

## 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.

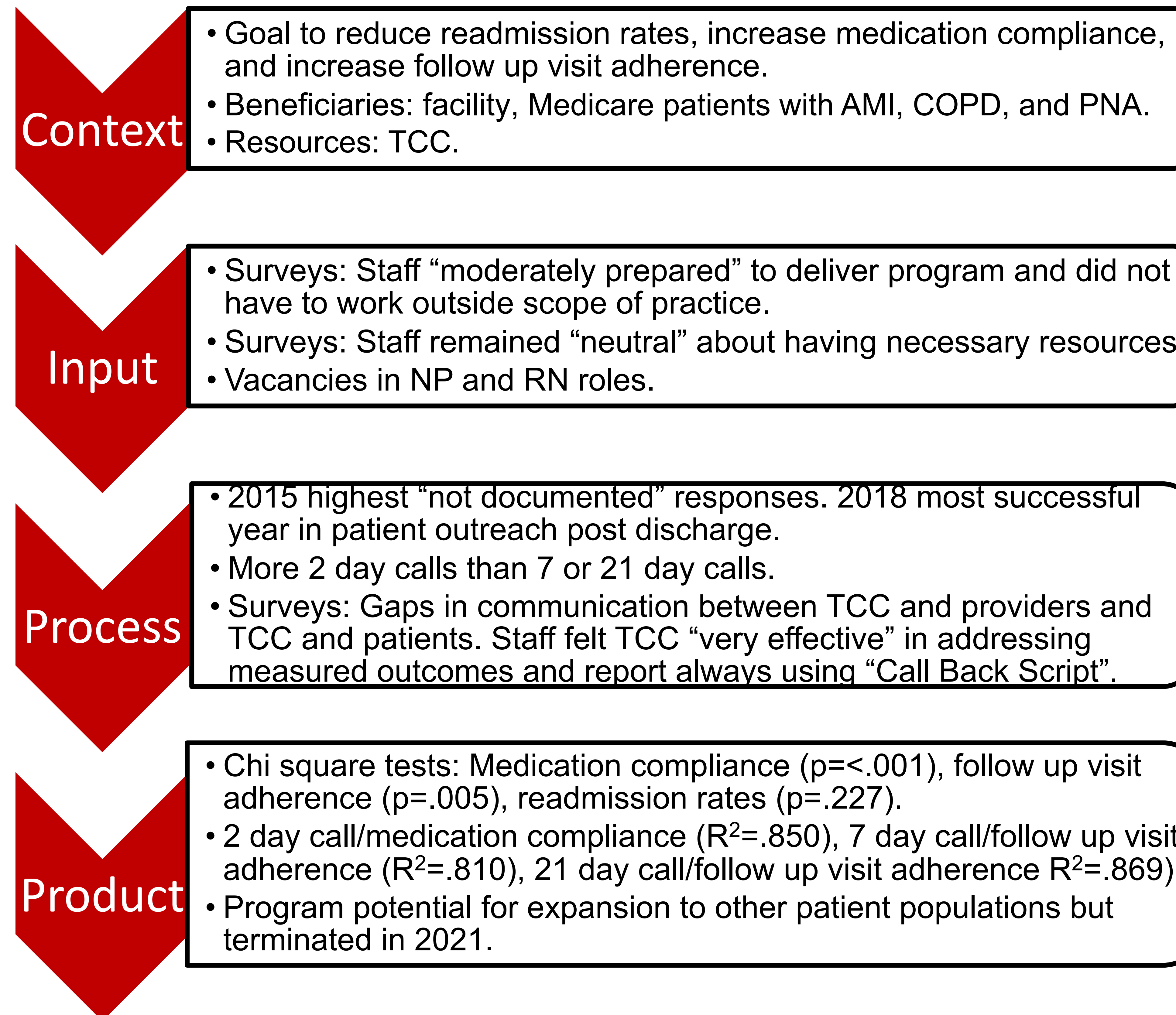
## Background

- 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



