

Getting Started with a Research Study:

Implementation of Re-Engineered Discharge (RED) to Reduce Hospital Readmissions

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October 22, 2018

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Professor N. Rodriguez
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Dear Professor Rodriguez:

Identifying effective, sustainable, and comprehensive intervention is essential in reducing hospital readmissions in the United States. The aim of this literature review is to investigate a multidisciplinary intervention to improve the discharge process and to prevent hospital re-utilization after discharge. Hospital readmission is costly, preventable, and quality and safety measures. Reducing unplanned re-hospitalization could significantly improve patient-centered care coordination, accountability, increase the quality of care, avoid financial penalties, decrease readmissions, and potentially lower healthcare cost.

The literature review will include historical data and previous studies to support and to better understand the challenges, barriers, limitations, and process relevant to the issue. Database search from Peer Review of Electronic Search Strategies (PRESS), SAGE journals, National Center for Biotechnology Information (NCBI), grey literature from accredited institutions, New York City College of Technology library database, Centers for Medicare & Medicaid Services (CMS) will be utilized. The review will be limited to the studies of adults written in English-language and conducted within the United States. Relevant information search will be done and evaluated by using keyword search, target population, time frame, geography, language, peer-reviewed, study type, article type and Boolean guided search including patient discharge, patient readmission, patient discharge AND patient readmission to narrow the search for relevant materials.

Two annotated bibliographies are included to introduce the research topic and problem statements that will be further assessed in the literature review. The first article evaluates and focuses on the implementation process of Re-Engineered Discharge (RED) intervention in 10 hospitals in the United States to reduce hospital readmissions. The second article focuses on the impact of the implementation of Re-Engineered Discharge for heart failure patients at a Veterans Affairs Hospital at Arkansas. The study evaluates the impact of RED intervention on hospital readmission, mortality, outpatient follow-up, and cost savings.

I have read CUNY's and City Tech's plagiarism policy and understand it such that I will take all steps necessary to avoid plagiarism. This includes summarizing all information into my own words, using quotation marks if the information is taken verbatim, using parenthetical in-text citations as needed, and providing a reference list in the APA format. I will try not to use quotes; however, if necessary they will be used sparingly to best adhere to the APA writing style for research papers.

Sincerely,

Arnold Antonio

Enclosure: Literature Search Plan and Two (2) Annotated Bibliographies

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Topic

Identifying a sustainable transition of care intervention in reducing hospital readmissions.

Problem Statement

In order to avoid financial penalties imposed by the Centers for Medicaid and Medicare Services (CMS) for having an excessive hospital readmission, hospitals strive to identify underlying causes and implementing interventions to improve quality of care, patient safety, and reduce re-hospitalization. Despite all effort in reducing hospital readmission, hospitals continue to face financial penalties for having an excessive unavoidable re-hospitalization. According to the Centers for Medicare & Medicaid Services (CMS), 1 in every 5 discharges is being readmitted within 30-day and continuously raising healthcare cost. If hospitals continue to have higher than expected risk-standardized 30-day readmission rates, a maximum penalty of 3% deduction to their Medicare base payment could be faced. Implementation and adaptation of transition of care intervention such as Re-Engineered Discharge (RED) may avoid financial penalties and reduce hospital re-utilizations.

Research Question

What are the significant effects of Re-Engineered Discharge (RED) in reducing re-hospitalization on both patients and the healthcare system in the United States? This is a narrow question focusing on the effect of the intervention RED in a specific group and place that requires observation and evaluation.

Literature Search Plan

The literature review selected the studies done in the United States limited to the adult population with both private and safety net insurance.

Sources

The database search will focus on Peer Review of Electronic Search Strategies (PRESS) and Cochrane Database of Systematic Review (CDSR) to find the most recent relevant literature on the topic. Peer-reviewed journals from Health Affairs and SAGE journals will be utilized to find critical literature relevant to the topic to support the argument. Further, grey literature from accredited institutions and universities including Mount Sinai Hospital and the University of Connecticut will be included in the search to find the most relevant literature to the research topic.

