TO STUDY THE RE-ADMISSIONS OCCURING WITHIN 14 DAYS

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INTRODUCTION

A hospital readmission is when a patient who had been discharged from a hospital is admitted again to the same hospital within 14 days of the patient's discharge.

Factors that may affect readmission — Several factors that increase the likelihood of readmission may be modifiable. Such factors include:

- Premature discharge/ Leave against medical advice
- Inadequate post-discharge support
- Insufficient follow-up
- Second opinion
- Insurance issues or denial
- Unfit for surgery (mentally/ physically)

Preventable versus Unpreventable readmissions

Many hospitalizations are not preventable. Readmissions may represent progression in the natural history of the patient's underlying disease, a separate problem that is unrelated to the initial admission, or the consequence of patient inability to follow through with a portion of a discharge plan (e.g., the patient is unable to fill prescriptions). Some readmissions are likely preventable, although the proportion of readmissions that are preventable is uncertain.

OBJECTIVE

To study the Re-admissions occurring within 14 days of the discharge in a 540 bedded Super-Specialty hospital from 1st February to 30th April’18

METHODOLOGY

Study Design

Descriptive study

Sample Population

All patients admitted to the 540 bedded Super-Speciality hospital in New Delhi from 1st February to 30th April 2018

Sample Size

Sample size for the study was 102 which was obtained from the Hospital Information System software used in the hospital in which all the patients who were re-admitted to the hospital within 14 days of their discharge.

Sample Selection

Patients re-admitted to the hospital from 1st Feb to 30 April 2018

Data Collection

Secondary Data was gathered through HIS (Hospital Information System) and CPRS (Computerized Patient Record System) software used in the Hospital.

