Oral Defense Announcement
University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Leadership in Population Health and Healthcare Systems

Jeremy Yates
B.S. Nursing, McKendree University, 2015

Bringing Hospital and Community Together: Interventions to Bridge the Transitional Care Gap

Date: July 22nd, 2021
Time: 1:00 p.m. to 2:30 p.m.
Place: Remote

Abstract

Problem As healthcare spending continues to increase and overall quality lags in comparison to other developed countries, hospital readmission has been targeted to increase quality while decreasing cost. Components of the Affordable Care Act (ACA) have placed an emphasis on preventative and transitional care which has created programs aimed at reducing readmission, including the Community Health Access Programs (CHAP). One program in the St. Louis, Missouri area consisted of advanced practice paramedics and an occupational therapy assistant that performed discharge follow-up through in-home, in-office, and telephone visits. A program evaluation will create a foundation to build other programs in communities suffering similar care gaps.

Methods A retrospective, program evaluation was performed of patients with a primary or secondary diagnosis of heart failure. Analysis of data from 22 patients who received services from the CHAP program after a hospitalization was compared to a matched sample of 22 patients who received usual care following discharge. The samples were matched on age, race, and gender. Data was collected on length of stay, number of secondary diagnoses, number of CHAP visits, and days to readmission from discharge.

Results The mean LOS for the CHAP group was 5.95 days and for the non-CHAP group was 5.36 days. There was no significant difference in the two groups for LOS. For days to readmission the average was 17.41 days for the CHAP group and 12.18 days for the non-CHAP group which approached statistical significance (p = 0.056). A linear regression found a significant relationship between number of CHAP visits and days to readmission. It was found that an increase in the number of CHAP visits was associated with more days before the next admission.

Implications for Practice Findings suggest the CHAP was able to decrease time to readmission and that as the number of patient CHAP visits increased the length of time to readmission increased. This suggests patient connection a transitional care program with providers in the community, such as with CHAP, may beneficial in decreasing time to readmission. Further study is needed with a larger sample to determine implications across heart failure patients and other diagnoses.

Defense of Dissertation Committee
Susan Dean-Baar, PhD, RN, CENP, FAAN – Chairperson
Nancy Magnuson, DSN, CS, FNP-BC, RN
Brian Hokamp, MBA, EMT-P