Discussion

Post 1

I agree with the reply that the patient is also one of the stakeholders and they are more concerned about recovering. Their full participation and motivation to get healthy will decrease the readmission rates. I also agree that the reduction in monthly payments is also an effective strategy for controlling readmission. The healthcare outcome of the patients depends on their involvement so this will allow the close the gap in care transition. I think that readmissions are also declined because patients follow the guidelines provided to them by the nurses. This is because patients are more willing to avoid extra costs of readmissions. The patients will follow instructions and adopt self-care that will help them in gaining health and minimize the chances of readmission. I agree that the level of the patient's involvement in the process of recovery improves health outcomes. The stakeholders can thus reduce readmission rates (Ranheim, Kärner, & Berterö, 2011).

Post 2

I agree with the post because it emphasizes the need for coordination care. This reflects a strong relationship between the patient and the nurse. When physicians and the care team is acting as stakeholders they would be motivated to properly follow standards of healthcare. This will convince them to follow appropriate methods that improve the outcomes of health. This is because of the effectiveness of the relationship between nurses and patients improves the therapeutic process that is likely to generate positive results. Provision of adequate care to the patients, the positive attitude of the nurses, strengthens the relationship between nurses and clients. Adequate support from the nurses enhances the ability of the patients to manage the illness. Nursing practice has a crucial role in meeting the needs of the patients and helping them in getting rid of adverse feelings. Their role as a skilful caretaker will lead to a patient's wellbeing (Kok & Reynolds, 2017).

References

Kok, R. M., & Reynolds, C. F. (2017). Management of Depression in Older Adults. *JAMA* *, 317* (20), 2114-2122.

Ranheim, A. E., Kärner, A., & Berterö, C. (2011). Eliciting reflections on caring theory in elderly caring practice. *Int J Qual Stud Health Well-being, 6* (3).