

The Influence of Nursing Home Resources on Hospital Readmissions

Qualitative case study of nurses' and nursing home leaders' perspectives

Malin Knutsen Glette^{1,3}, Olav Røise^{2,3,4}, Tone Kringeland¹, Jeffrey Braithwaite⁵, Kate Churrua⁵, Siri Wiig³

¹Faculty of Health, Western Norway University of Applied Sciences, Haugesund, Norway, ²Division of Orthopedic Surgery, Oslo University Hospital, Norway

³Faculty of Health Sciences, SHARE – Centre for Resilience in Healthcare, University of Stavanger, Norway, ⁴Institute of Clinical Medicine, University of Oslo, Norway

⁵Centre for Healthcare Resilience and Implementation Science, Australian Institute of Health Innovation, Macquarie University, Australia

Background

Hospital readmissions are challenging for healthcare services, signalling an increased prevalence of adverse events and reduced quality of care (Fernandes-Taylor et al., 2018).

Research question and aim

The study aimed to examine to what extent resource situations, staffing levels and clinician competence in municipal healthcare services influence hospital readmissions, as perceived by nursing home nurses and leaders.

Methods

The study was conducted as a comparative case study of two Norwegian municipalities. One short-term nursing home and one long-term nursing home in each municipality was included in the study. Data collection consisted of focus group interviews with nurses (n=4) and individual interviews with nursing home leaders (n=7)

Results

The patients were described as becoming increasingly complex with a subsequent need for increased nurse competence. There was variation in competence and staffing between nursing homes but capacity building was an overall focus. Economic limitations and attempts at saving through cost-cutting were present, but not perceived as affecting patient care and the availability of medical equipment. Several factors such as nurse competence and staffing, physician coverage, and adequate communication were recognized as factors affecting hospital readmissions.



Conclusion

Long-term nursing homes were perceived as shifting towards acute care or short-term care and short-term nursing homes were perceived as functioning as small hospitals. However, staffing, competence and physician coverage did not seem to have adjusted to the new patient group in all the included nursing homes. The municipalities were similar in their answers regarding the importance of the different factors affecting hospital readmissions

References:

Fernandes-Taylor S, Berg S, Gunter R, Bennett K, Smith MA, Rathouz PJ, Greenberg CC, Kent KC: **Thirty-day readmission and mortality among Medicare beneficiaries discharged to skilled nursing facilities after vascular surgery.** *The Journal of surgical research* 2018, **221**:196-203.

Picture: <https://www.healthcatalyst.com/healthcare-data-warehouse-hospital-readmissions-reduction>



Høgskulen
på Vestlandet

SHARE Center for
Resilience in Healthcare
University of Stavanger