

## PDGM Executive Summary – Rehospitalizations

Preventing a patient's rehospitalization is crucial to not only the home health agency providing care, but to the patient as well. Therapy can play an active role in preventing rehospitalization.

According to a 2009 study in the *New England Journal of Medicine*<sup>1</sup>, "One in five elderly patients is readmitted to the hospital 30 days after leaving, resulting in \$17 billion in annual Medicare costs."

To avoid a patient's potential rehospitalization, a transdisciplinary approach is imperative in order to create the necessary communication and collaboration.

### Areas that therapy can assist an agency with prevention of rehospitalization:

- **Analysis of vital signs:** Therapists can take vital signs before, during and after physical activity. They can determine the impact of their interventions on the patient's physiological response and they can analyze when those vital signs are counterintuitive to performing any strenuous physical activity.
- **Medication reconciliation:** The rehabilitation team should be another set of eyes for analysis of the patient drug regimen, and its effect on the patient's performance and wellbeing.
- **Warning signs and monitoring of disease progression or exacerbation:** When the team recognizes the patient presents with a progressive disease process, it is incumbent on the team to closely monitor the patient for any signs or symptoms that the patient is cycling through exacerbation or progressing through the disease. Having clinicians who are aware of those warning signs places the agency one step closer to preventing a rehospitalization.
- **Health literacy:** The skilled clinical team cannot be present in the home at all times. Transitioning knowledge and care to a caregiver, family member or to the patient themselves is ensuring improved carryover of important care delivery or monitoring even when the care team is not in the home.
- **Durability of patient response:** By artfully staggering therapy services and transitioning therapeutic practice to the patient or caregiver, the therapist is testing the patient's durability of response. Can the patient maintain the gains achieved while in therapy when that therapist is not present for cuing or adjustments?
- **Primary diagnosis analysis for risk for rehospitalization:** By involving the therapy team in discussions surrounding the primary diagnosis of home care intervention, the team is more in tune to analyzing the patient's response to treatment, documentation to the primary diagnosis and more alert to possible exacerbations that would result in a rehospitalization.
- **Analysis of a high-risk home environment:** A therapist can be integral in the home assessment of whether the home environment is conducive to active healing and movement toward independence.

1. Jencks S, Williams M, Coleman E. Rehospitalizations among Patients in the Medicare Fee-for-Service Program. *N Engl J Med* 2009; 360:1418-1428 DOI: 10.1056/NEJMs0803563  
2. Jones CD, Bowles KH, Richard A, Boxer RS, Masoudi FA. High-Value Home Health Care for Patients With Heart Failure: An Opportunity to Optimize Transitions From Hospital to Home. *Circ Cardiovasc Qual Outcomes*. 2017;10(5):e003676. doi:10.1161/CIRCOUTCOMES.117.003676

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