Practical Implementation of Nursing Science

Impact of a Transition of Care Program on Hospital Readmission for Patients with Acute Myocardial Infarction

PUBLISHED ABSTRACT

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Background: Patients with acute myocardial infarction (AMI) remain at high risk of readmission, despite policy and practice initiatives aimed at preventing readmissions in this population.

Purpose: This evidence-based practice project implemented and evaluated the impact of a transition of care (TOC) program on 30-day readmissions among patients with AMI.

Methodology: We developed an evidence-based TOC intervention for AMI patients that consisted of scheduled outpatient follow-up and HMG-CoA reductase inhibitor prescription, among others. The design of this project was a retrospective program evaluation of all patients enrolled in the AMI TOC program at an urban academic hospital. We compared unplanned 30-day readmissions between patients in the post-intervention period (July 2021 to December 2021) versus the pre-intervention period (July 2019 to December 2019) using Fisher's Exact Test. In the post-implementation period, we also tested whether HMG-CoA reductase inhibitor prescription and scheduled follow-up appointments were associated with unplanned 30-day readmission using Fisher's Exact Test.

Results: The TOC program was associated with a statistically significant reduction in unplanned 30-day readmission ($p = 0.047$). Out of 363 patients with AMI diagnosis, 32 patients (8.8%) were re-admitted pre-implementation. Meanwhile, 10 patients out of 211 (4.7%) had unplanned 30-day readmissions post-implementation. The prescription of HMG-CoA reductase inhibitors did not show a statistically significant improvement in hospital readmission ($p = 0.530$). Only one of the ten readmitted patients did not have an HMG-CoA reductase inhibitor prescription, whereas 14 out of 201 patients not readmitted did not have an HMG-CoA reductase inhibitor prescription. Meanwhile, scheduled follow-up appointments did not positively impact readmission as all ten of the readmitted patients had scheduled follow up appointments (100%), and 199 patients out of 201 (99%) not readmitted had scheduled follow-up appointments.

Implication for Practice: The AMI TOC program implemented by the project site positively impacted unplanned 30-day readmission. Promoting and investing in a comprehensive TOC program may

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TO CITE THIS ARTICLE:
Caacbay, M. C., Holly, C., Abraham, S., & Ruggiero, J. (2024). Impact of a Transition of Care Program on Hospital Readmission for Patients with Acute Myocardial Infarction. *Practical Implementation of Nursing Science*, 3(2), pp. 5–6. DOI: https://doi.org/10.29024/pins.67

decrease morbimortality rates and costs and may facilitate better health outcomes. However, the components included in the current program may need to be recalibrated and redesigned to further improve the project site's readmission rates.

COMPETING INTERESTS

The authors have no competing interests to declare.

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Submitted: 10 November 2023
Accepted: 01 March 2024
Published: 17 May 2024

Practical Implementation of Nursing Science is a peer-reviewed open access journal published by Levy Library Press.

Levy Library Press