**Literature Review**

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Course

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**Literature Review**

**Introduction**

Every year, approximately 4 million Medicare beneficiaries are discharged to SNFs (skilled nursing facilities) from hospitals for PAC (post-acute care). However, an estimated 20 % of these patients are readmitted to the hospitals before 30 days elapses. Research has shown that partnership between hospitals and skilled nursing facilities reduced the rates of hospital readmissions. Hospital readmissions increase the cost of healthcare services and increase the risk of hospital-acquired infections. Hospitals and skilled nursing care facilities should partner to ensure a smooth transition of patients and achieve optimum patient care. Therefore, this paper will review literature from previous studies and how the current research is supported. The PICOT question is "In patient admitted to a skilled nursing facility (population) partnership between the skilled nursing facility and the hospital (intervention) compared to no partnership (comparison) readmission rates after discharge (outcome) and 30 days (time)."

**Comparison of research questions**

According to the current research study, the research question is, "Does building a partnership between the skilled nursing facility impacts the rates of readmission within 30 days from discharge?" While the PICOT question is "In patients admitted to a skilled nursing facility, how does building a partnership between the skilled nursing facility and the hospital compared to no partnership impact the rates of readmission within 30 days from discharge". Comparing with different pieces of literature that have conducted the study on the impacts of the partnership between SNFs and hospitals in reducing hospital readmissions, it can be concluded that the current research question is appropriate. For instance, a study done by Worcester (2015) explored how partnerships between SNFs and hospitals are improving hospital readmission rates. The research pointed out that the implementation of clinical protocols helped to reduce the rates of rehospitalizations. A study done by Kate Traynor( 2015) hypothesized that some hospitals are reaching out to local SNFs to reduce the 30-day readmission rates. As identified, the research aim by Traynor (2015) is coherent with the PICOT of the current study. Therefore, the research question for this study is appropriate.

**Comparison of sample populations**

For the current study, the sample population of 19 patients discharged from the hospital to skilled nursing facilities has been considered. However, this sample population is low but can represent the general patient population of patients discharged from hospitals and admitted to SNFs.In respect to the research conducted by Lavery et al. (2020) included data obtained from the Premier Healthcare Database. The data included 865 discharges recorded from the community, non-governmental, and teaching hospitals that contributed to the inpatient data. Similarly, research done by Rahman et al.(2018) involved 16 hospital staff and 25 staff from skilled nursing facilities. The studies may imply that large sample sizes are more reliable than small sample sizes, but it mainly depends on study nature and the number of resources and time available.

**Comparison of the Limitations of the Study**

**Regarding the current study, the main limitation has been time and resources limitation resulting in selecting a small sample size. Similarly, other studies have encountered time and resource constraints. Studies experience particular limitations during the study period. For instance, the study conducted by Lavery et al. (2020) had several limitations including, a lack of reference group. Therefore it was unclear the readmission rates compare to readmission due to other viruses.**

**Moreover, the study only considered the patients readmitted to the same hospitals as readmission, which may underestimate the general readmission rates. A study conducted by Kate Traynor had limitations, including built-in bias, because the research's quality is highly dependent on the researcher. The researcher also used interviews to collect data. Interviewing can be time-consuming and costly. Similarly, research done by**Worcester (2015) is also subject to biases due to the use of qualitative analysis.

**Conclusion and further recommendations**

The discussions that have been made on the current study and the comparison made with other studies have been helpful in different ways. For example, through comparison, the limitations of the current research can be validated. Additionally, the research reliability and PICOT questions can be determined through comparison. However, for future studies, it is recommended that the sample size be increased to at least 100 so that the results could be generalized. Moreover, more resources should be set aside for future studies to avoid selecting an unrepresentative sample population.

**References**

Lavery, A. M., Preston, L. E., Ko, J. Y., Chevinsky, J. R., DeSisto, C. L., Pennington, A. F., Kompaniyets, L., Datta, S. D., Click, E. S., Golden, T., Goodman, A. B., Mac Kenzie, W. R., Boehmer, T. K., & Gundlapalli, A. V. (2020). Characteristics of Hospitalized COVID-19 Patients Discharged and Experiencing Same-Hospital Readmission - United States, March-August 2020. MMWR. Morbidity and mortality weekly report, 69(45), 1695–1699. <https://doi.org/10.15585/mmwr.mm6945e2>

Rahman, M., Gadbois, E. A., Tyler, D. A., & Mor, V. (2018). Hospital-Skilled Nursing Facility Collaboration: A Mixed-Methods Approach to Understanding the Effect of Linkage Strategies. Health services research, 53(6), 4808–4828. <https://doi.org/10.1111/1475-6773.13016>

Traynor K. (2015). Hospitals partner with SNFs to reduce readmissions. American journal of health-system pharmacy: AJHP: official journal of the American Society of Health-System Pharmacists, 72(9), 679–680. <https://doi.org/10.2146/news150031>

Worcester, S. (2015). Hospital-SNF Partnerships Prevent Readmissions. Caring for the Ages, 16(6), 9. <https://doi.org/10.1016/j.carage.2015.05.014>