Decreasing Readmission Rates in Patients With Immune-Mediated Toxicities Using an APRN-Led Discharge Teaching Program

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Patients with cancer are at increased risk for readmission, which can be associated with increased healthcare costs and poor patient outcomes, because of the nature of the disease, treatment complexity, and symptom management. A melanoma medical oncology department at a National Cancer Institute–designated cancer center had a 22% 30-day readmission rate. Advanced practice RNs developed a structured program to improve patient teaching about postdischarge care and symptom management. No patients who received the structured discharge teaching program were readmitted within 30 days, compared to 11 out of 23 of patients admitted with immune-related toxicities preimplementation.

AT A GLANCE
- Structured discharge teaching can decrease complications that lead to readmission.
- Immune checkpoint inhibitors require clinician and patient understanding when assessing and treating potential treatment toxicities.
- Advanced practice RNs can lead discharge education and follow-up to address issues in real time and reduce readmissions.

KEYWORDS
readmission rate; immune-related adverse event; discharge; patient teaching

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