Data Analysis

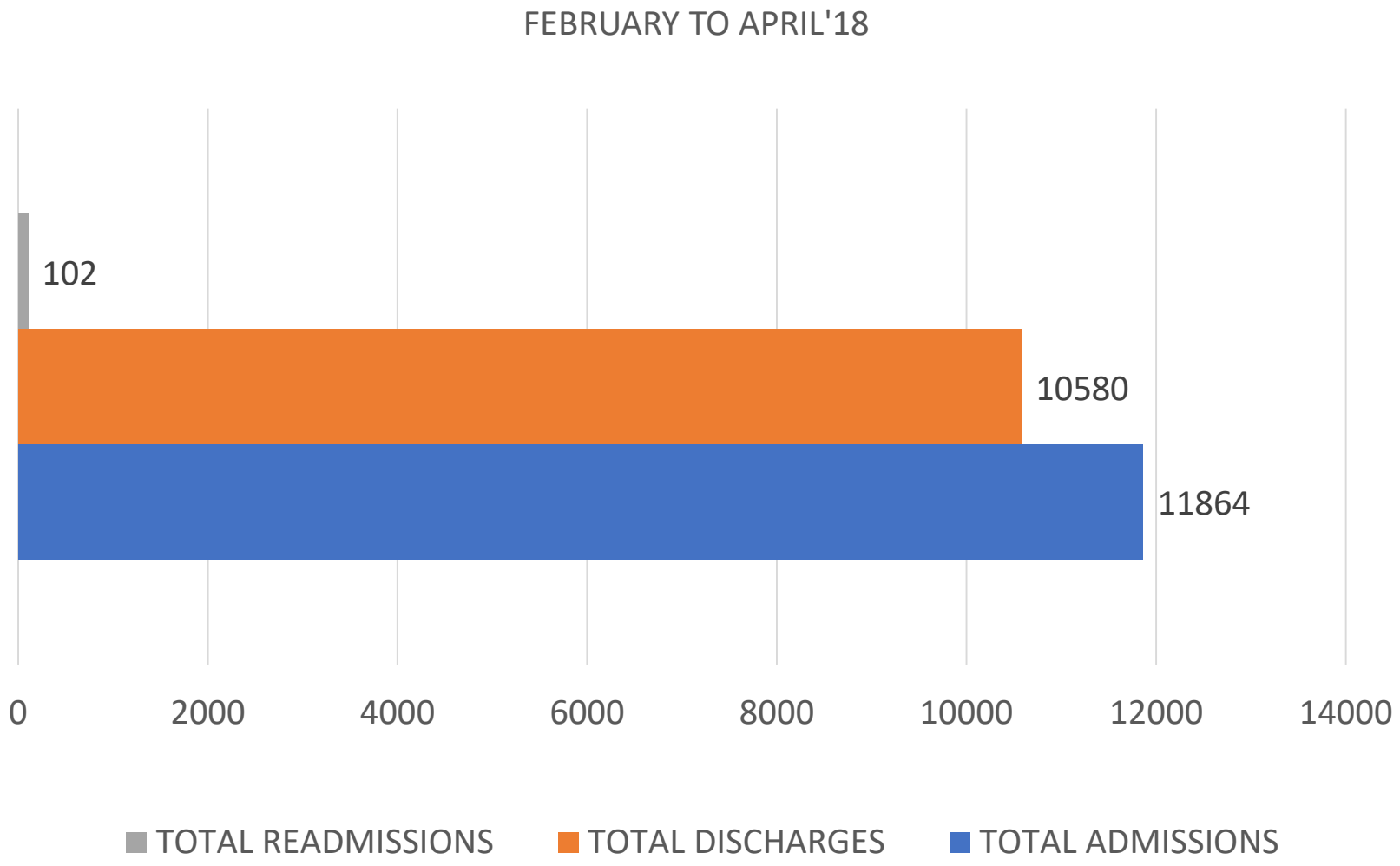
Descriptive Statistics

Study Duration

