Pneumonia Pathway Effects on Hospital Readmission Rates

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PURPOSE

There are inconsistencies in treating inpatients with community acquired pneumonia (CAP) and providing adequate post discharge follow-up contributing to significant hospital readmission rates and increased health care costs. Our null hypothesis for this study was that the use of a pneumonia care pathway will have a significant effect on hospital readmission rates.

OBJECTIVES

At the conclusion of this presentation the participant will be able to:

1. Define a clinical pathway based on best practice.
2. Identify readmission rates for pneumonia patients and set a target rate for new fiscal year.
3. Develop a multi-disciplinary team to reduce process variation for pneumonia patients.

ABSTRACT

Background: Hospital readmission rates significantly contribute to increased healthcare costs in this country. It has been reported that an estimated 20% of patients are readmitted to hospitals within 30 days. There are inconsistencies in treating inpatients with community acquired pneumonia and providing adequate post discharge follow-up largely due to the complexity of patient needs. The creation and use of a pneumonia care pathway could have significant statistical effects on reducing hospital readmission rates.

Objective: Create an interdisciplinary pneumonia care pathway that starts on presentation to the emergency room and ends thirty days following discharge.

Methods: Patients 18 years and older with a diagnosis of community acquired pneumonia were ordered the pneumonia pathway upon admission. Patients received a pneumonia education folder, instruction on the proper use of MDI with spacer, and education on medication management. A follow-up doctors appointment was scheduled within 7 days of hospital discharge. Patients received calls from a respiratory therapist at two and seven days following discharge to remind patients of follow-up appointment and resolve any patient related issues.

Results: Pneumonia readmission rates decreased from 22.58% in 2011 to 14.29% in 2012.

Conclusion: We conclude that following a pneumonia care pathway significantly reduces readmissions due to the interdisciplinary participation while the patient is hospitalized. Importantly, the post discharge phone calls and patient compliance with physician follow-up visits two and seven days after hospital discharge was vital to further reducing 30 day readmissions.