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“Re-Engineered Discharge Planning in a Rural Mississippi Hospital to Reduce 30 Day Readmission Rates among Heart Failure Patients”

Abstract

The hospital discharge is a complex process that involves interdisciplinary efforts to avoid readmissions and decrease health care costs. The purpose of this capstone project was to take a leadership role in translating evidence into practice by successfully preparing NWMRMC discharge planning stakeholders to adapt Project RED for use with HF patients admitted to NWMRMC.

A comprehensive systematic improvement plan, Project RED is designed to improve the work flow process through the use of timelines and strategies. Project RED supports discharge planning, helps to prevent readmission, and facilitates knowledge transfer that promotes sustainable changes. Re-Engineered Discharge Planning (RED), 6 step implementation toolkit was used to develop and provide education on Project RED. The RED toolkit provided a step-by-step process on how to implement Project RED at NWMRMC. The APN conducted 6(1hour) weekly sessions for key stakeholders. Project RED will be introduced in 4 phases, in Phase I; the APN provided 6 education sessions to help implement Project RED at NWMRMC, and Phase I was evaluated. Project RED’s full implementation can take approximately 6 months to 1 year.

The model used in this project is the Precede and Proceed model. The guiding principle in this model consists of two stages - Precede (assessment) and Proceed (intervention). The Precede and Proceed model is a comprehensive structured process of assessing, planning (designing), implementing and evaluating health programs to meet the quality needs. It provided the framework to help analyze situations and design an efficient discharge program. The data obtained was used to modify Project RED’s 12 steps to develop a discharge planning process that can help reach the organization’s goals of significantly reducing the 30 day readmission rates among heart failure patients at NWMRMC.