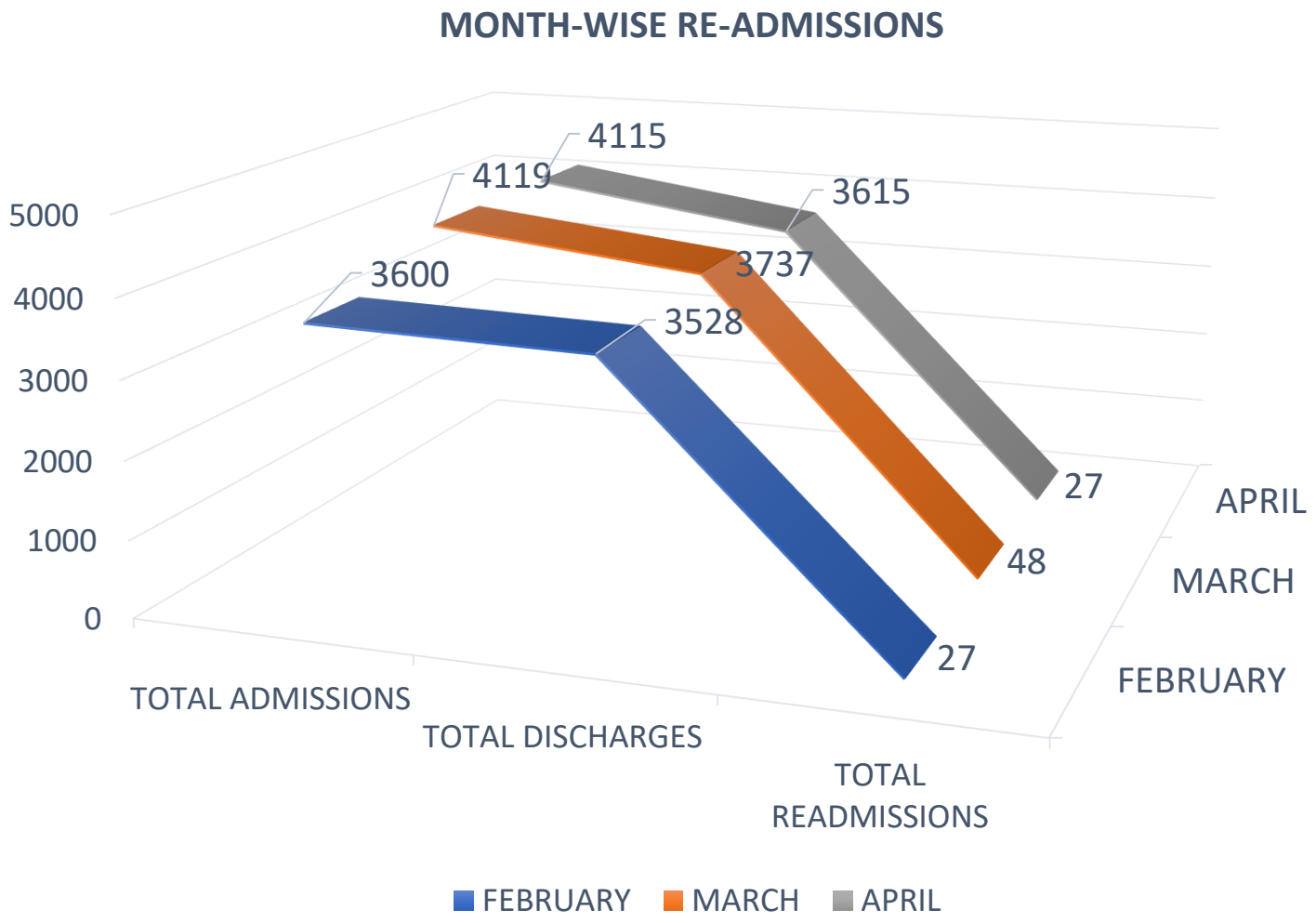
3 months (i.e. 1st February to 30th April 2018)

