

Reducing readmission rates in the ASU: Qualitative Study of patient's experiences



SACHA COWELL ASU CNS

ASU from then to now

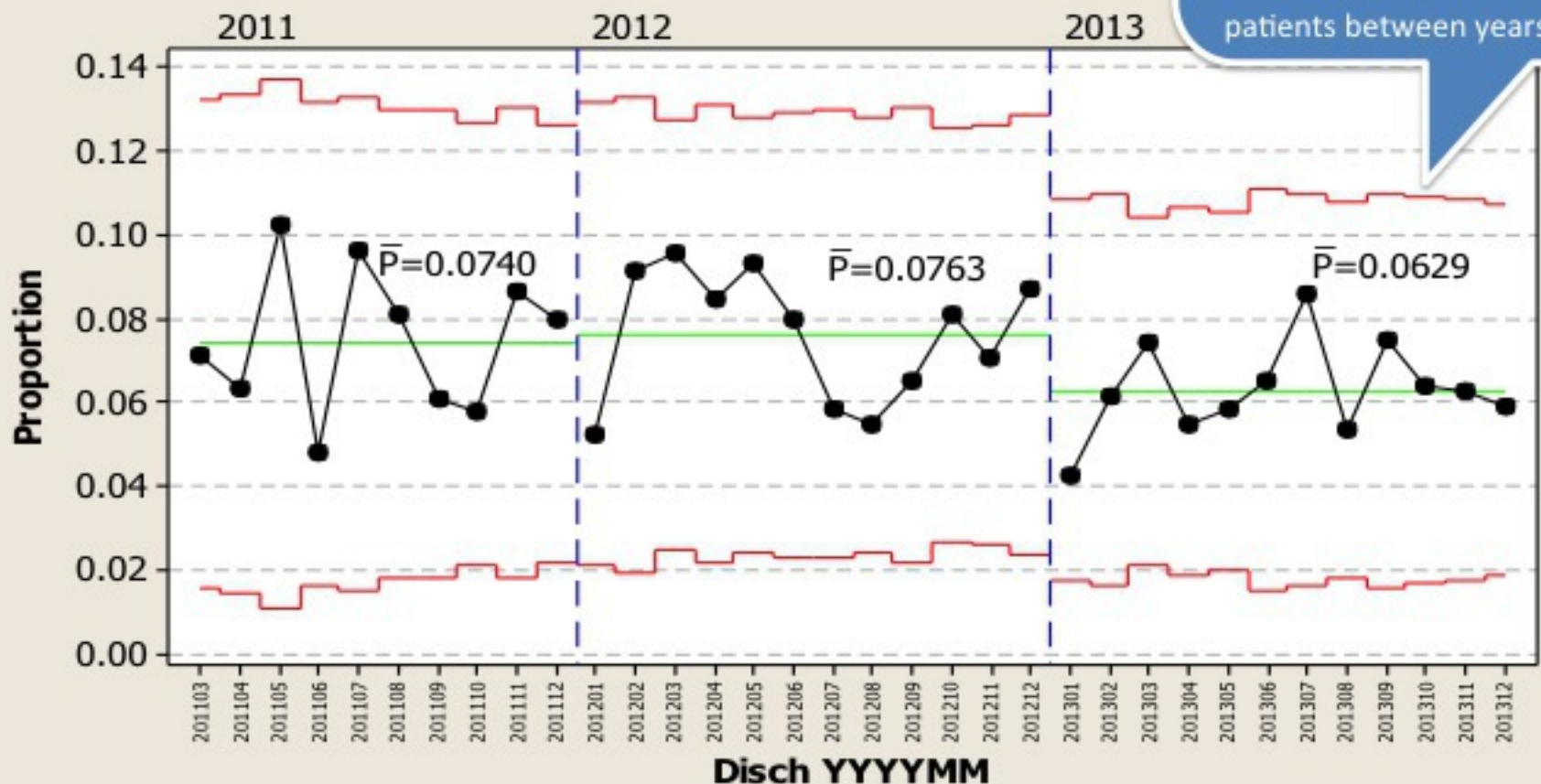


- The ACH ASU team has expanded since 2009!
- Daily on the shop floor
- 1x Consultant Surgeon
- 3 x Registrars (including SET trainee)
- 6x House Surgeons
- 1 x CNS

Reasons for research

Readmission rate has dropped by 1.34% (7.6% in 2012 vs. 6.3% in 2013). Tests show that this is statistically significant ($P=0.025$). This equates to a difference of ~40 patients between years.

