# Reducing COVID-19 Revisits

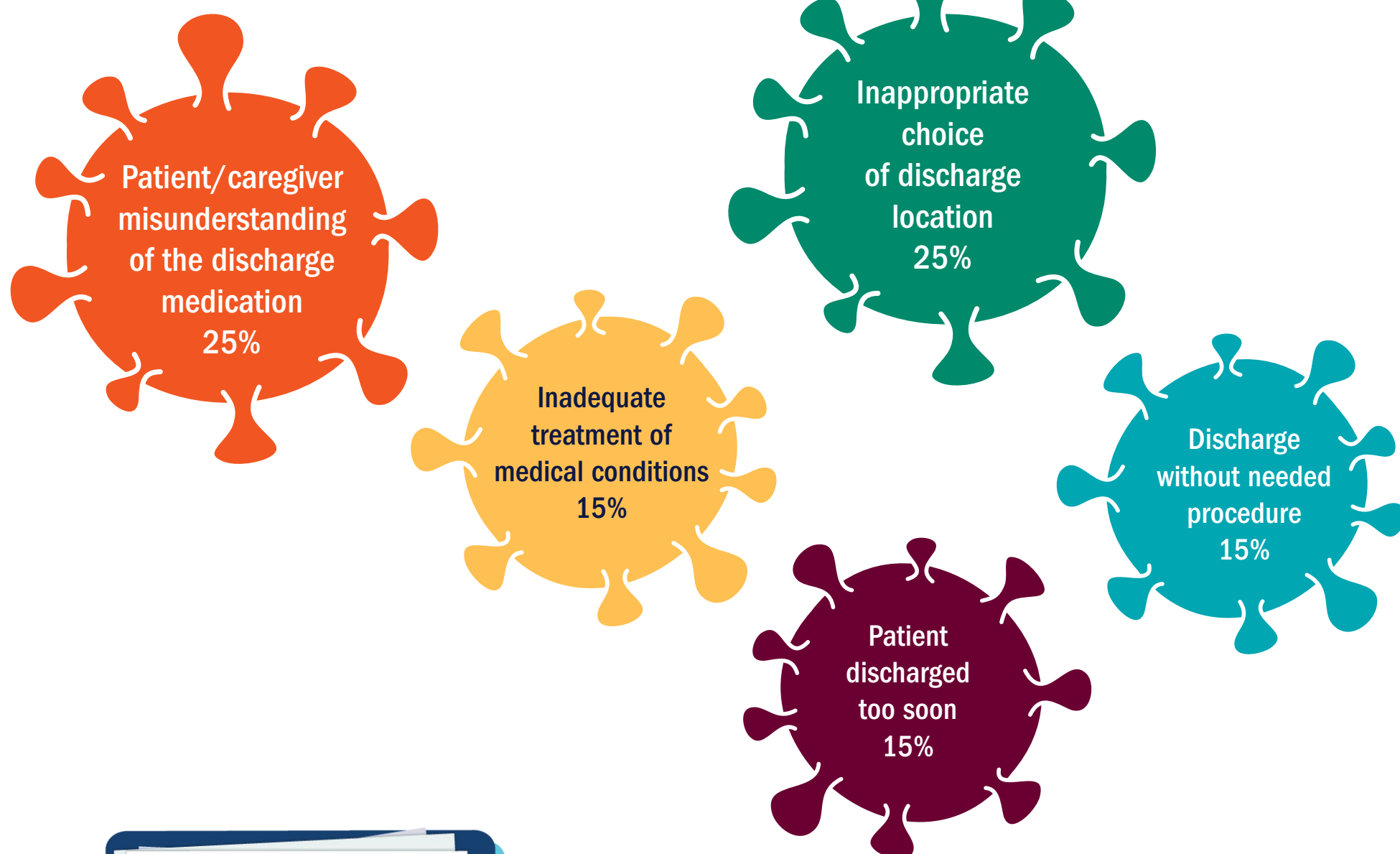## Interventions for decreasing preventable hospital revisits of patients with COVID-19

A study from the November 2021 issue of *The Joint Commission Journal on Quality and Patient Safety (JQPS)* shows that roughly a quarter of hospital revisits of patients with COVID-19 were preventable within 30 days of discharge. The study examines these revisits to identify common contributing factors and suggests interventions designed to help decrease future revisits.