## 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.

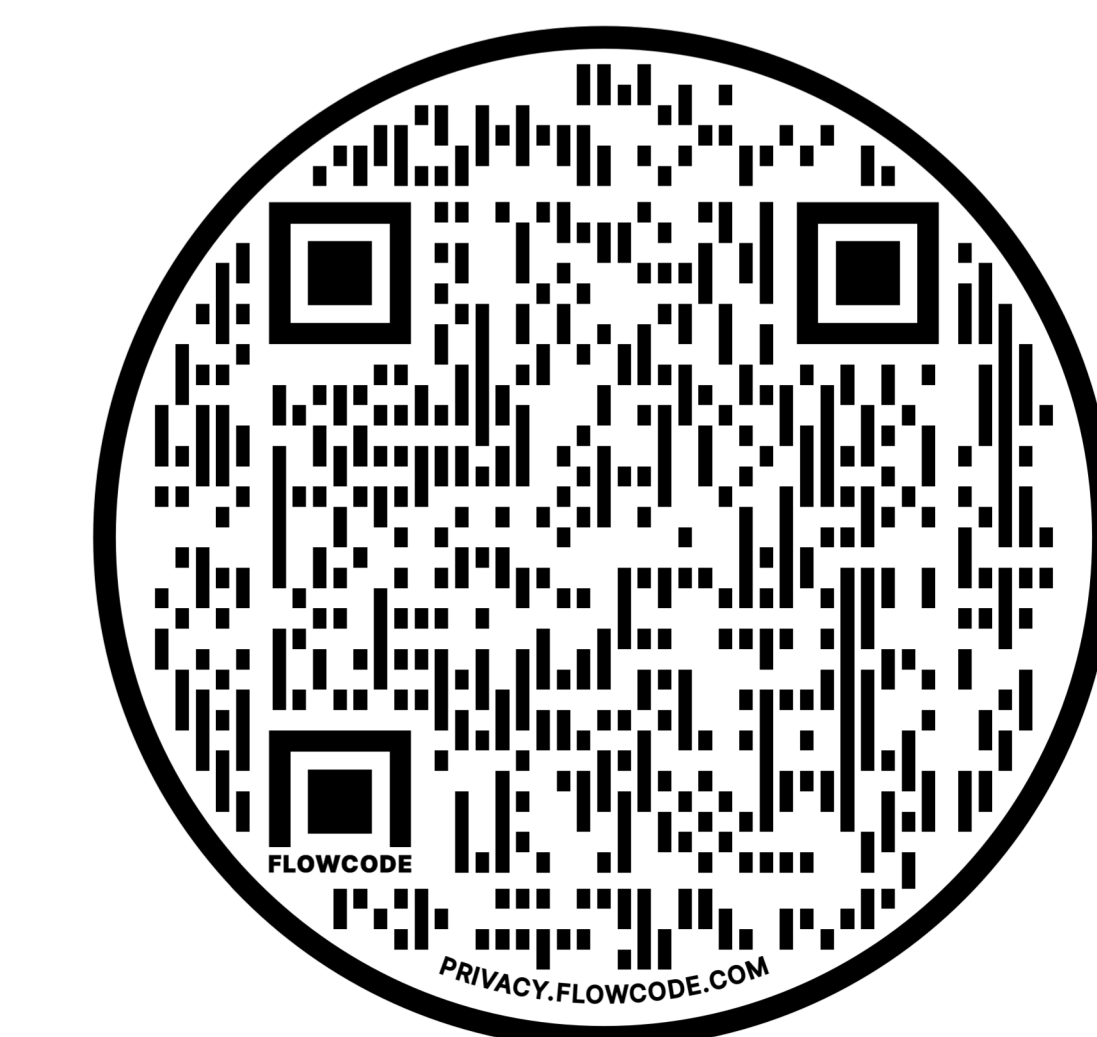
### Education

- 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

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