Control Chart of ASU Readmissions

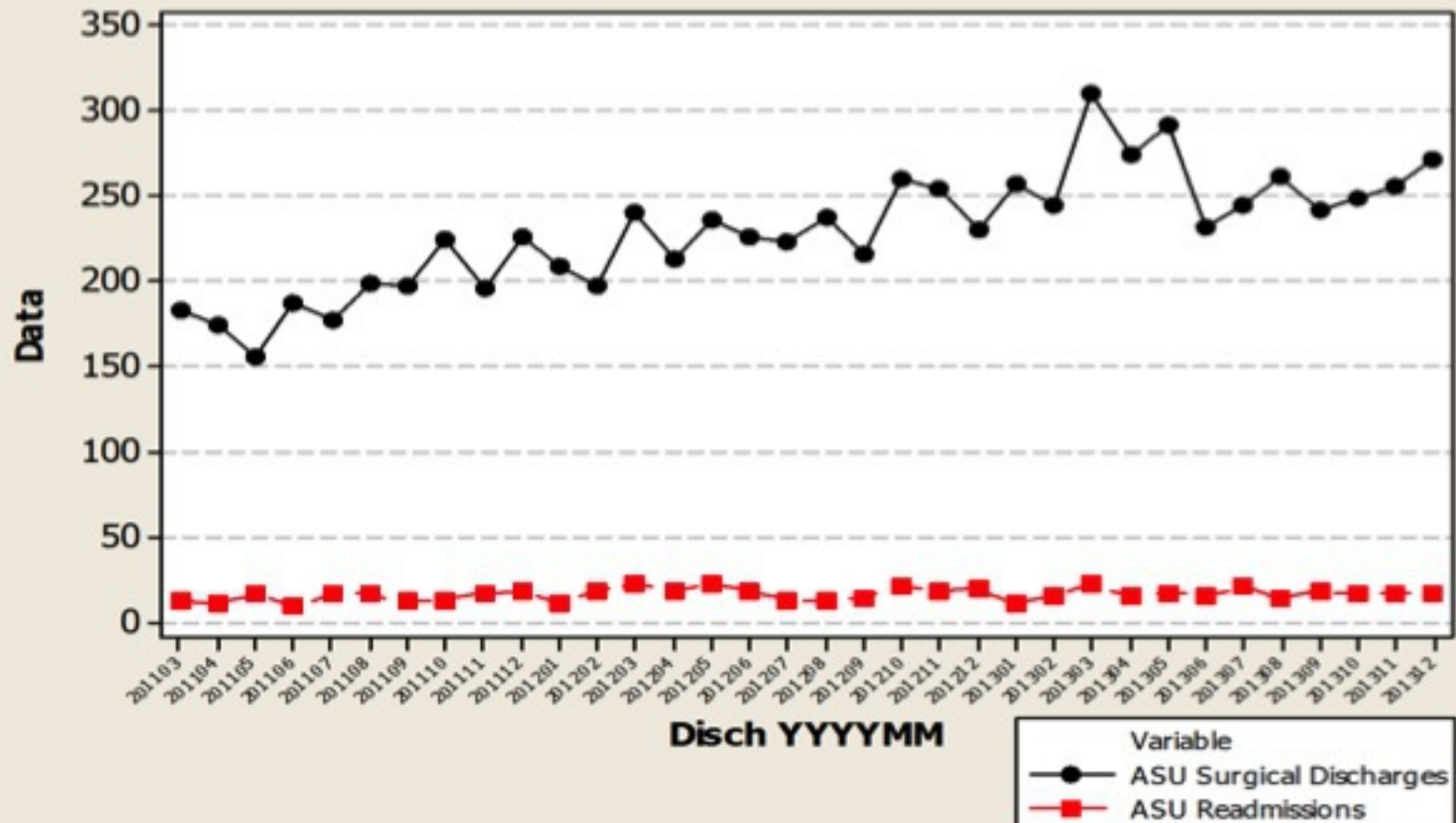


Tests performed with unequal sample sizes

More data.....



Volume of ASU Surgical Discharges Vs Volume of Readmissions



Reasons for research



- Used as quality indicator
- Needed to be ACH ASU specific
- Better health outcomes
- Cost savings
- Better utilization of ASU resources

Research undertaken....



- Retrospective data (n=80)
- Descriptive study
- In house inpatient survey n=30
- Survey consisted of 26 questions

Survey



1. Is your visit today related to your previous visit to the hospital?
2. What do you think caused you to come back into the hospital?
3. Who referred you to the hospital this time?
4. If you had self referred, could you explain why you had chosen ACH amongst other healthcare providers?
5. When you left ACH (1st admission) did someone explain to you : your discharge diagnosis?
6. When you left ACH (1st admission) did someone explain to you : if any follow up was arranged?
7. When you left ACH (1st admission) did someone explain to you : what to watch out for regarding worsening of your condition?
8. When you left ACH (1st admission) did someone explain to you : what to do if you were experiencing worsening of your condition?
9. If you answered yes with #6, who was the follow up with?
10. Did someone confirm if you understood the instructions?
11. Were the discharge instructions written down and given to you before you left?
12. Were the discharge instructions easy to read and understand?

Survey



13. How confident did you feel about following these instructions?
14. At the time of your discharge, did you receive a prescription?
15. Did someone talk to you about your prescription?
16. Did you fill your prescription?
17. Did you have any difficulties or challenges with taking your medication at home?
18. If so what were they?
19. What is your living situation at home?
20. Who took care of you after you came out of the hospital?
21. Did you have trouble getting around at home after leaving hospital?
22. Did you feel like you would have benefitted from help at home?
23. Did you feel that this could be a reason for you returning to hospital?
24. Do you have a regular Dr (e.g. GP) who takes care of you for most things?
25. Have you visited your GP since your last discharge from the hospital?
26. Is there anything you think could have been done differently that would have made a difference?

Findings: reasons for readmission



- PAIN (69%)
- Bleeding, swelling, and infection (17%)
- Vomiting and diarrhea (3%)
- Deterioration (3%)
- Fever (3%)

Findings: Patients readmitted with PAIN



- 50% no explanation on what to watch out for if condition worsened
- 44% did receive an explanation on what to do if condition worsened, and 44% no explanation
- 44% of patients with PAIN did visit their GP in between admissions

Findings continued.



- 90% had a GP
- 69% received discharge paper work prior to discharge from hospital on their index admission
- 62% received a prescription and filled their prescriptions and of this 45% had their prescriptions and medication advice prior to leaving ACH
- 41% had visited GP in between admissions

Recommendations and further initiatives



- Work is ongoing.....
- Small sample study
- Can use indicators for more focused research
- Improved discharge planning process
- Improved patient education

Questions?

