

Minimising readmissions

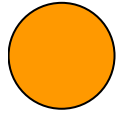
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How might a MAPU reduce readmissions?

- Better doctors
- Better alternatives
- Better assessment of needs
- Better discharge processes

ED bounces



ED representation
rates:

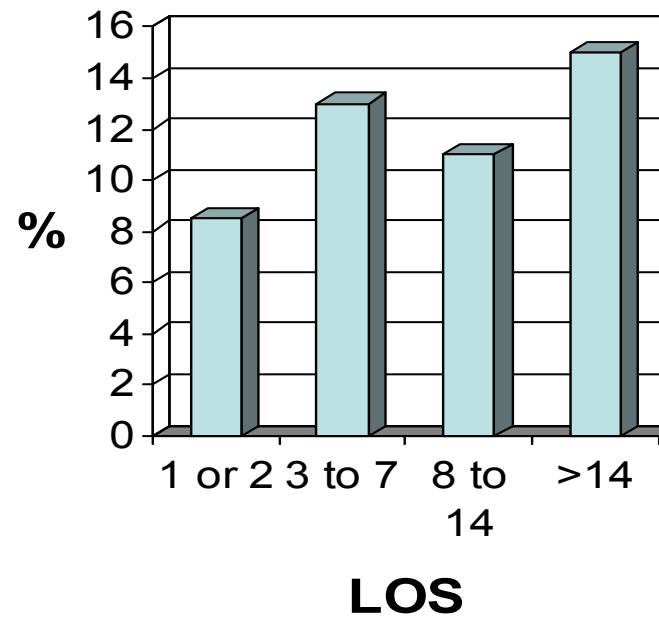
- 14-16% @ 30/7
- 16-22% @ 30/7 in 75+

Medical ward
readmission rates

- 11-21% @ 30/7

MAPU readmission
rates 6-10% @ 30/7

30 day readmission rate



Admission avoidance

Hospital at home:

- Meta-analysis: 10 trials, 1333 participants
- Readmission HR 1.49 (0.96-2.33)

Early discharge hospital at home

- Meta-analysis: 26 trials, 3967 participants
- Readmission HR 1.57 (1.10-2.24)

Sheppard, Doll, Angus et al, Cochrane Database 2009

Sheppard, Doll, Broad et al, Cochrane Database 2009

Team assessment & mx

Inpatient setting

- Comprehensive geriatric assessment
 - Readmission during follow-up OR 0.85 (0.70-1.03)

- Acute care for elders
 - Readmission at 3/12 OR 0.93 (0.77-1.11) (5 trials)

Team assessment & mx

ED setting

- Meta-analysis 2005: interventions to improve outcomes of elders d/c from ED
 - 6 RCTs, 2 CTs
 - Screening, referral +/- post-d/c followup
 - Only 1 study (Caplan 2004) showed reduced readmissions (22% reduced to 16% @30/7)

Discharge processes

Coleman's 4 pillars of transition

- Medication self-management
- Patient-centred care record
- Follow-up
- Red flags
- RCT n=750
 - ↓ 30 day readmissions 8.3% v 11.9%

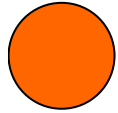
Discharge processes

- Heart failure patients
 - Several meta-analyses show ↓6/12 RR and mortality
- Older medical patients
 - Meta-analysis 21 trials 4509 pts
 - Readmission HR 0.85 (0.74-0.97) (11 trials)

Discharge processes

- Re-engineered discharge (RED) program
 - Education
 - Arrange follow-up
 - Medication reconciliation
 - Post-hospital pharmacist review
- ↓30 day hospital use:
 - 22% v 27% had readmit &/or ED
 - 76 vs 55 readmissions
- But...mean age 50, 27% white non-Hispanic

Minimising readmissions



Readmissions will continue

Avoiding admission now does not avoid (and probably increases) readmissions

Some evidence for complex multidisciplinary post-hospital interventions in some high risk patients...at a cost