

Title: Telemedicine Visits by a Nurse Practitioner in Cardiac Surgery Patients With a Moderate to High Risk of Readmission.

PRESENTER:

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INTRODUCTION:

Patients recovering from cardiac surgery face physical and psychological challenges with approximately 8-20% requiring hospital readmission within 30 days, increasing cost and delaying recovery. Interventions that have been effective in reducing readmissions are home visits by Nurse Practitioners (NPs) and Physician Assistants (PAs) Who specialize in the care of cardiac surgery patients. Telemedicine visits have been shown to be as effective as in person visits.

AIM:

- Improve Transitional Care
- DNP Project Dates: November 1, 2021- January 31, 2022
- Assign a validated risk score for readmission for cardiac surgery patients on the day of discharge
- Arrange for a telemedicine visit conducted by a NP who specializes in cardiac surgery with a moderate to high-risk score
- Reduce unplanned 30- day readmission by 20%
- Reduce ED visits by 20%

METHODS:

- After IRB approval, data collection started to obtain baseline data for 3 months prior to start date of November 2021
- 3 months of data collected from August, September and October
- EPIC and CRISP data base used
- Risk scores were assigned to all adult cardiac surgery patients during those months using a validated risk score for 30-day readmission for adult cardiac surgery patients (Kilic et al., 2017)
- Active clinical issues at time of discharge were collected and placed on EXCEL spreadsheet
- Another data collection tool, listed patient, risk score and if patient was readmitted within 30 days, or ED visit
- Post discharge day and reason for readmission was collected.
- Using an exact Pearson chi-squared test, we assessed whether an after-discharge telemedicine visit had an impact on the rate of 30-day hospital readmission.

RESULTS:

From November 1, 2021 to January 31, 2022, there were 61 eligible patients for this DNP project. 27 (45%) completed the telemedicine visits. The trend in the observed proportions was consistent with the goals of the project- the rate of readmissions for those with visits (6.8%) was lower than those with no visits (19.4%).

DISCUSSION:

- The benefit of the project was the added touch point with a NP for which patient centered care was provided through a telemedicine visit
- Medications were adjusted, lab work and diagnostic tests ordered, and referrals made if needed.
- Patients encouraged to sign up for MY CHART if they did not have an account
- Transitional care and communication regarding medications have been identified in the literature as targets for improvement after cardiac surgery.

Telemedicine visits
added a touch point
with the Nurse Practitioner
&
Promoted Patient Centered Care

