

Factors Influencing the 14-day Unplanned Readmission Rate of Taiwanese Children with Cancer

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Objective

Cancer treatment for children requires multiple courses of treatment and readmissions to the hospital. Because such readmissions in the long-term affects the quality of life of the children and their family, preventing short-term unplanned hospital admissions can mitigate their physiological and psychological burden. This study examined factors influencing the 14-day unplanned hospital readmission rates of children with cancer to derive findings that may serve as a reference for mitigating such situations.

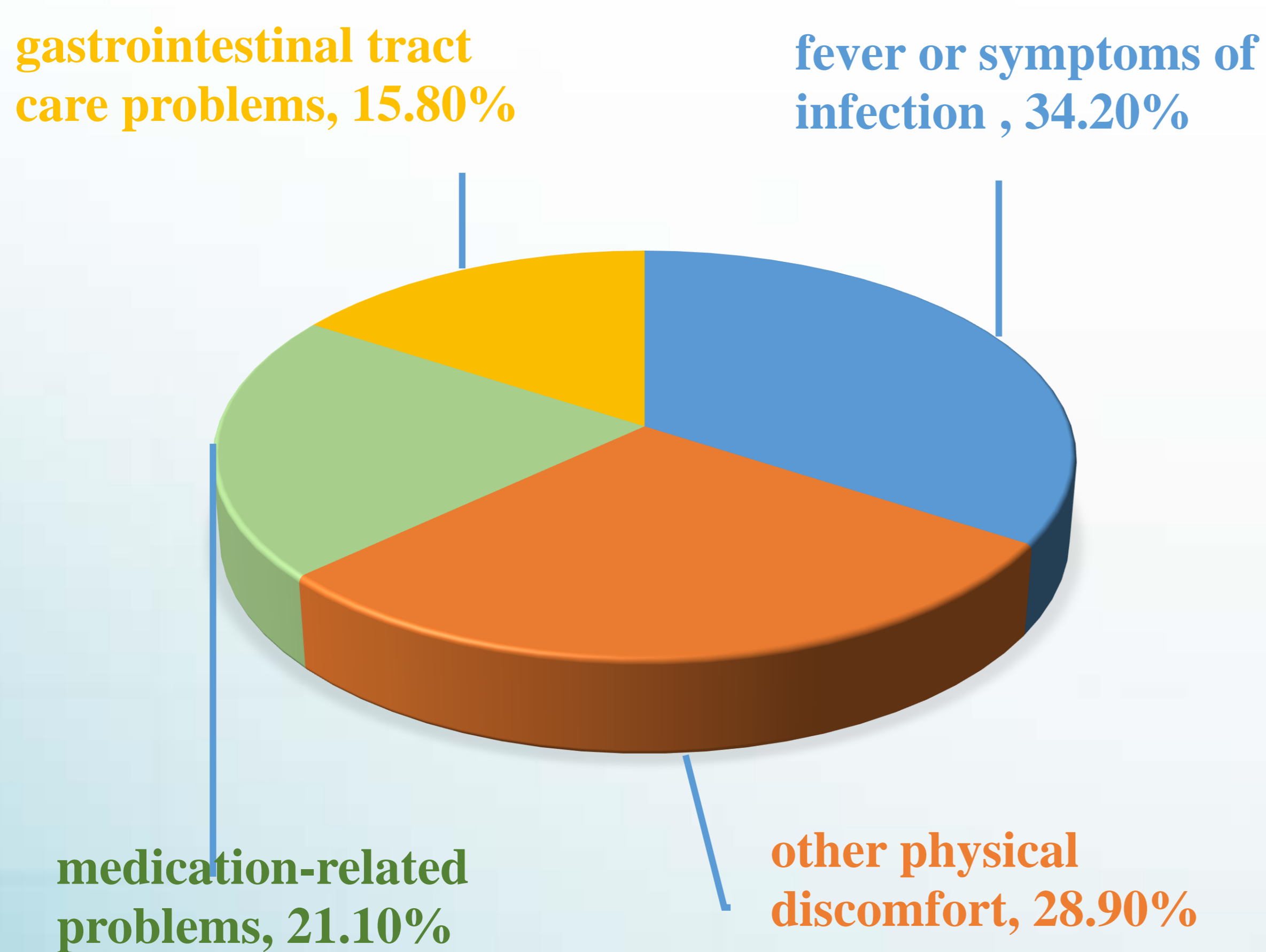
Methods

This study adopted medical record reviews and caregiver interviews to collect data. Specifically, the medical record contents of a children's hospital in northern Taiwan were examined, such as disease problems attributable to the unplanned readmissions, and previous implementation of preparation work prior to discharge.

Results

In 2016, 14-day unplanned readmission rate of 5.03%.

The disease problems



Factors

- Omissions in discharge instructions by medical personnel.
- Incomplete home care instruction tools.
- The families' failure to remember the instructions.
- Nonpersonalized discharge instructions.
- Inconsistency among medical personnel regarding the care instructions provided.
- Nonadherence with medication.
- Nonadherence self-care principles.

Conclusion

This study suggests that improvements be made to assessments on child patients with cancer and the self-care needs and abilities of the caregivers in order to identify potential problems early on. Through the discharge care plan designed following a medical team meeting and postdischarge telephone follow-ups, child patients and their caregivers can be provided with self-health education related to discharge care, and reducing the 14-day unplanned hospital readmission rate. Accordingly, the postdischarge quality of life of child patients with cancer can be improved.

