Does Independent Advanced Practice Nursing Scope Influence Excess Pneumonia Readmissions

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**Purpose**
To determine if clinical processes, prevention measures, or advanced practice registered nurse (APRN) practice environment influence 30-day readmission ratios for community-acquired pneumonia (PN) among Medicare patients.

**Background**
The Patient Protection and Affordable Care Act passed in 2010. One major goal was to reduce 30-day readmissions to reduce costs.

**Methods**
The relationship between the variables was analyzed by a multiple linear regression of those 65 and older enrolled in Medicare.

- **Outcome variable**
  - Excess PN 30-day readmissions

- **Predictor variable analyzed in 3 groups**
  1. Clinical processes:
     - care plans transmitted
     - d/c instructions given
  2. Pneumonia prevention:
     - flu vaccinations
     - tobacco use
  3. APRN practice environment:
     - states with full or restricted practice

**Results**
Across the United States, independent APRN scope of practice was associated with a 3.7% reduction in the excess 30-day readmission ratio compared to states with restricted practice (p = .000). In contrast, clinical processes and primary prevention strategies were not associated with decreases in the excess readmission.

**Summary and Conclusions**
States with independent practice for APRN’s had lower 30-day readmissions for PN than states with restricted practice.

**References**