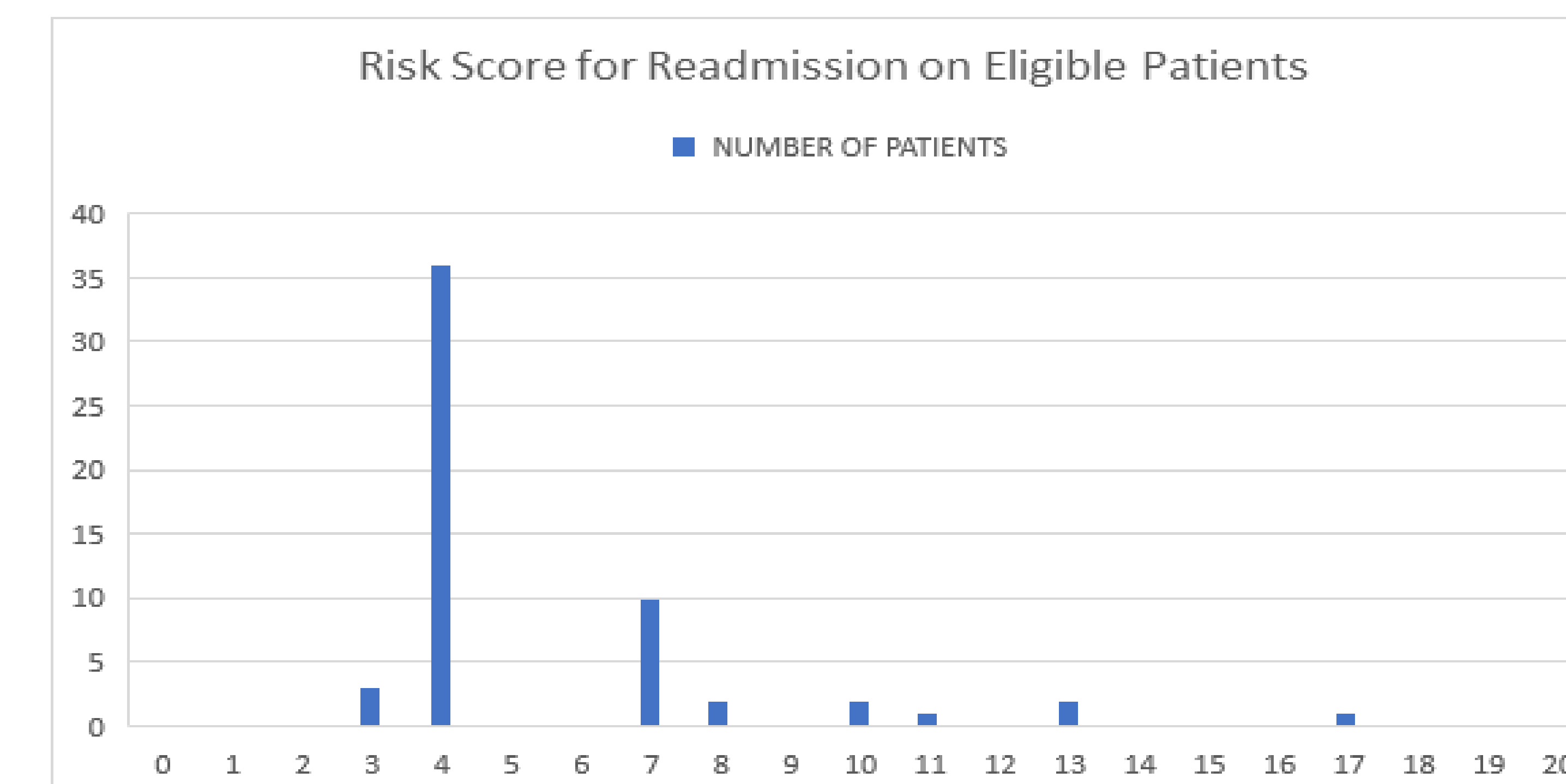


SCAN ME



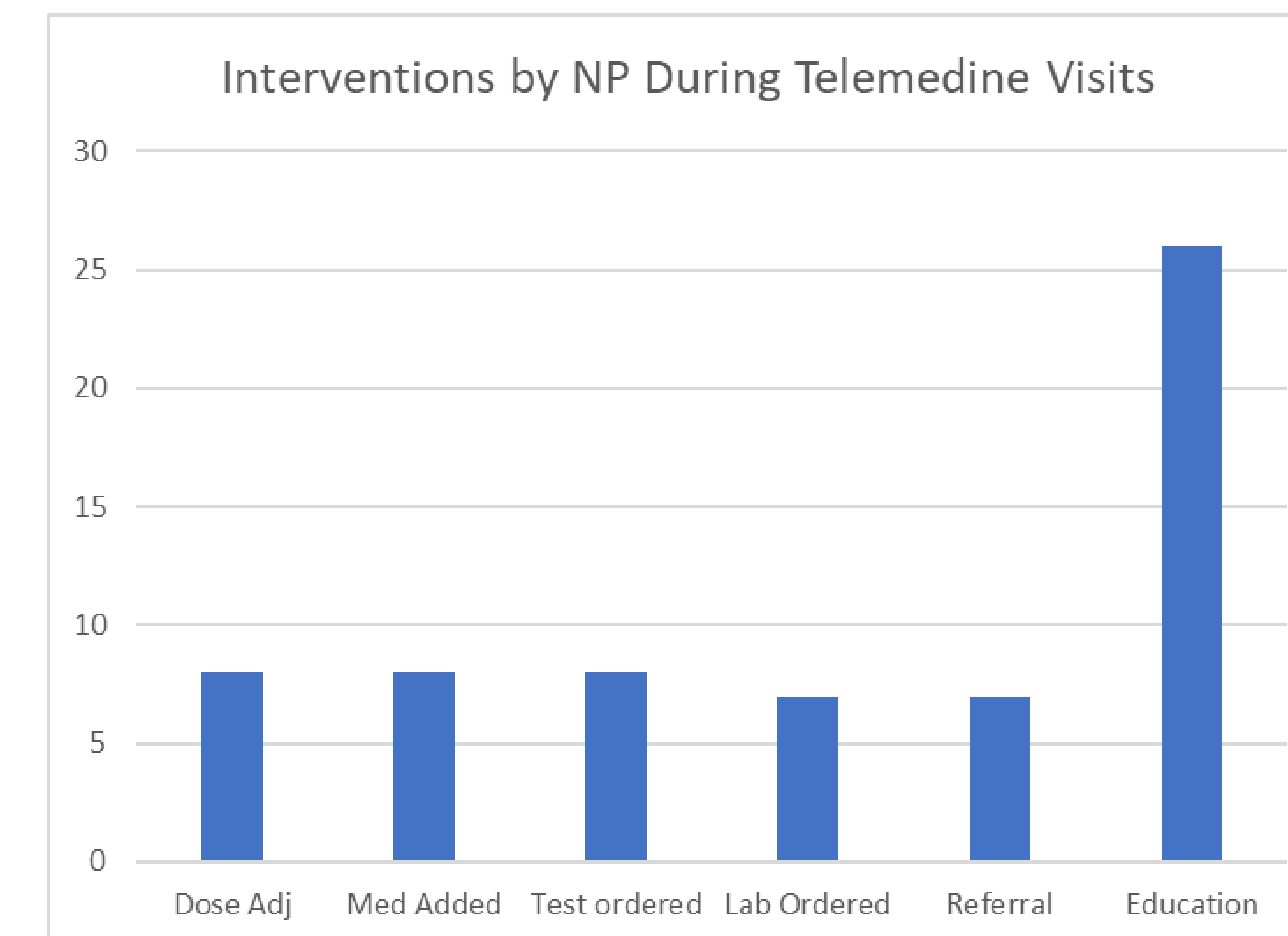
References available upon request

Results



	Telemedicine Visit		
	No	Yes	p Value
Readmission			0.26
No	25(80.6%)	28 (93.3%)	
Yes	6 (19.4%)	2 (6.7%)	

The distribution of the readmissions among those who had or did not have telemedicine visits



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