

Analysis of Clinical, Social, Transitional Care, and Medication Reconciliation Factors Associated with 30-Day Adult Heart Failure Readmissions

Bridget Brodecky RN, BSN, Jeff Goetz RN, BSN, Joel Ruiz RN, BSN, Emily Walker RN, BSN, Nancy Bredenkamp PhD, APRN-FNP
Creighton University



SIGNIFICANCE OF PROJECT

- Heart failure (HF) is a chronic clinical syndrome that causes high rates of mortality, morbidity, and increased health care costs.
- Adult HF prevalence in the United States in 2006 was 5.8 million, this is a three-fold increase since 1979.
- Heart failure patients experience a high percentage of hospital readmissions which occur within 30 days of acute care discharge.
- Research is limited on characteristics related to HR and hospital readmissions.

PURPOSE

- Explored clinical, social, transitional care, and medication reconciliation factors associated with 30-day readmissions.
- The goal was to identify missing factors at either discharge or 30-day readmission to improve care and reduce 30-day readmission rates.

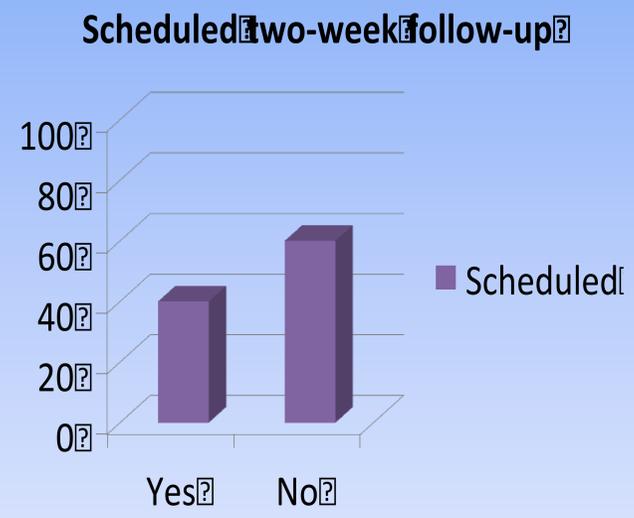
METHODS

- Non-experimental retrospective study
- A convenience sample
- Inclusion criteria: adult 30-day readmission into a Midwest heart and vascular specialty hospital with the primary diagnosis of HF.
- 36 charts met initial criteria, 3 were excluded due to missing data, for a total of 33 charts analyzed using SPSS.

RESULTS

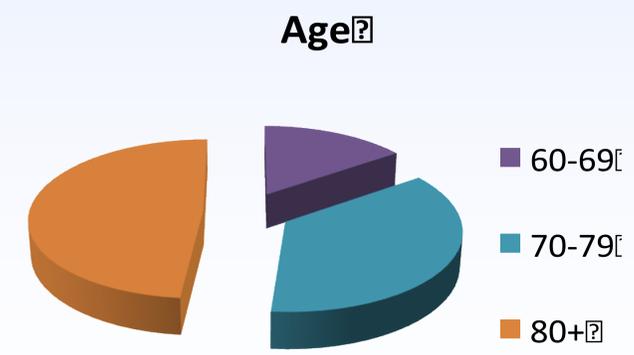
CLINICAL

- Number of co-morbidities:** One patient had 3 co-morbidities while the remaining patients had 5 or more.



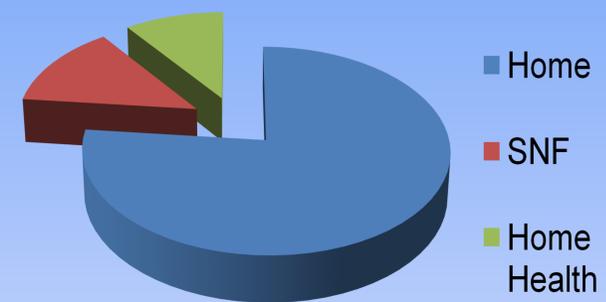
SOCIAL

- Gender:**
Male 73%
Female 27%

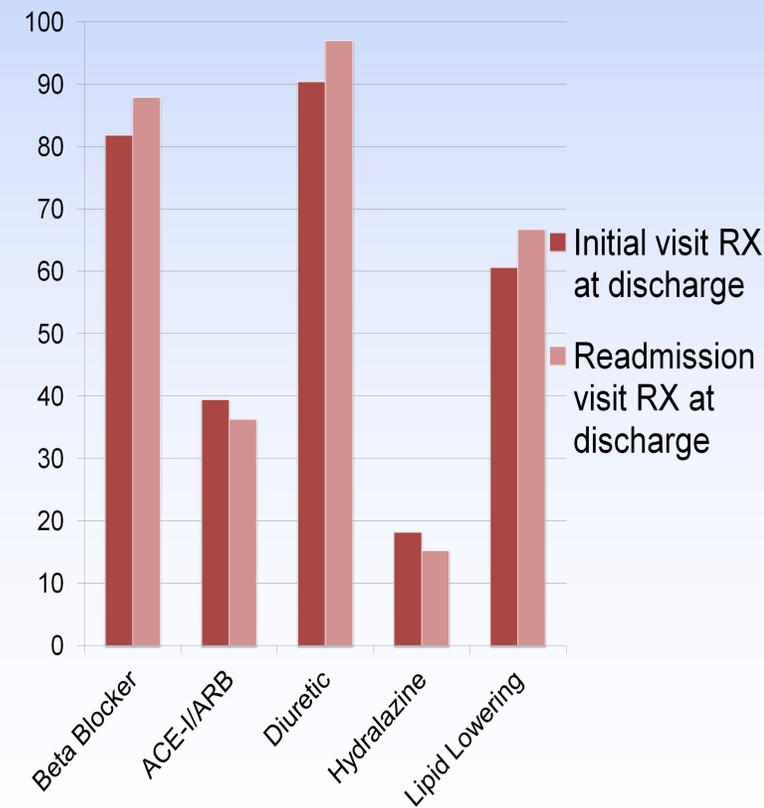


TRANSITIONAL

Discharge Disposition



MEDICATION RECONCILIATION



IMPLICATIONS FOR PRACTICE

- The American Heart Association has released updated HF guidelines, future studies should use these as the variable inclusion criteria.
- Nurse practitioners working in primary care need to be familiar with the new evidenced based practice HF guidelines and treat accordingly.
- Frequent review of patients HF management is necessary to assure interventions have not been excluded inadvertently.
- Specifically related to the results of this study, the Midwest heart and vascular specialty hospital has hired a pharmacist to assist with medication reconciliation, on admission and discharge, to ensure the HF guidelines are being met.
- Every patient should have a scheduled two-week follow-up appointment upon discharge with a date and time.

SUMMARY

- The goal of this project was to contribute amenable evidenced based knowledge to improve clinical practice patterns for HF patients.
- Understanding and transforming evidenced based knowledge about how clinical, social, transitional care, and medication reconciliation factors affect hospital readmissions is important for improving patient care.
- These factors also influence health care costs and can impair a patient's self-efficacy.
- Improving practitioners understanding of these factors may make a positive impact towards health care reform in the future.

ACKNOWLEDGEMENTS

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