

Article Commentary

Reducing Unplanned Readmissions in Pediatric Hospitals: Applying Patient and Family-Centered Care

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Minimizing preventable hospital readmissions necessitates a collaborative effort involving various healthcare settings and stakeholders, extending beyond the confines of the hospital. The link between hospital readmissions, care quality and safety, value-based healthcare, and population health underscores the importance of a holistic and patient-centered approach to healthcare delivery. It also involves a comprehensive understanding of and attention to patients' experiences across different settings and over time. Unplanned hospital readmission has been viewed as a sign of failure of care delivery resulting in increased costs, utilization, and potential harm.^[1] Healthcare institutions that exhibit high readmission rates encounter a spectrum of adverse consequences. These institutions impose undue burdens on their nursing and medical staff, squander valuable time and healthcare resources, and typically receive lower patient satisfaction ratings.^[2–4]

Healthcare quality and safety are foundational principles that must be upheld, especially in pediatric tertiary care hospitals, where children with complex medical needs receive specialized care. However, a persistent concern within this healthcare landscape is the occurrence of unplanned readmissions among pediatric patients. Reducing avoidable hospital readmissions stands as a paramount objective for national healthcare stakeholders, encompassing payers, healthcare providers, and policymakers, all of whom are committed to enhancing healthcare quality while simultaneously reducing healthcare expenditures. Continuously monitoring unplanned readmissions over time and across various healthcare facilities can be a valuable approach in pinpointing specific areas for enhancing the quality of care delivered during hospitalization and post-discharge.

This commentary aims to delve into the issue of unplanned readmissions in the pediatric population and

discuss strategies for prevention. The recent JQSH publication by Alkhalaf and colleagues^[5] entitled, 'Identifying the prevalence and causes of 30-day hospital readmission in children: a case study from a tertiary pediatric hospital,' provides valuable insights into this matter. The authors conducted a retrospective chart review at King Abdullah Specialist Children's Hospital in Riyadh, Saudi Arabia, then developed a predictive model to identify patients at high risk for readmission.^[5] The authors state (in the discussion): "Based on our findings, the most common causes of readmission are preventable with close follow-up and providing safety netting (safety precautions/adequate discharge information), as the patient is prepared for discharge."^[5]

PREVALENCE OF UNPLANNED READMISSIONS IN PEDIATRIC POPULATIONS

Unplanned readmissions in pediatric patients are not just statistics; they represent tangible moments of distress for families and potential indicators of healthcare system shortcomings. Alkhalaf et al delve into the extent of this issue, highlighting the prevalence of 30-day hospital readmissions in a tertiary pediatric hospital.^[5] The retrospective analysis conducted during the study period reports a prevalence of 5.1% for 30 days unplanned readmissions among the pediatric patients at a tertiary care children's hospital.^[5] Although this is the first time that the prevalence of 30 days unplanned readmissions among the pediatrics patient population is reported in the Middle East region as claimed by the authors, the findings of the study were comparable to the internationally published literature.^[5] The study findings underscore the urgency of understanding and addressing this problem comprehensively, including leveraging a predictive model for unplanned pediatric hospital readmissions.^[5]

IDENTIFYING THE ROOT CAUSES

The path to reducing unplanned readmissions starts with identifying the root causes. Alkhalaf et al paint a clear picture of the reasons behind these readmissions, ranging from complications related to initial diagnoses and treatments to inadequate follow-up care and social factors.^[5] The majority (57.8%) of the unplanned readmissions within 30 days of initial discharge among the children were directly related to the initial diagnosis during the primary admission.^[5] Specifically, the overall most common cause of the unplanned readmission was postoperative complications among others.^[5] These findings indicate that the discharge planning and follow-up care can play a potential role to prevent the unplanned readmissions among the pediatric patients. Also, by utilizing a predictive model for unplanned pediatric hospital readmissions, the authors describe a significant association between the pediatric intensive care unit admission as well as the patient age being a independent predictable causes of increased frequency of subsequent unplanned readmissions.^[5] Acknowledging these factors is essential for healthcare providers at the tertiary care children's hospitals to implement effective interventions and drive meaningful change to reduce the burden of unplanned readmissions among the pediatric patients.

A CALL FOR PATIENT AND FAMILY-CENTERED CARE STRATEGIES

In pediatric healthcare, patient and family engagement are not mere buzzwords but critical components of a successful healthcare journey. Root causes for the unplanned readmissions at pediatric hospital as identified by Alkhalaf et al provide an opportunity for the healthcare stakeholders to emphasize the importance of actively involving patients and their families in care decisions as an additional way to address unplanned readmissions.^[5] By fostering a collaborative environment, healthcare providers can tap into invaluable insights, ensuring that post-discharge care plans align with the realities of families' lives.^[6] To effectively reduce unplanned readmissions, pediatric tertiary care hospitals must adopt patient and family-centered care strategies as standard practice. These approaches prioritize the child's well-being and recognize that families are integral members of the healthcare team. Strategies such as shared decision-making, care coordination, and enhanced communication have been shown to lead to better outcomes and reduced readmission rates.^[6-8]

ENHANCING TRANSITION AND FOLLOW-UP CARE

One critical aspect of preventing unplanned readmissions is ensuring a seamless transition from hospital to home or other care settings. Alkhalaf et al underscores the significance of robust follow-up care and discharge planning.^[5] Comprehensive discharge planning is a vital step towards reducing readmission rates and improving patient outcomes. Comprehensive discharge planning

should include ensuring patients understand post-discharge instructions, clear medication instructions, 7-day follow-up appointments, and access to necessary support services.

LEVERAGING TECHNOLOGY

In today's digital age, technology offers a powerful means of reducing readmissions. Telehealth and remote monitoring tools can facilitate timely follow-up care, allowing healthcare providers to monitor a child's progress after discharge. Secure electronic health records can enhance information sharing among care providers, thus improving continuity of care.^[9-10]

CONCLUSION

Alkhalaf et al's study highlights the pressing need to address unplanned readmissions in pediatric tertiary care hospitals.^[5] By identifying the root causes, actively engaging patients and their families, and implementing patient and family-centered care strategies, we can work towards a healthcare system that prioritizes children's well-being and safety. Together, we can reduce the burden of unplanned readmissions and enhance the quality of care for pediatric patients, ensuring a brighter, healthier future for all.

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