Phyllis Wright, J Gerontol Geriat Res 2016, 5:6(Suppl)
http://dx.doi.org/10.4172/2167-7182.C1.012

WHY SUCCESSFUL TRANSITIONS IN CARE ARE MORE THAN 30 DAY READMISSIONS

Phyllis Wright[a]
[a]Emory University Nell Hodgson Woodruff School of Nursing, USA

30 day readmission rates specific to heart failure have barely moved inspite of the million of dollars and energies expended for reduction in rates. The most successful programs have demonstrated a strong palliation component often instituted in acute care setting. However, recommendations for initiating palliative care in stage III and stage IV heart failure in primary care are largely ignored due to provider's lack of time, reimbursement and metrics that families and patients understand. Developing risk stratification for families to actively complete, such that they can understand the likelihood of a 30 day readmission could be a foundation for informed decision making by provider and patient for transitions not only in care but applied to those in overall decline.

The policy makers and legislative decision makers must have activist providers at all levels to match patient interest, provider expertise, and fiscal reality in care transitions. Active studies that prove consultation services in all patient transition periods saves money in Medicare, enhances patient satisfaction and improves quality of life are needed to justify increasing reimbursement for phone, email, video and face to face services for those who engage in the decision making of the 65+ age group.

Biography

Phyllis Wright is an assistant professor in the Nell Hodgson Woodruff School of Nursing. An Adult Gerontological Nurse Practitioner, she is the program director for primary care education and the PI on a 5 year grant to develop practitioners experienced in Veteran's Health Care. Her area of research is 30 day readmission prevention, fiscal policy, and financial education for clinical providers to maximize population health and improve efficient delivery of care.

phyllis.p.wright@emory.edu

Notes: