Contextualizing evidence-based nurse-led peri-discharge interventions for reducing 30-day hospital readmissions among general medical patients using GRADE Evidence to Decision Framework: A Delphi study

Claire CW Zhong[1], Charlene HL Wong[1], Chi-tim Hung[1*], Eng-kiong Yeoh[1], Eliza LY Wong[1], Vincent CH Chung [1,2]

1 Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong
2 School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong
*Prof Chi-tim Hung. Email: cthung@cuhk.edu.hk

BACKGROUND

- Nurses' role in offering peri-discharge interventions for reducing 30-day hospital readmission have increasingly been recognized in the past decades.
- Effectiveness of various nurse-led peri-discharge interventions has been synthesized in published network meta-analysis (NMA).
- However, benefits and implementability of these interventions may vary across health system contexts.

OBJECTIVE

- To translate evidence-based nurse-led interventions into local-adaptable intervention options for reducing 30-day hospital readmissions in Hong Kong using GRADE Evidence to Decision (EtD) framework

Guided by the GRADE EtD framework, **four nurse-led peri-discharge interventions** were endorsed by local stakeholders for reducing 30-day hospital readmissions among general medical patients in Hong Kong.

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METHODS

- An 18-participant panel was recruited to carry out a two-step process guided by the GRADE EtD framework.
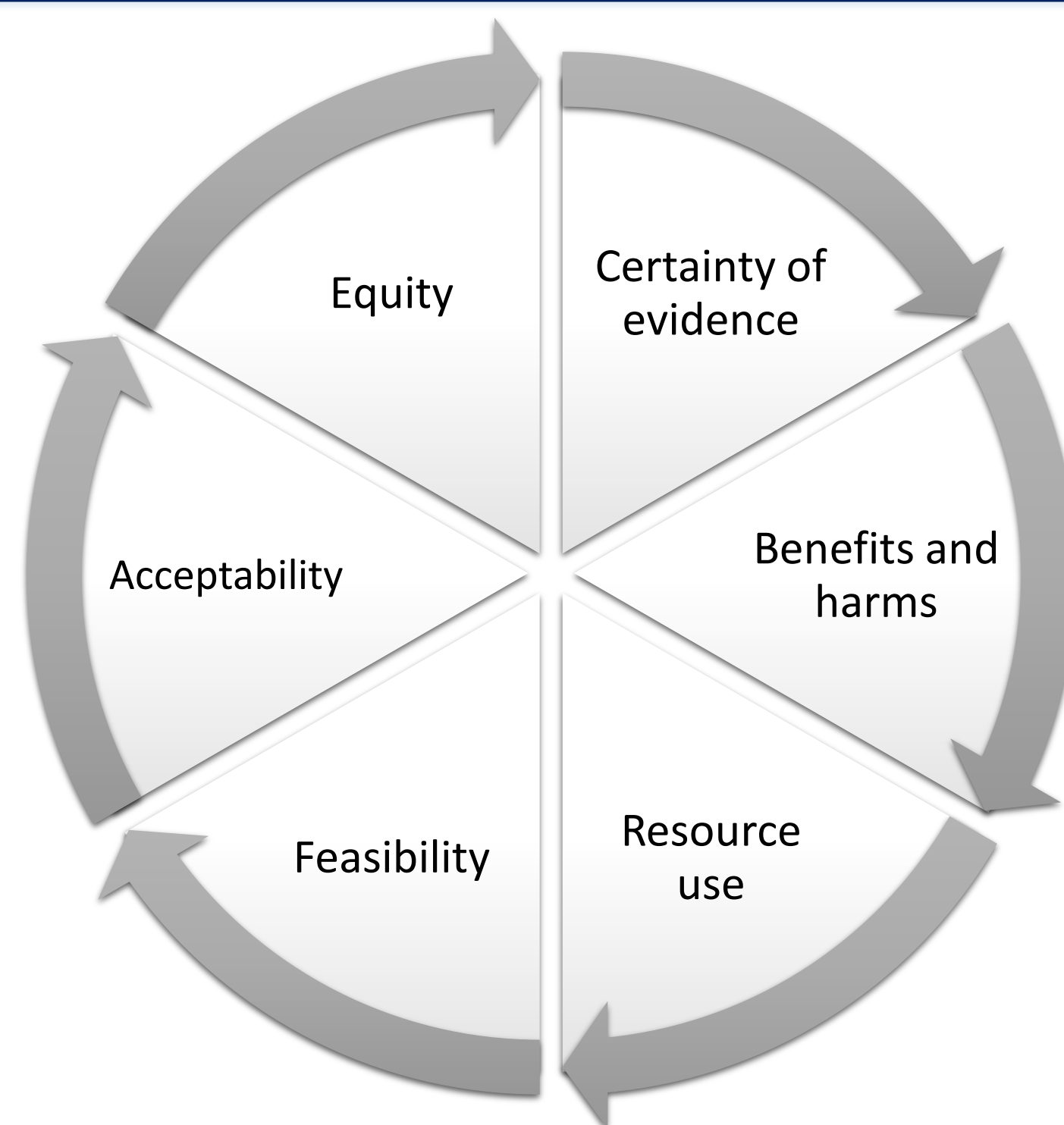
STEP 1
Prioritize evidence-based nurse-led peri-discharge interventions and suggest important combinations.

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STEP 2
Conduct a two-round Delphi study considering GRADE EtD criteria to establshed consensus on the prioritized interventions.
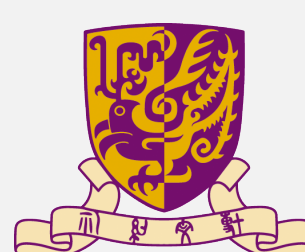

Criteria in GRADE Evidence to Decision (EtD) Framework

RESULTS

- Four out of eight nurse-led interventions reached a positive consensus.
- High complexity of delivering multiple nurse-led intervention components, and challenges of coordinating different involved parties in delivering the interventions were preliminary implementation issues.

CONCLUSION

- Improvement on intervention-context fit as well as piloting and evaluation is necessary before implementation.

香港中文大學
The Chinese University of Hong Kong