tools for patients and caregivers
- Nurse-led education programs can be used to reduce the gap that exists in the transition of care (Rice et al, 2018).



References

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