

Hospital readmission risk screening tools for older adults: A systematic review

Jantra Keawpugdee
Mahidol University, Thailand

Copyright: © 2020 Keawpugdee J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited..

Abstract

Background and Aim: Hospital readmission is a scene when a patient who had been released from a clinic is conceded again inside a predefined time span. Readmission rates have progressively been utilized as a result measure in health services research and as a quality benchmark for health systems. Ineffective treatment during past hospitalizations leads to higher readmission rate. Hospital readmissions are characterized as different inpatient stays within a specified time period by the same patient (Agency for Healthcare Research and Quality, 2013). Screening is the initial phase in distinguishing patients at risk for hospital readmissions and predicting readmission to the hospital. The study intends to recognize, sum up and assess readmission screening tools for older adults.

Method: The package of tools goes with the hospital guide to reduce hospital Readmissions which provides in depth data about the unique variables driving hospital readmissions and a process measure for planning a locally significant arrangement of procedures to reduce hospital readmissions. Few tools are transformations of best-practice ways to deal with and make them more applicable to the hospital population; many tools were recently developed through this. This offers an outline of the tools accessible in the package by briefly depicting what they contain, who should utilize them, and how long they require utilizing. A systematic review of articles written in English was conducted re done. Those were identified via different online tools like MEDLINE/PubMed, CINAHL, Ovid UML and Cochrane Library. Through reference lists of the identified articles and by Google search additional studies were identified.

Search items included keywords for risk assessment, tools, readmission and the terms of hospital and older adults. Reliability, validity and predictors of readmission tools were separated independently by two authors and ordered by the author's classification tool.

Result: 14 examinations utilizing five screening tools were recognized. Basing on the scale screening tools developed by author, TRST, ISAR and hospital score showed low to moderate validity and moderate to good reliability. The LACE index validity score was low to moderate, and the RRAT validity and dependability scores were low to average, however the reliability of the tool was not revealed. Independent variables that were regularly distinguished as indicators of hospital readmission were polypharmacy, hospital admission history, cognitive and memory issues, the need for help and difficulties in walking, the duration of stay and comorbid conditions.

Conclusion: There is no single older adult readmission tool that stands out as the best hospital readmissions risk screening tool. Tools can be chosen based on hospital needs, predictors and ease of use. Future studies comparing tools with patients with different diagnosis should be conducted.

Biography

Jantra Keawpugdee has completed her PhD in Public Health Nursing from Mahidol University. She is working as a Nursing Lecturer of Ramathibodi School of Nursing, Faculty of Medicine, Ramathibodi Hospital, Mahidol University. She has published two papers in reputed journals and has been training at the School of Nursing, University of Massachusetts Lowell, USA.