

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.

Methods

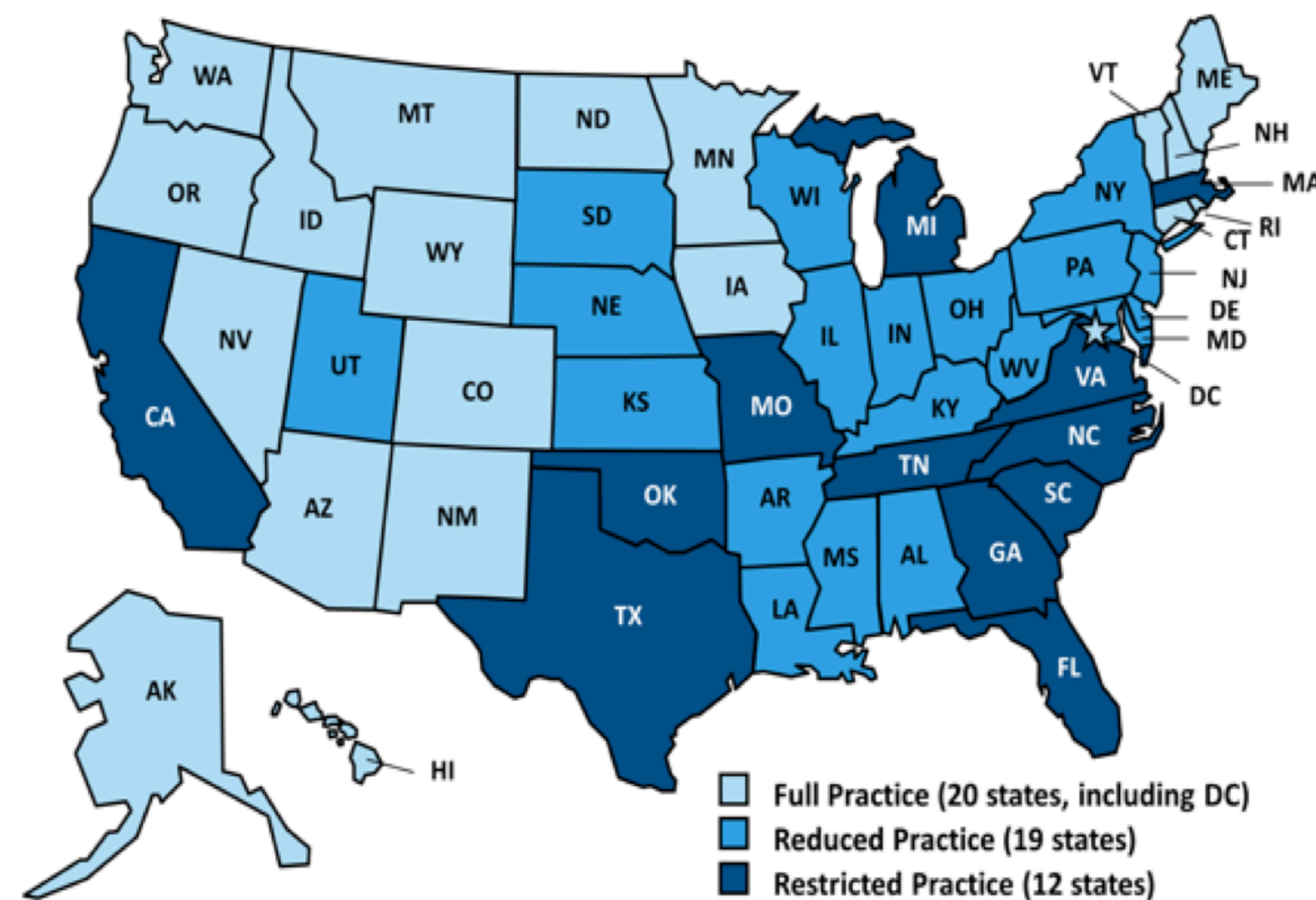
The relationship between the variables was analyzed by a multiple linear regression of those 65 and older enrolled in Medicare.

- 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.



Background

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

Summary and Conclusions

States with independent practice for APRN's had lower 30-day readmissions for PN than states with restricted practice.

References

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