FINDINGS

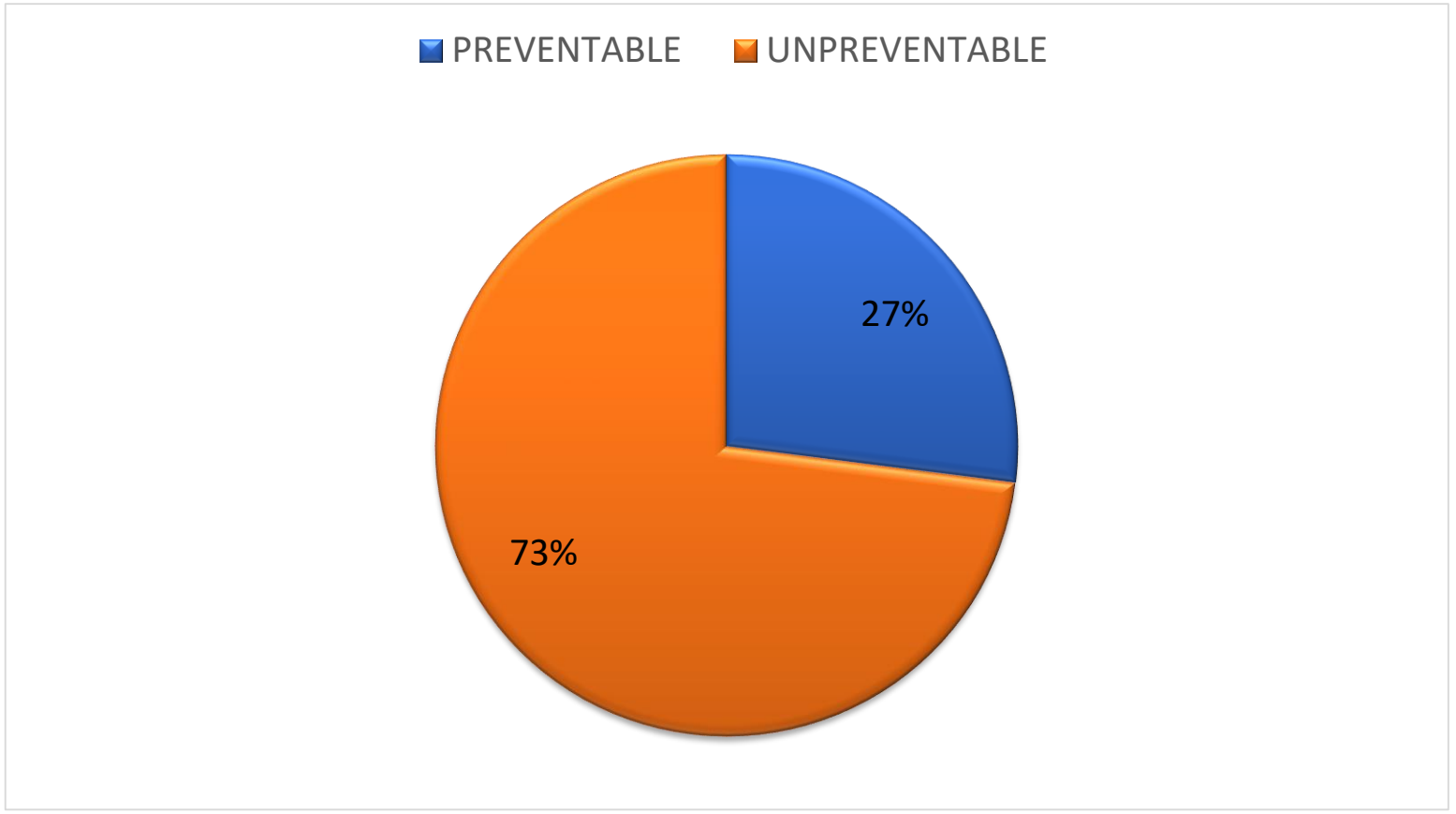
Total number of Re-admissions in respect to Admissions and Discharges from February to April’18



