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Reducing Readmission (and Mortality) for Older Patients & Survivors of Life-Threatening Conditions: A Study Using the STAARR Protocol

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Abstract Draft

Reducing Readmission (and Mortality) for Older Patients & Survivors of Life-Threatening Conditions: A Study Using the STAARR Protocol

Readmission rates for patients admitted for heart failure, pneumonia, chronic obstructive pulmonary disorder, a myocardial infarction, a hip or knee arthroplasty, or coronary artery bypass surgery tend to have high readmission and mortality rates within 30 days of their discharge from a hospital. Starting in October 2012, the Healthcare Reimbursement Reduction Program enforced penalties on Medicare reimbursements for hospitals with readmission rates, for patients with the conditions above, were higher than averages based on facilities with similar characteristics and patient populations. Teach-back and verify (Klingbeil & Gibson, 2018), interdisciplinary teams that engage in patient care and support (Reiter-Palmon et al., 2018), and scheduled patient follow-up (Zheng et al., 2020) have proven to be best practices, in isolation, for providing quality patient care and reducing readmission rates. Unfortunately, there is no evidence of success in reducing the readmission and mortality rates of patients in Atlanta and across the state of Georgia. This study will employ each of the best practices, in tandem, with the STAARR protocol to reduce readmission rates for patients admitted into participating hospitals with the conditions above. The STAARR protocol stands for support, teach-back, and assessment to address readmission rates. STAARR methodology and practices will be taught and supported by nurses and providers that participate in training and credentialing on the STAARR protocol. Study data will be collected and evaluated by teams of individuals from each of the participating hospitals. A study lead will have sole responsibilities for monitoring and managing this study. Data management and procedure maintenance will occur biweekly; performance data and study progress will be evaluated monthly. Feedback surveys and study progress will be reviewed and evaluated yearly. The findings and results of this study will be shared with nursing and leadership teams at hospitals and healthcare organizations throughout Georgia and across the United States.