13.2% of COVID-19 hospitalizations resulted in a 30-day **revisit.**
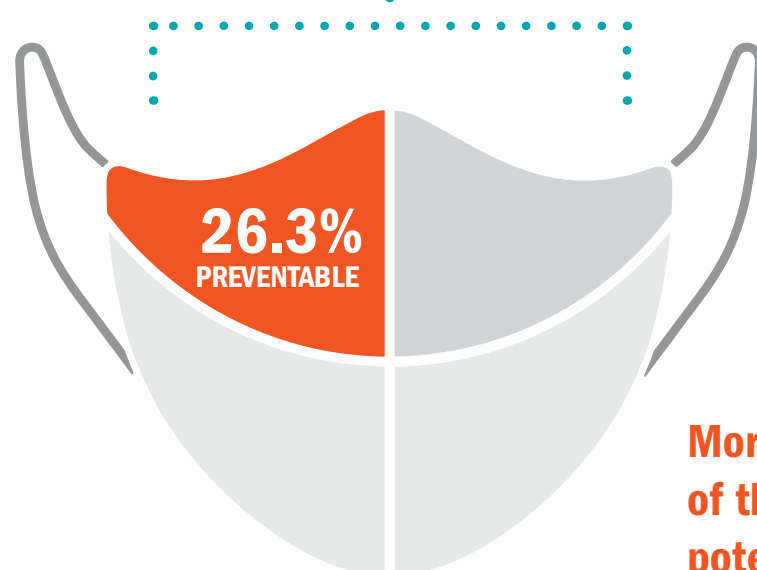
26.3% PREVENTABLE

More than a quarter of these revisits were potentially preventable.
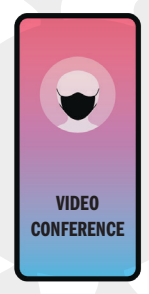
Top 5 factors contributing to preventable revisits:

Patient/caregiver misunderstanding of the discharge medication 25%

Inappropriate choice of discharge location 25%

Inadequate treatment of medical conditions 15%

Discharge without needed procedure 15%

Patient discharged too soon 15%

Top 3 interventions identified that may have prevented hospital revisits:

1. **Improved self-management at discharge may have prevented revisit in 65% of cases.** Multidisciplinary care team should ensure patient and caregiver(s) understand and can follow through with discharge plan.

2. **Improved clarity, timeliness, or availability of information provided at discharge may have prevented revisit in 45% of cases.** Timely and accurate communication with postdischarge providers, including the primary care provider and medical team at postdischarge facility, is essential.

3. **More complete communication of information may have prevented revisit in 35% of cases.** Provide high-quality, comprehensive discharge documentation, including summary and patient instructions.

Interdisciplinary guidelines for discharging patients with COVID-19 can improve self-management planning and more. Potential interventions include:

Schedule video conference calls between care team, patient, and caregivers to enhance education around discharge plan and enable caregivers to voice concerns and flag new issues.

Standardize workflow for discharge medication prescribing, education, and bedside delivery.

Create a checklist of topics to address on interdisciplinary rounds to ensure patient has adequate access to resources in case of self-isolation.

Increase attention to chronic disease management during hospitalization and after discharge for patients with COVID-19.

The Joint Commission Journal on Quality and Patient Safety®

This study suggests that although most revisits were not preventable, there were several key opportunities for reducing hospital revisits for patients with COVID-19. The lessons could be applied to help prevent revisits in the future, in both pandemic and nonpandemic conditions.

To learn more about this study, visit:
https://www.jointcommissionjournal.com/article/S1553-7250(21)00213-0/fulltext