In hospitalized cardiac patients, what is the impact of a tailored discharge teach-back tool on 30 day readmission rates?
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Background
Cardiac surgery and Heart Failure (HF) patients figure among the highest in incidence of readmission within 30 days after discharge. 92% of patients that underwent Coronary Artery Bypass Grafts (CABG) were readmitted within that timeframe in our units in 2017. Many of the reasons behind readmissions are directly related to events that could be prevented with adequate discharge teaching and accurate assessment of a patient’s understanding of the cardiac surgery performed, their disease process and the self-care regimen involved in maximizing their quality of life.

Purpose
The purpose of this project is to develop and implement a tailored discharge teach-back tool to empower nurses to further assess patients’ understanding of their surgical or disease process and necessary self-care regimen, in order to minimize readmission rates.

Methods
The Inova Fairfax Medical Library supplied us with eight articles. After careful literature review, we found seven of those to be pertinent to this project’s objective. According to Hobbs et al., HF is the most frequent cause of rehospitalization among surgical cardiac patients, which constitutes an outstanding 40% of all their re-admissions.

Since the Affordable Care Act (ACA) penalizes hospitals with a high rate of re-admissions within 30 days of discharge (Cykert, 2012), finding a way to keep that specific population from being readmitted becomes imperative.

As a last step, we approached our units’ nurse clinical managers to obtain unit specific statistics regarding readmissions and the reason behind them.

Based on the information found in literature and based on the data supplied by unit statistics, we decided to develop a tailored teach-back method tool, to be used during discharge process. This tool enhances understanding of the patient’s surgical or disease process and management in order to prevent health related complications that require further hospitalized interventions.

We created two different patient samples of twenty five individuals each in CTUN and CVSDU. One sample would be considered a pre-intervention sample, whereas the other one would become the post-intervention group. The pre-intervention sample would obtain a regular After Visit Summary (AVS) based discharge teaching. On the other hand, the post-intervention sample would have the tailored discharge teach-back tool in addition to the AVS resource. We followed those samples through daily unit census check ups to ensure weather or not those patients were readmitted within 30 days of discharge. This graph illustrates the findings.

Findings
At CTUN, in the pre-intervention group, ten out of twenty five discharged cardiac patients were readmitted within 30 days of resuming life outside the hospital setting. This constitutes 40% of the individuals in the sample. On the other hand, in the post-intervention group, six out of twenty five discharged cardiac patients were readmitted within the same period of time. This constitutes 24% of the sample, which in turn translates into a 16% decrease in readmission rates.

At CVSDU, in the pre-intervention group, twelve out of twenty five discharged cardiac patients were readmitted within 30 days after discharge. This constitutes 48% of the individuals in the sample. In the experimental group eight out of the twenty five discharged cardiac patients were readmitted within the same period of time. This constitutes 32% of the individuals in the sample, which in turn translates to a 16% decrease in readmission rates.

Implications for Practice
Many factors are associated with this specific patient population’s return to the hospital within 30 days of discharge; however, effective education, with resultant patient comprehension of the discharge plan, based on comprehension of the disease or surgical process, has the potential to decrease the likelihood of readmission by 30% (Almkuist, 2017).

In addition, the creation of teach-backs tools puts the nursing profession in the lead to improve public/community health once more, allowing hospitals to comply with ACA and allocate resources more efficiently.

References


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