**Policy Proposal And Practice Guidelines**

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Hospital readmission increases operating expenses making it too costly. Many of the readmission rates are preventable, such as pneumonia and heart conditions. The readmission rates fall, and medication errors are attributed to the quality of care at the hospital. Therefore, quality improvement intervention is required to reduce the readmission rates. A systematic framework is required to improve patient care delivery within Mercy Medical Center. In order to achieve zero harm, interventions must include a process that can be measured, analyzed, controlled, and improved. Mercy Medical is committed to patient safety and excellence. At the quality improvement meeting, Mercy Medical identified areas the organization is struggling to meet standards fr readmission rates. The facility standards were lower on dashboard metrics on medication errors, falls, and readmission rates. The hospital leadership team established intervention policies and procedures to improve the quality of care and patient safety through evidence-based (EBP) strategies to address medication errors, falls, and readmission rates.

**Proposed Policy Guidelines**

Readmission occurs when a patent previously discharged returns to an acute care facility within a stipulated period. The readmission period is mostly within 30-days after hospital discharge (Henderson, 2013). The hospital benchmark percentage is at 16%, which is significantly higher than the expected level of 12%. The benchmark underperformance is on readmission rates of patients who experience pneumonia and myocardial infarction. An increase in readmission rates in the two medical conditions could be due to poor healthcare outcomes, increasing the score of mortality rates of the hospital. Preventable readmission damages the reputation and reduces the patient influx. Therefore, the new policy changes to improve overall outcomes of the benchmark metrics of readmission rates, reduce falls, and medical errors are highly imperative.

 The hospital needs to address the situation using Evidence-Based Practice (EBP), using the best available strategies. One key strategy to improve readmission rates and reduce medical errors is effective communication among healthcare providers, especially nurses and physicians. Effective communication is imperative among coordinating providers during the transition of care (Jiang et al., 2016). Effective communication ensures a smooth collaborative approach between patients and healthcare providers, increasingly motivating their efforts towards patient care. Providers are expected to create a good rapport with their patients, improving their confidence to open up and share their experiences. Patient engagement is the key to improving their outcome and reducing readmission rates. Using universal fall precautions, which apply to all patients can help the healthcare reduce falls. This interventions helps ensure the patient are farmilier with environement, how to use call light, and is within reach, keep possessions close, and installing handrails, among others.

Apart from enhanced communication skills in care, Mercy Medical needs to improve its discharge planning. Preventing readmission requires adequate patient education, ensuring they understand the consequences of their actions for not following the discharge plan. Patient education ensures compliment collaborative efforts and promotes self-management after discharge. Moreover, healthcare providers need a follow-up strategy to ensure patients adherences to the discharge plan. Research suggests that follow-up strategies reduce readmission rates, particularly by promoting patients' compliance to self-management and medication discharge plans (Brook et al., 2014). Implementation of the three policies on discharge, medication errors, and falls will improve benchmark performance and Mercy Medical compliance to local, state, and federal standards and policies.

**Ethical and Evidence-based Guidelines**

Collaborative efforts after discharge can help improve patient outcomes. Involving an interprofessional team in follow-up for patients with myocardial infarction can reduce readmission rates. Nurses can educate the patient before discharge in collaboration with the pharmacist and physicians (Gopee & Galloway, 2017). Follow-up after discharge can be tasked to the nurse through Telehealth technology or social workers for in-house calls. This approach requires several modifiable factors to target myocardial infarction and pneumonia interventions. As stated earlier, discharge planning and adherence plan are modifiable factors associated with increasing readmission rates. While early discharge and poor quality of care are modifiable factors associated with physician's poor decisions. Therefore, a variance of practice by providers and fragmentation of care has a profound impact that leads to high readmission rates (de Alba & Amin, 2014).

The EBP on readmission suggests the use of the transmission process and discharge planning, care coordination, and improving transition through support and education for patient self-care. According to IHI (the Institute for Health and Improvement), SMART discharge protocol can improve care and the discharge process. SMART (Signs, Medications, Appointments, Results, and Talk with me) discharge protocols recommend using a checklist, FAQs, presentation, and self-learning kit (IHI, nd.). Likewise, in order to mitigate patient fall at Mercy Medical, providers should implement universal fall precautions and standardized assessment of falls can help plan interventions to mitigate fall. The healthcare providers must have postfall procedures, including root cause analysis, and clinical review (AHRQ, 2013).

**SMART Discharge Protocol**

Adopting SMART Discharge Protocol is an essential intervention to reduce readmission rates. The nurse and physicians will discuss symptoms and signs to look out for after discharge and be in touch if they see those signs and symptoms. Likewise, a physician and nurse should discuss the patient’s medication, reconcile properly, and ensure enough dosage before discharge. Case managers must coordinate with the nurse and physician to ensure the patient is well booked for the next appointment or follow-up visit. At the time of discharge, a nurse and physician will confirm all lab results and discuss with the patient. The patient should be encouraged to speak out about their concerns or ask questions. Mercy Medical should adapt the SMART discharge protocol, forms, and checklist from the IHI website and modify it according to the hospital’s preferences (IHI, n.d.). The patient and their families should be encouraged to maintain seamless communication with the providers. To ensure the SMART discharge protocol is fully implemented, the hospital leaders and staff need to have the training to familiarize themselves with the procedures necessary to improve their efficiency and effective use of the documents to reduce readmission..

**The Potential Effects Of Environmental Factors**

The recommended policy will affect the existing hospital regulations, resources, and environmental factors. Patient privacy regulations hinder follow-up services' effective implementation (Brooke et al., 2014). Patient education and implementation of SMART discharge protocol require additional resources to prepare patient training materials and print discharge checklist. Therefore, the implementation of the SMART discharge protocol will be dictated by the availability of hospital resources, such as support services and financial support (Gopee & Galloway, 2017). The guidelines recommended by the proposed policy are realistic and can be effectively implemented with support from adequate staff and steady hospital revenue. Moreover, Mercy Medical can improve patient rapport through this policy, invest more in patient education programs follow-ups, improving staff communication and care coordination. The success of mitigating readmission rates, falls, and medication errors depend on implementing the proposed policy and robust, sustainable development strategies.

**Engaging Stakeholders**

 Moreover, successful implementation of the proposed policy requires engaging stakeholders in the design and implementation process (Gopee & Galloway, 2017). Healthcare stakeholders include physicians, nurses, administrators, leaders, insurance providers, pharmacists, and the management team. Each stakeholder plays an essential role in the implementation process. Engaging hospital management is important to secure commitment and support through financial resources. Reaching out to the management helps overcome potential resistance from stakeholders from healthcare providers (Gopee & Galloway, 2017). Therefore, the development and implementation of the proposed policy engage all stakeholders within the organization.

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