Keywords

Single terms	Term combinations using Booleans	Phrases
E.g., project RED	Project Re-Engineered Discharge and hospital readmission	Impact of project Re-Engineered Discharge (RED) on hospital readmission
E.g., patient discharge	Patient discharge AND patient readmission	Current status of patient discharge and patient readmission

Criteria for selecting articles

Categories	Search Parameters
Timeframe	The timeframe search is set to more than five years to place an emphasis and importance of historical data impact to support the argument.
Language/s	Studies written in English-language will be included.
Population	Individuals and organizations will be the unit of analysis.
Geography	Studies conducted in the United States not limited to a specific state will be included.
Peer-reviewed articles (yes/no)	Yes

Full articles and/or abstracts

Full articles

Type of study

Both quantitative and qualitative study

Anything else you want to add?

Project Time-Line for the rest of the semester

Date	Activity
October 29	Literature search plan and annotated bibliography completion Begin searching for and reviewing the literature. Sort the literature, begin writing the Literature review
November 5	Begin evaluating and examining Peer Review materials Literature Review completion
November 12	Present Preliminary Research Proposal
November 19	Begin determining the Research Design Peer Review completion
December 3	Research Design completion
December 10	Present Research Proposal to Funder
December 17	Research Proposal Final Paper completion

Annotated Bibliographies

Mitchell, S. et al (2016) How hospitals reengineered their discharge process to reduce readmission. Retrieved October 18, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102006/>

The aim of this study was to evaluate the implementation process of the evidence-based intervention Re-Engineered Discharge (RED) in 10 United States hospitals. The study focuses on determining the barriers and solutions faced by the participating hospitals during the implementation and dissemination of RED initiative in reducing hospital readmissions. This is a qualitative study consisting of 10 different types of hospitals, the unit of analysis for the study (organization), within the United States. Data collection was obtained from each participating hospitals by interviewing the key personnel engaged in the program and these were analyzed using a constant comparison method to evaluate their implementation experiences. The study conveyed that in order to attain the sustainability and longevity of the RED program, effective leadership, fidelity to the program, supportive hospital culture, strategy, and multidisciplinary team intervention were the core quality to the intervention's success. Challenges that include data sharing, assessing accountability, coordinating timely follow-up, and leveraging information technology must be addressed. The study justified that eight out of ten hospitals experienced lower 30-day readmission rates after the successful implementation of project Re-Engineered Discharge. Study limitations were noted including misrepresentation of the participants' effort during the process, assessment of the intervention's impact may be underestimated, a larger sample may be warranted, and longer observation period to detect the intervention's impact on hospital readmission.

Patel, P. & Dickerson, K., (2017) Impact of the implementation of project re-engineered discharge for heart failure patients at a Veterans Affairs hospital at the central Arkansas veterans healthcare system. Retrieved October 17, 2018, from <http://journals.sagepub.com/doi/abs/10.1177/0018578717749925>

The purpose of this study was to assess the impact of the comprehensive interdisciplinary intervention Re-Engineered Discharge (RED) on hospital readmission, mortality, outpatient follow-up, and cost savings for heart failure patients. The study focuses on determining the effect of RED intervention for HF patients discharged at the Veterans Affairs Hospital. This quantitative explanatory study is consists of a random sample of 100 patients pre-intervention and final sample of 50 patients post-intervention, the unit of analysis (individual). Data collection was obtained from the computerized patient recording system database; dataset from all patients admitted for HF exacerbation was included and compared in the study.

Discharge summary notes were also used to compare pre and post-project RED education after hospital discharge. The study utilizes both chi-square and t-test to compared and analyzed the data. The study concluded a significant reduction in 30-day hospital readmission for HF from 28% in the pre-project RED compared to 18% in the post-project RED. Mortality was also lower, 18% in the post-project RED compared to 41% in the pre-project RED. The outpatient follow-up witnessed positive impact from 19% to 40% attributable to project RED and finally a cost saving of \$1453 per patient for heart failure. The study has its own limitations, external validity may be affected because the study used predominantly male patients and may not be generalized to all demographics. The data collection mainly focuses on HF exacerbation and other comorbidities were not included; this may affect the results of mortality and 30-day readmission rates.