

“Reducing Readmissions within Internal Medicine Services – The Patients’ Perspective”

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Background:

There has been a noted increase in the frequency of readmissions to acute care wards. Existing literature suggests that improved patient satisfaction and active involvement in discharge planning is vital in reducing the risk of readmission.

Methods:

Structured bedside interviews were conducted with 26 hospital inpatients on acute medical and sub-acute care wards as well as telephone interviews with 4 outpatients discharged from acute medical and sub-acute care wards.

Results:

It was found that 40% of patients felt that their readmission could have been avoided. Avoidable readmissions were due to: patients’ readiness for discharge, recurrent and/or unresolved acute medical issues, (70% of patients reported that their current admission was related to their previous admission), patients’ compliance with medication/discharge care plan, premature discharge and lack of GP involvement post discharge. Patients’ were given a list of proposed discharge interventions that could/could not have helped in preventing readmissions: 63% of patients’ reported that a copy of a coordinated discharge care plan could have helped. 77% of patients’ reported that a follow up phone call post discharge from a hospital support person could have helped. 73% of patients’ reported that a key person coordinating and communicating the discharge care plan could have helped. 56% of patients’ reported that a follow up appointment with GP post discharge could have helped.

Discussion:

The data collected suggests that actively involving the patient in their discharge would assist with their readiness for transition home. Discharge interventions discussed with patients included: appointing a key person to facilitate the transition home and offering outpatient support / telephone follow up post discharge. Our study found that less than half the readmissions captured could have been prevented. The readmissions that were found to be unavoidable were mainly due to an exacerbation of chronic health conditions and recurrent

acute medical issues (Diabetes, Cellulitis, Urinary Tract Infection, Heart failure). The importance of improving current discharge processes was a key finding in reducing further readmissions.