

Transitional Care Intervention to Reduce 30-day Readmission Rate in Cardiac Transplant Patients

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BACKGROUND

- One in five patients readmitted within 30 days ¹
- Cost \$17 billions in Medicare readmission ²
- New York's 30-day readmission cost \$3.7 billions per year in 2008 ³
- About 36% heart transplant patients hospitalized in first year and 61% in year four ⁴

PROBLEM

- Ineffective transition, lack of coordination during hospital discharge
- Miscommunication between primary care provider and patients
- Patients readmitted did not know their medications and have no follow up with primary care provider

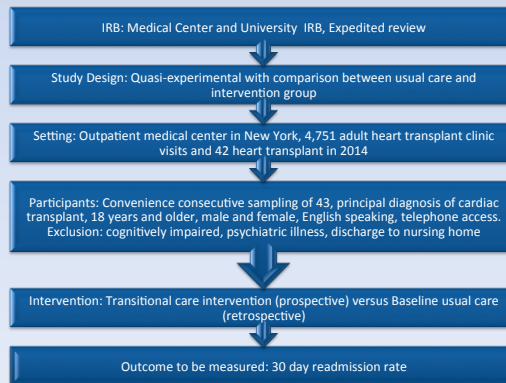
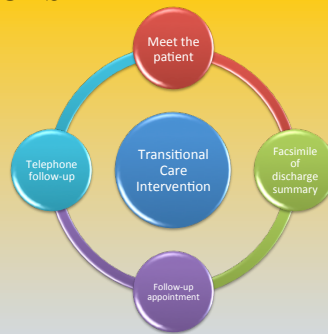
PURPOSE

- To examine the effectiveness of transitional care interventions (TCI) post hospitalization on reducing 30-day readmission rate in cardiac transplant patients

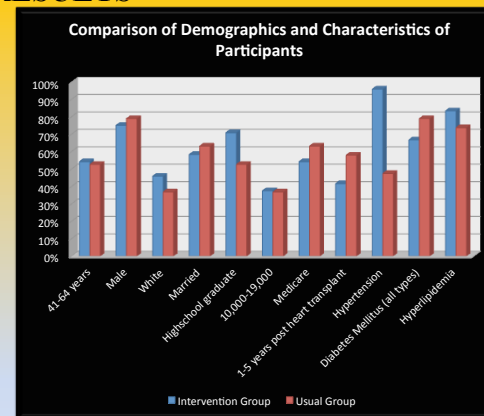
SYNTHESIS OF EVIDENCE

- 21 studies, 10 were level I, 3 studies on level II and III
- Although single TCIs were effective, most of review in the synthesis found bundled TCI significantly reduced readmission rate

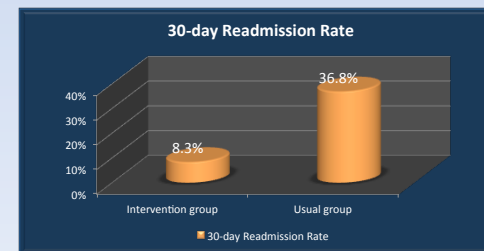
METHODS



RESULTS



Except for hypertension ($p=0.001$), all other characteristics were not statistically different between the groups ($p>0.18$).



The TCI revealed statistically significant improvement in the 30-day readmission rate ($p=0.03$, Fisher's Exact test).

DISCUSSION

- Missing data: demographics, readmission to other institution
- Eligible patients declined enrollment
- Pilot study: $n=43$, $1-\beta$ (power) of 0.50
- Selection Bias: non-randomization
- Physical capacity and support system
- Effect of each components of the TCI
- Single academic center
- Heterogeneity: specific population
- Investigator Bias: collecting data

CONCLUSIONS

- Transitional Care Intervention: Reduction of readmission rate in various populations, APRN-led, Useful in practice, easy to follow
- Fosters interprofessional collaboration
- Future implementation: Measurement of 90, 180, and 360-day readmission rate, Larger sample size
- Impact on health and society: Improve safety, quality of care and reduce cost

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