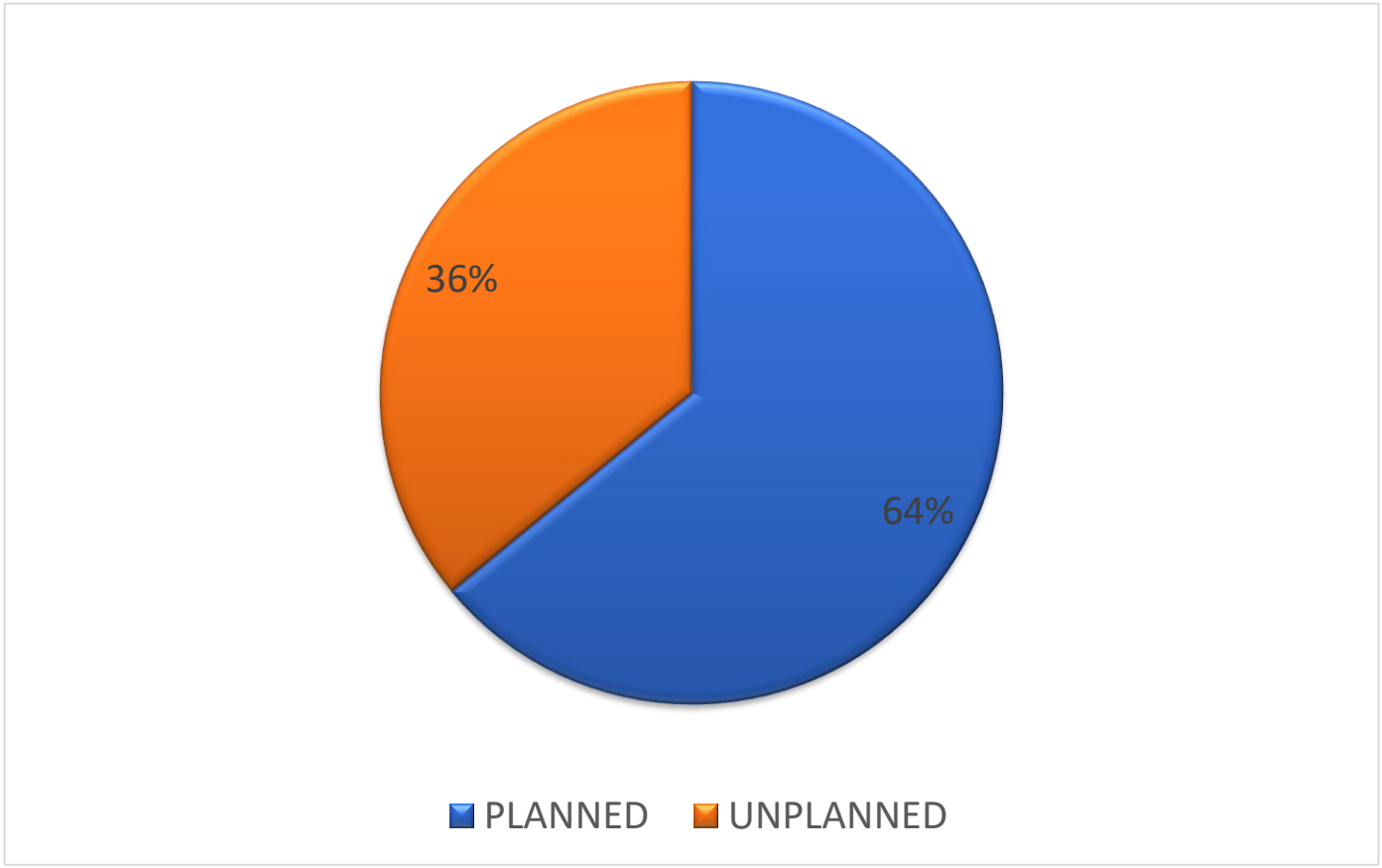
MONTHLY RE-ADMISSIONS



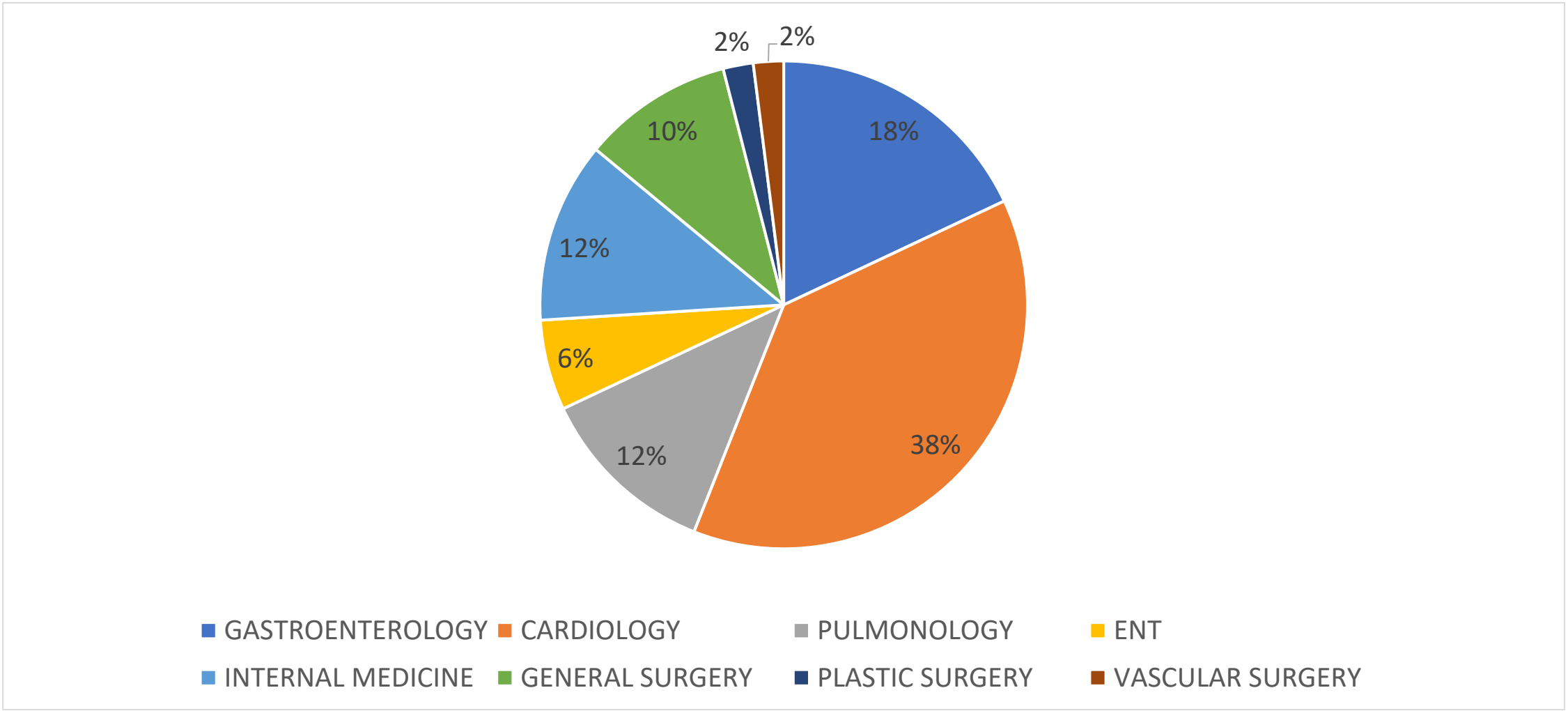
PREVENTABLE AND UNPREVENTABLE RE-ADMISSIONS



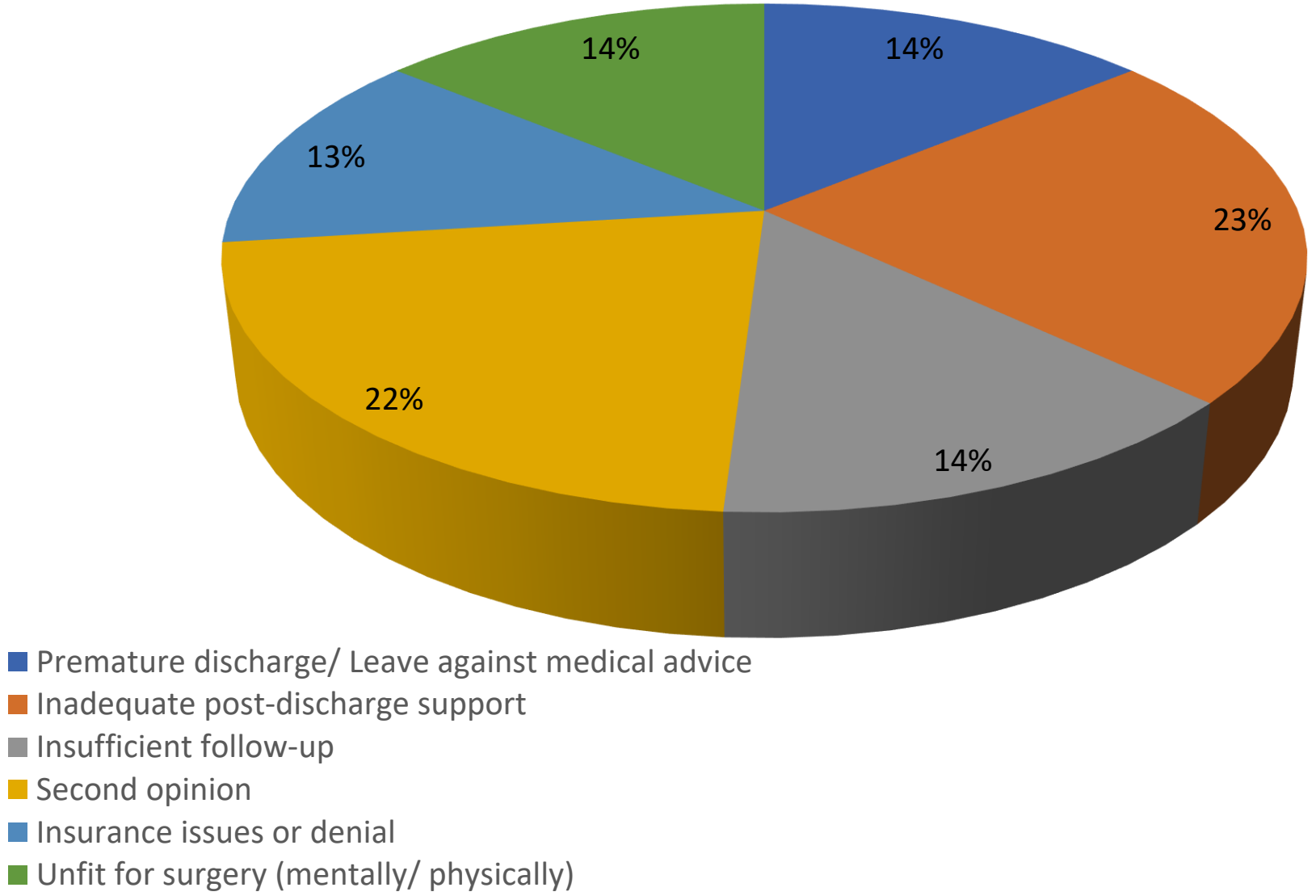
PLANNED AND UNPLANNED RE-ADMISSIONS



DEPARTMENT WISE ADMISSIONS



REASONS FOR RE-ADMISSIONS



FINDINGS

•Out of total 11864 admissions, 10580 patients are discharged from 1st February to 30th April.
•Number of re-admissions is 102 in three months. 27, 48 and 27 in the month of February, March and in April respectively.
•73% of the re-admissions were unpreventable, whereas 27% were preventable.
•64% of the re-admissions were planned and 36% were unplanned.
•Department wise re-admissions

DEPARTMENT	PERCENTAGE
GASTROENTEROLOGY	18%
CARDIOLOGY	38%
PULMONOLOGY	12%
ENT	6%
INTERNAL MEDICINE	12%
