Evaluating the Effectiveness of a Transitional Care Program in an Acute Care Organization

RUTGERS School of Nursing

Jeanette Jimenez, BSN, RN

DNP Chair: Dr. Suzanne Willard, PhD, APN-C, FAAN DNP Team Member: Dr. Sergio Waxman, MD, MBA

Introduction

- The project evaluated the effectiveness of a transitional care center (TCC) in reducing readmission rates, increasing medication compliance, and increasing follow up visit adherence.

Background

- CMS penalizes hospitals for avoidable readmissions ($17 billion annually) (CMS, 2018).
- HRRP and DSRIP incentivize hospitals to reduce readmission rates (CMS, 2021; DSRIP, 2015). High readmission rates are an indicator of lower quality of care.
- Uncertainty about medication regimens and follow up visits lead to unplanned readmission (Cancino et. al, 2017).
- Transitional care models are successful when there is consistent leadership, sufficient resources, and high fidelity to program components (Mitchell et. al, 2017).

Methodology

- **Design:** Program evaluation of a transitional care program using the CIPP Model.
- **Setting:** 665 bed teaching hospital in Northern New Jersey.
- **Sample:** 300 charts of Medicare patients admitted with AMI, COPD, and PNA from January 2015 until July 2021. TCC staff.
- **Measures:**
  - Readmission rates.
  - Medication compliance.
  - Follow up visit adherence.
  - Adherence to program components.
- **Analysis:**
  - Chi square tests for measured outcomes.
  - Pearson correlation.
  - Surveys of staff perceptions of program.

Results

Context
- Goal to reduce readmission rates, increase medication compliance, and increase follow up visit adherence.
- Beneficiaries: facility, Medicare patients with AMI, COPD, and PNA.
- Resources: TCC.

Input
- Surveys: Staff "moderately prepared" to deliver program and did not have to work outside scope of practice.
- Surveys: Staff remained "neutral" about having necessary resources
- Vacancies in NP and RN roles.

Process
- 2015 highest "not documented" responses. 2018 most successful year in patient outreach post discharge.
- More 2 day calls than 7 or 21 day calls.
- Surveys: Gaps in communication between TCC and providers and TCC and patients. Staff felt TCC "very effective" in addressing measured outcomes and report always using "Call Back Script".

Product
- Chi square tests: Medication compliance ($p=<.001$), follow up visit adherence ($p=.005$), readmission rates ($p=.227$).
- 2 day call/medication compliance ($R^2=.850$), 7 day call/follow up visit adherence ($R^2=.810$), 21 day call/follow up visit adherence $R^2=.869$).
- Program potential for expansion to other patient populations but terminated in 2021.

Discussion

- **Greater adherence to post-discharge calls** led to **greater improvements** in patient outcomes.
- **Impact of COVID 19 pandemic** on follow up visit compliance and staff adherence to program components from 2019 to 2021.
- **Lack of improvement in readmission rates** may be related to **decrease follow up visit compliance** from 2019 to 2021.
- Low survey response rate: 33.3%.
- 1 staff member answered surveys, creating **response bias**. Relates to disparities between responses and chart review findings.
- **Lack of consistent leadership** throughout program's implementation may be attributing factor to **inconsistent phone calls** post discharge and **not utilizing Call Back Script.**
- **Gaps in communication** between TCC and providers and informing patients on role of TCC after discharge.

Implications

Clinical Practice/Healthcare Policy
- Identified gaps in practice which could lead to improvements in future transitional care models and policies.
- Need for stakeholder focus on these outcomes to obtain significant results in hospital recidivism.

Quality and Safety
- Improve patient self-management of disease processes.

Education
- Emphasizes need for consistent guidance and increased training for staff. in completing program components.

Economic
- Decrease penalties by reducing readmissions.
- Continued eligibility for DSRIP program.

References

Contact Info

Jeanette Jimenez, BSN, RN
jcj94@sn.rutgers.edu