



HOME HEALTH CARE

Strategic Home Health Visits Key to Cutting Sepsis Readmissions

By **Bailey Bryant** | July 22, 2019

When implemented strategically, home health care could play a vital role in reducing hospital readmissions for patients recovering from sepsis, a new study suggests.

Specifically, sepsis survivors who received a home health visit within 48 hours of hospital discharge and at least one more visit in their first week post-discharge combined with a physician visit during that same period proved less likely to return to the hospital than their counterparts.

The intervention schedule reduced 30-day all-cause readmissions by 7 percentage points, according to the findings.

Researchers from the Visiting Nurse Service of New York (VNSNY) Center for Home Care Policy & Research led the National Institutes of Health (NIH) study, which was [published in Medical Care](#), a peer-reviewed journal.

“The biggest takeaway is the importance and the value of home health nursing having timely visits with sepsis survivors coming out of acute care,” researcher Kathy Bowles told Home Health Care News.

Bowles is the vice president and director of the VNSNY Center for Home Care Policy & Research, in addition to the van Ameringen professor in nursing excellence at the University of Pennsylvania School of Nursing.

Bowles went on to call sepsis care an untapped opportunity for home health care agencies, as about 42% sepsis readmissions are potentially avoidable, [according to research](#) from the University of Michigan Medical School.

“Our data showed that only about 28% of this population we studied were receiving this protocol,” Bowles said of the 170,000 Medicare patients included in the sample.

Nationwide, about 1 million sepsis survivors are discharged from U.S. hospitals each year. [Past studies have found](#) that 32% of sepsis patients have to be readmitted to the hospital within the first 30 days post-discharge.

“There really hasn’t been any evidence-based protocol for reducing these readmissions,” Chris Murtaugh, senior research scientist at the VNSNY Center for Home Care Policy & Research, told HHCN. “There’s guidance about the need to monitor these patients and so forth, but no successful protocols have been rigorously studied.”

Now, the researchers believe strategically timed home care visits paired with physician visits could be the answer. But for it to work, home health care providers must first improve record-keeping to know when they’re dealing with a sepsis patient to begin with, Bowles said.

“The home health care industry really needs to ask the right questions of acute care to identify that this is indeed a sepsis survivor,” she said. “We run the risk of [not] even knowing what this person has been through in acute care or that they had sepsis in the first place. ... Recognizing we need to act right away and get this protocol enacted is job one I think to improve care.”

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