Co-ordinated Discharge Package to Reduce Readmissions in the MAU

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Presented by Dr Christiaan Mostert
Introductory remarks

- Conflicts of Interest
- Credit to Dr Keegan Lee
- In context of time this audit and intervention was implemented at the end of 2013.
Dr Keegan Lee
Definitions

- **MAU – Medical Assessment Unit**
  Since 2008 developed by Physicians and Acute Care Taskforces to “deliver faster safer, better care for elderly and those with chronic conditions”\(^1\)

- **28 day Hospital Readmissions\(^2\)**
  Patients who represent to emergency within 28 days of discharge. Calculated as a percentage of total discharges for the same time period.

- **Co-ordinated Discharge Package (CDP)**
  Discharge Summation and Post-Discharge Call Back (PDCB)
Context – The Problem

- Readmission rates in Coffs Harbour MAU have been above the NSW target of 10% since June 2012 with a peak in Nov-12.³ (See Graph)⁴
- A majority of hospitals with a recognised MAU fail to meet the 10% target.
Context – Proposed Solution

- Project RED: a study from Boston Medical 2009, aimed at reducing readmissions through a re-engineered discharge process.\(^5\)

- Study outcomes
  - Reduced hospital utilization (ED presentations & readmissions) by 30%
  - Significant improvement in patient understanding of diagnosis, and patient preparedness for discharge
  - Reduced observed healthcare cost by 33%
Methodology

- 3 Study Groups
  1. Retrospective cohort. Patients discharged 18/2/13 – 18/3/13
  2. Prospective cohort. Patients discharged 18/11/13 – 18/12/13
     a. CDP (Discharge summation & PDCB)
     b. PDCB only

- Data collected from
  - Local health district iPIMS program
  - Patient medical records
  - Patient verbal reports

- Outcomes
  1. Readmission rates at 28 days (%)
  2. Case Study Collection
Methodology

● Discharge Summation

1. Outlined Admission
   ▪ Reason for admission
   ▪ Investigations – important results and those pending
   ▪ Management – in hospital and upon discharge

2. Follow Up Plans
   ▪ GP/Specialist Appointments
   ▪ Further Investigations/ Pending Results
   ▪ Planned Procedures

3. Medications
   ▪ Antibiotics
   ▪ New Medication Education
   ▪ Changes to pre-admission medications

4. Questions
   ▪ Contingency Plans

5. Review
   ▪ Assess patient understanding and review unclear areas
   ▪ Schedule follow up call, confirm number

● PDCB

1. Post-discharge progress
   ▪ Concerns
   ▪ New Issues (incl. psychosocial)

2. Follow up appointments
   ▪ Attended
   ▪ Scheduled
   ▪ Re-iterate importance of appointments

3. Medications
   ▪ Concerns & Issues
   ▪ Compliance

4. Questions

5. Recommendation & Review
   ▪ Require further follow up
   ▪ Changes to plans
   ▪ Assess patient understanding

NSW GOVERNMENT
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Results - Readmissions

- 18/2/13–18/3/13
- Total Discharges n = 63
- Readmissions n = 6 (9.5%)

Of note:
- Department had rapid increase in numbers during month of March
- No intervention to reduce readmissions had been considered at this point

- 18/11/13 – 18/12/13
- Total Discharges: n = 52
  1. Co-ordinated Discharge Package (CDP) – 23 (44%)
  2. Post-Discharge Call Back (PDCB) ONLY – 27 (51%)
  3. No PDCB – 5 (9.6%)
     a. 2 received the initial discharge summary
     b. 1 absconded did not go through any component of SDP
  4. Readmissions - 3 (5.8%)
Results - Efficiency

- The average time taken to deliver a face-to-face discharge summation and the follow up call was 17 minutes per patient.

- As the MAU at CHHC is limited to 8 inpatient beds, this is a feasible achievement for the junior medical officer to implement without needing to allocate additional working hours.
Case Studies

1. Warfarin initiation and education following change of plans since discharge

2. Unsatisfied patient/carer, benefitted from clarification of pathology, active management plan and emotional reassurance

3. Improved compliance with follow up appointments by coordinating follow up clinics to call patient 1 day prior to appointment.
Discussion

- Discharge Summation Benefit
  - Improved patient understanding of their own illness
  - Emphasis on follow up appointments
  - Education on medications

- Post Discharge Call Back Benefit
  - Increased patient satisfaction
  - Repetition and Re-education of follow up and management plans
  - Improved co-ordination with acute community care
  - Emotional support for patient and carers
Patient & Clinician Satisfaction
Patient satisfaction with the MAU DCP – a survey

- Wong & Mostert 2014
A modified questionnaire was used for the MAU DCP survey

1) Did the discharge discussion have enough information about your illness?

2) Did the discharge discussion have enough information about your medications?

3) Did the discharge discussion have enough information about your discharge plan?

4) Did you find the discharge discussion useful?

5) Do you have any suggestions to improve the discharge process and callbacks?
Total number of patients surveyed 15/5-15/6 (44)

- Participated: 33
- Did not participate: 11
Reasons of why patients were unable to participate

- Unable to be contacted
- Unable to remember discharge summation process
- Did not receive discharge summary
- Did not read discharge summary
Patients who participated in survey (33)

- Enough information about your illness: 35
- Enough information about your medication: 30
- Enough information about your discharge plan: 25
- Did you find the discharge discussion useful: 20
- Any suggestions to improve the discharge process and call backs: 15

Legend:
- no
- yes
Patient suggestions

- Have a step by step instruction sheet with what to do in regards to medication
- To go through the medication list and inform them when they should take the medications
- To warn of the side effects of medications
References


