

Abstract

Chronic disease continues to increase in prevalence due to an aging population and improved treatment options that are helping patients live longer. Reducing unplanned readmissions has become a priority for health systems due to financial penalties and star ratings. A lack of personal engagement in the plan of treatment has been shown to affect patient outcomes. A mixed-methods study was performed that measured the impact of a self-risk assessment for rehospitalization on hospital readmission rates for patients receiving home health services. The study was based on the Theory of Planned Behavior and assumed that patients would engage in their prescribed treatment if aware of the threat of hospital readmission. Home health patients were asked to complete the assessment and received the usual care for chronic disease management based on their diagnosis. Readmission rates were measured before and after the intervention using the Strategic Healthcare Program for analysis. The study did not show a significant change in the rate of readmissions for the home health agency over an 8-week period. Limitations of the study include the short time frame for analysis and use of all-cause readmission rates.

Keywords: readmission, nonadherence, self-risk assessment, chronic disease, theory of planned behavior