EVIDENCE
SYNTHESIS OF
PURPOSE
PROBLEM
BACKGROUND
• One in five patients readmitted within 30 days.
• Cost $177 billion in Medicare readmission.
• New York’s 30-day readmission cost $3.77 billion per year in 2008.
• About 36% heart transplant patients hospitalized in first year and 61% in year four.

BACKGROUND
• To examine the effectiveness of transitional care interventions (TCI) post hospitalization on reducing 30-day readmission rate in cardiac transplant patients.

SYNTHESIS OF EVIDENCE
• 21 studies, 10 were level I, 3 studies on level II and III.
• Although single TCIs were effective, 21 studies, 10 were level I, 3 studies.

METHODS
• Study Design: Quasi-experimental with comparison between usual care and intervention group.
• Setting: Outpatient medical center in New York, 4,751 adult heart transplant clinic visits and 42 heart transplant in 2014.
• Participants: Convenience consecutive sampling of 48, principal diagnosis of cardiac transplant, 18 years and older, male and female, English speaking, telephone access.
• Intervention: Transitional care intervention (prospective) versus Baseline usual care (intervention).
• Outcome to be measured: 30-day readmission rate.

RESULTS
• The TCI revealed statistically significant improvement in the 30-day readmission rate.

DISCUSSION
• Missing data: demographics, readmission to other institution.
• Eligible patients declined enrollment.
• Pilot study: n = 43, 1 – β (power) of 0.50.
• Selection Bias: non-randomization.
• Physical capacity and support system.
• Effect of each components of the TCI.
• Single academic center.
• Heterogeneity: specific population.
• Investigator Bias: collecting data.

REFERENCES