GENERAL SURGERY	10%
PLASTIC SURGERY	2%
VASCULAR SURGERY	2%

- Reasons for Re-admissions

PREMATURE DISCHARGE/ LEAVE AGAINST MEDICAL ADVICE	14%
INADEQUATE POST-DISCHARGE SUPPORT	23%
INSUFFICIENT FOLLOW-UP	14%
SECOND OPINION	22%
INSURANCE ISSUES OR DENIAL	13%
UNFIT FOR SURGERY (MENTALLY/ PHYSICALLY)	14%

DISCUSSION

In a 540 bedded super-specialty Hospital, there were 11864 admissions from the months of February to April'2018. Total 10580 patients were discharged within this time and 102 patients were re-admitted to the hospital within 14 days of discharge. After analysing all the re-admission cases, it was found that 27 of them were in the month of February 48 in the month of March and 27 in the month of April. 64% of the 102 cases were planned re-admissions due to TPA (Third Party Administrator) or patient not fit for surgery, rest 36% were unplanned because of the critical condition or end of the life care of the patient. Preventable re-admissions are those which could be prevented, as the patient was not so critical such cases are 27% out of 102. Unpreventable re-admissions are those which cannot be prevented due to critical condition of the patient and such cases are 73%. Among all the departments, Cardiology has the highest with 38% of re-admissions with the lowest in Plastic surgery and Vascular surgery with 2%. Re-admissions can be prevented if proper information is conveyed at the time of discharge for those 27% cases. Study showed that maximum number of Re-admissions were because of Inadequate Post- Discharge Support with 23% of all the reasons.

