

Title:

Does a Nurse Practitioner in a LTCF Decrease 30-Day Hospital Readmission Rates?

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Session Title:

Poster Presentations

Slot (superslotted):

PST: Friday, April 8, 2016: 10:00 AM-10:45 AM

Slot (superslotted):

PST: Friday, April 8, 2016: 12:00 PM-1:15 PM

Slot (superslotted):

PST: Friday, April 8, 2016: 2:30 PM-3:15 PM

Slot (superslotted):

PST: Friday, April 8, 2016: 6:00 PM-7:00 PM

Slot (superslotted):

PST: Saturday, April 9, 2016: 7:30 AM-8:30 AM

Slot (superslotted):

PST: Saturday, April 9, 2016: 10:00 AM-10:45 AM

Slot (superslotted):

PST: Saturday, April 9, 2016: 12:00 PM-1:15 PM

Keywords:

Healthcare workers especially those in longterm care settings, Nurse Practitioner and Reducing 30 day hospital readmission rates

References:

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Abstract Summary:

Quantitative study utilizing a retrospective chart review to evaluate the impact of adding a nurse practitioner in the long term care facility eight hours a day on 30 day hospital readmission rates and the variables that contribute to the readmissions.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
|--|--|
| The learner will be able to describe the impact a NP in a LTCF has on hospital readmission rates. | Data analysis of admissions/readmissions before and after the implementation of the NP. |
| The learner will be able to identify and predict the variables that contribute to hospital admission/readmissions from LTC facilities. | Data analysis of the variable that contributed to the admissions/readmissions and the tool used to identify the variables. |

Abstract Text:

Aim: The purpose of this quantitative study is to evaluate the impact of adding a nurse practitioner (NP) in the long-term care facility (LTCF) eight hours a day Monday through Friday on 30 day hospital readmission rates and to identify the variables that contribute to LTCF readmissions. **Background/Evidence:** Graverholt, Forsetlund, and Jamtvedt (2014) found nursing home populations' account for an estimated 19-67% of potentially unnecessary hospital admissions. Mor, Intrator, Feng, and Grabowski (2010) found almost one-fourth of patients discharged from the hospital to skilled nursing facilities in 2006, were readmitted within 30 days costing Medicare \$4.34 billion. **Methods:** A retrospective chart review of a convenient sample of patients age 65 years and older that was transferred and readmitted to a hospital from LTCF within 30 days of discharge. The data will be collected during two-six month time frames, pre-implementation and post-implementation of the NP in the LTC facility. A paired t-test will be used to describe changes pre and post implementation of the NP. A cross-tab Chi-squared test will be used to assess rates of disease specific admissions to the hospital. **Preliminary results:** Preliminary results indicate that there is a decrease in overall admission rates since implementation of the NP. The ICD/Charlson Comorbidity index scores contribute to the probability of admission/readmissions as well as other factors such as age, length of stay in the LTCF, length of stay in the hospital and there is a higher incidence of readmission due to a new diagnosis. **Significance:** Nurse practitioners have a high degree of professional autonomy. Having advanced skills in health status assessment, decision making and performing diagnostic reasoning while acting as consultants for other health providers, NPs can provide and improve care for older adults in LTC

facilities (Morilla-Herra et al., 2013). Having primary care providers available within the facility could potentially decrease cost and hospital admission/readmission rates.