UTHealth The University of Texas Health Science Center at Houston | Cizik School of Nursing

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Decreasing 30 Day Stroke Readmission Rates by Improving Education and Post-Discharge Coordination of Care

PURPOSE

The purpose of this quality improvement project was to reduce 30 days hospital readmission rate for acute stroke patients by ten percent within four months while providing education and coordination of care during and after discharge. Another goal was to improve patient safety, quality of care, satisfaction, reduce cost and unnecessary hospitalization, avoid the reduction in reimbursement for patient care, and improve care coordination processes and discharge planning. The project took place in single service line of a large academic specialty hospital in the Texas Medical Center, Houston, Texas.

BACKGROUND

Lack of education and coordination of care during discharge would affect patients' safety and the quality of care provided during admission.

METHODOLOGY

The patient's chart review was conducted from the previous year (2020) from September to December and compared with the year 2021 same time frame after implementing new discharge education, coordination of care after discharge, and telephone follow-ups.

RESULTS

Understanding the role of rehabilitation to improve the quality of life for stroke patients and coordinating with healthcare professionals to avoid unnecessary emergency department visits and hospitalizations is crucial. This project recommended that besides providing discharge education, contacting patients within 72 hours after discharge to ensure coordination of care helps reduce 30 days hospital readmissions by 26%.

IMPLICATIONS

Coordinating and following up with patients, families, providers, home health care agencies, and the entire interdisciplinary care team after discharge is necessary to avoid unnecessary ED visits and hospitalizations. More research-based evidence is needed to assist with the implementation of this process.