Effects of a Pneumonia Pathway on Hospital Readmission Rates
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BACKGROUND
There are inconsistencies in treating inpatients with community acquired pneumonia (CAP) and providing adequate post discharge follow-up contributing to significant hospital re-admission rates and increased healthcare costs. Will the use of a pneumonia pathway decrease hospital re-admissions and healthcare costs? Our null hypothesis for this study was that the use of a pneumonia care pathway will have no significant effect on hospital readmission rates.

METHODS
Over a two year period, we followed 386 patients with a diagnosis of CAP for readmission. In 2011, we followed 150 patients who were not ordered the pathway. In 2012, 236 patients were ordered the pathway and followed. Patients met criteria for the pathway if they had a diagnosis of CAP and were 18 years and older. The pneumonia pathway started on presentation to the emergency room and ended thirty days following discharge. While in the hospital, patients received education about pneumonia from respiratory, nursing, and pharmacy. Prior to the discharge, a respiratory therapist (RT) met with each patient to schedule a follow up doctor’s appointment. At this time, the patient was instructed on the proper use of an MDI and an MDI spacer. If applicable, the RT offered smoking cessation counseling. Patients received calls from an RT at days two and seven following discharge. The Respiratory Therapy Department continued to follow patients for 30-days to monitor hospital readmission for pneumonia. Data was analyzed using the Chi-Square Test on SPSS 20.0 for Windows (Chicago, IL, USA). Alpha was set at 0.05.

RESULTS
We rejected our null hypothesis because the p value was calculated to be < 0.001. C2(1)=24.770, p<0.001. The use of a pneumonia pathway significantly reduces hospital readmissions and healthcare costs.

CONCLUSION
Following a pneumonia care pathway significantly reduces re-admissions and healthcare costs due to the interdisciplinary participation while the patient is hospitalized. The post discharge phone calls and patient compliance with physician follow-up visits after hospital discharge was vital to further reducing re-admissions.