RECOMMENDATIONS

Re-engineering of the Discharge Process planned to prevent re-admissions

1. Educate the patient about her or his diagnosis, health condition and treatment throughout the hospital stay

2. Appointments should be made with input from the patient regarding the best time and date for clinician follow-up and post-discharge testing, with the help of discharge secretaries and coordinators of the doctors and, discuss reason for and importance of physician appointments with the patient

3. Discuss with the patient any tests or studies that have been completed in the hospital and who will be responsible for following up on the results

4. Organize post-discharge services
    - Be sure the patient understands the importance of such services
    - Make appointments that the patient can keep
    - Discuss the details of how to receive each service

- Confirm the medication plan.
- Reconcile the discharge medication regimen with that followed before the hospitalization.
- Explain what medications to take, emphasizing any changes in the regimen.
- Review each medication's purpose, how to take each medication correctly, and important adverse effects to watch out for.
- Be sure the patient has a realistic plan for how to get the medications.

6. Reconcile the discharge plan with national guidelines and critical pathways.

7. Review the appropriate steps for what to do if a problem arises.
- Inform the patient about a specific plan for how to contact the primary care provider (or coverage) and provide contact numbers for evenings and weekends.
- Inform the patient about what constitutes an emergency and what to do in cases of emergency.

8. Expedite transmission of the discharge résumé (summary) to the physicians (and other services, such as the visiting nurses), accepting responsibility for the patient's care after discharge. The discharge résumé includes
- The reason for hospitalization, with the specific principal diagnosis.
- Significant findings. (When creating this document, the original source documents, such as laboratory, radiology, and operative reports, and medication administration records, should be in the transcriber's possession and visible when transcribing information from one document to another.)
- The procedures performed and the care, treatment, and services provided to the patient.
- The patient's condition at discharge.
- A comprehensive and reconciled medication list (including allergy treatment).
- A list of acute medical issues, tests, and studies for which confirmed results are pending at the time of discharge and require follow-up.
- Information regarding input from consultative services, including rehabilitation therapy.

- Assess the patient’s degree of understanding by asking for an explanation of the details of the plan in her or his own words; this may require removal of language and literacy barriers by utilizing professional interpreters.
- Contacting family members who will share in the care giving responsibilities.

10. Give the patient a written discharge plan at the time of discharge that contains

- The reason for the hospitalization.
- The discharge medications, including what medications to take, how to take them, and how to obtain them.
- Instructions on what to do if the condition changes.
- Coordination and planning for follow-up appointments that the patient can keep.
- Coordination and planning for following up on tests and studies for which confirmed results are not available at the time of discharge.

11. Provide telephone reinforcement of the discharge plan and for problem solving two to three days after discharge.

Re- engineering of Discharges Interventions and Departments Responsible for Their Implementation

Intervention	Responsible Departments
• Educate the patient on diagnoses throughout the hospital stay. • Discuss completed tests or studies. • Review appropriate steps for what to do if a problem arises.	Nursing and case management
• Organize postdischarge services. • Provide customized, real-time critical information to the next care provider(s).	Case management
• Confirm the medication plan.	Nursing, pharmacy, and case management
• Reconcile medications for discharge. • Give the patient a written discharge plan.	Nursing

PATIENT DISCHARGE SURVEY TOOL

This survey tool must be filled by the patient before leaving the hospital. This will help us to collect the information regarding the compliance of some factors at the time of discharge. It will also help the patient to ensure that he/she has been provided with the sufficient information.

The Nine Survey Questions (Yes or No answers)
I was taught about my diagnosis during my hospital stay.
I have received a written discharge plan that is easy to read and understand.
I have follow-up appointments with my physicians.
I have received a written discharge plan that has the information I need to take care of myself at home.
I have been told about test results or studies that have not been completed before I go home.
I have a written list of my discharge medications and know which medications are new or changed.
If I need home health care, medical equipment, or other help or services after I go home, it has been arranged.
When the nurses were teaching me, they asked me to explain what I had learned in my own words.
I understand what to do and who to call if a problem arises after I am home.

THANK YOU!