The Joint Commission

Evidence-Based Intervention Related to: **Readmission Rates**

Title	A Patient Navigator Intervention to Reduce Hospital Readmissions among High-Risk Safety-Net Patients: A Randomized Controlled Trial
Author	Balaban et al., 2015
Aim	An academic public safety-net health system conducted a study to determine if a patient navigator (PN) intervention was effective at reducing readmission.
Study Design	Randomized controlled trial
Population	High-risk, low socioeconomic status patients
Sample Size	Participants were randomized into either the PN intervention (n=585) or control group (n=925).
Intervention	Patient navigators are hospital-based community health workers who assisted patients in navigating the healthcare system in a variety of ways, with the goal of coaching patients to independently direct their medical care, or to actively coordinate care for patients less capable of self-management. The PNs met with intervention patients and caregivers prior to discharge to establish rapport, discuss post-discharge needs, and to facilitate communication with inpatient providers. After discharge, patient navigators made weekly telephone calls to patients to confirm or reschedule appointments as needed, address barriers to obtaining or taking medications, and facilitate communication with primary care providers. They also helped to address barriers to transportation, assisted with health insurance issues, and made connections to community services. The intervention lasted for 30 days post-discharge. Participants in the control group received usual inpatient and outpatient care, including an assigned case manager who organizes post-discharge care including visiting nurses, home care, durable medical supplies, or referral to substance abuse programs or homeless shelters. After discharge, a nurse from their primary care site called patients within 2 business days to discuss medication adherence, confirm appointments, and address issues requiring immediate attention.
Results	Overall, 30-day readmission rates did not differ significantly between groups. However, intervention patients over 60 years old showed a statistically significant decrease in readmission with an increase in 30-day outpatient follow-up. Intervention patients 60 years or younger showed a statistically significant increase in readmissions with no change in 30-day outpatient follow up.
Conclusion	The study's results show that a patient navigator intervention among high risk, safety-net patients decreased readmission among older patients.