

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

Michelle L. Rohlfs, DNP, APRN, FNP-BC, AOCNP®



Patients with cancer are at increased risk for readmission, which can be associated with increased health-care 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

DIGITAL OBJECT IDENTIFIER

10.1188/22.CJON.659-663

The 30-day hospital readmission rate (RR) is a quality measure implemented by the Centers for Medicare and Medicaid Services (2020) to ensure excellence in health care while promoting high-quality, patient-centered care and accountability. Readmissions are associated with significant patient burden, decreased survival, and increased costs, particularly among high-risk patient populations, including patients with cancer (Kash et al., 2019). Nearly 22% of patients with cancer require readmission for complications after discharge, and 19% of patients require readmission for oncology treatment–related toxicities (Guyen et al., 2021). Lack of quality discharge planning is one reason for increased 30-day RRs in oncology services (Guyen et al., 2021).

The Melanoma Medical Oncology (MMO) department at the University of Texas MD Anderson Cancer Center, a National Cancer Institute–designated cancer center, cares for patients with advanced melanoma. Advanced practice RNs (APRNs) working in the MMO department provide care for patients with melanoma in the outpatient clinic and in the inpatient hospital when patients are admitted for acute care needs. Many patients treated in the MMO department receive immune checkpoint inhibitors (ICIs), which are novel therapies that harness the patient’s own immune system to treat and destroy cancer. ICIs are associated with durable clinical benefit in patients with melanoma, along with significant immune-mediated toxicities that may require hospitalization or readmission for management (Balaji et al., 2019; Brahmer et al., 2018). These immune-mediated toxicities reflect an autoinflammatory process from immune activation and require additional treatment with high-dose steroids or other immunosuppressants (Zubiri et al., 2021). If toxicity is severe, ICI treatment could be permanently discontinued (Brahmer et al., 2018).

Most ICI administrations occur in the outpatient setting. In the event the patient develops a significant toxicity, care is transitioned to the inpatient unit for management with high-dose IV steroids. Discharge is dependent on effective transition to oral steroids based on symptom improvement. Patients then continue steroid tapering in the outpatient setting. This process requires close monitoring and education to avoid patient readmission.