Unplanned Hospital Readmissions

Where to from here?

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Presentation Outline

- What’s the problem with Unplanned Readmissions?
- Key lessons from NSW Health’s efforts to date
- Way forward
- Demonstration of the new quarterly report
Unplanned Hospital Readmission

- The next subsequent admission of a patient to a hospital following an index hospital admission (first stay of the patient)
- A leading topic of healthcare policy and practice
- Increasingly being used in various jurisdictions across the world as a metric of the performance or quality of hospital care or treatment
- Estimated cost to the US Medicare program: $17 billion per year (out of the total of $102.6 billion)
- Associated with financial penalties for hospital providers in the US
- Used as a ‘purchasing adjustor’ in NSW
Current NSW definition

● Unplanned readmission of a patient within 28 days following discharge to the same facility for any purpose other than mental health, chemotherapy or dialysis
  – ‘Unplanned’ defined as an emergency admission (required within 24 hours of diagnosis)
  – ‘Readmission’ defined as an admission with admission date within 28 days of discharge date of previous stay for the same patient at the same facility

● Scope: All admitted patients to public facilities in peer groups A1-D2

● Target: Reduction on previous year

● Desired Outcome: Improve quality and safety of treatment, with reduced unplanned events
Current uses of the indicator in NSW

- As a ‘NSW 2021’ performance indicator (target: ongoing reductions in each consecutive year)
- As a ‘service measure’ listed in the LHD Service Agreements
- As a ‘purchasing adjustor’ in the activity based funding model
- As a local performance monitoring indicator at LHD/hospital level
<table>
<thead>
<tr>
<th>Problem with Unplanned Readmissions</th>
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<td>• It is <strong>not</strong> improving (overall)!</td>
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<td>• We are not entirely sure what it measures</td>
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<td>• There are data quality issues affecting it</td>
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<td>• There are definitional/measurement issues</td>
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<td>• There is considerable variation across the State</td>
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We are supposed to be here
Statewide Review

● Purpose of the project
  – Improve measurement of all-cause unplanned readmissions within NSW
  – Identify and recommend potential statewide strategies to reduce unplanned readmissions

● Participants
  – Clinical Excellence Commission, Directors of Clinical Governance from 6 LHDs, Ministry of Health

● Methods
  – Rapid review of evidence
  – Data analysis and modelling of new indicators
  – Identification and testing of management strategies
Lessons to Date

- A quarter of unplanned readmissions to hospital are linked to ‘deficiencies in care’
- Patient factors, such as low socioeconomic status, low overall general health and age, are most frequently associated with unplanned readmissions
- Generalised interventions or strategies to reduce hospital readmission for general medical patients, patients with chronic diseases and patients considered at high risk of readmission show little effectiveness
- Interventions targeting specific patient populations (e.g. heart failure, certain types of elderly patients) were noted to be more successful
- Current NSW indicator does not allow for identification and targeting of problem areas
- Use of tools to review readmissions at the time patients are readmitted and still in hospital seems very promising
- Purchasing adjustor has worked in the sense that LHDs that had the adjustor all improved their performance
- Some of the improvements were in relation to data quality, others were real process improvements
Way Forward

- Rebrand/reposition Unplanned Readmissions as ‘Continuity of Care’ indicator (rather than Safety & Quality)
- Update the definition and make it all-inclusive, but support it with analytical tools that enable rapid identification of areas for improvement
- Improve reporting to take account of uncontrollable factors (e.g. age-sex standardisation, peer group standardisation etc.)
- Continue with the purchasing adjustor but set an improvement target for all LHDs (not just those above the current NSW average)
- Promulgate the use tools to review readmissions at the time patients are readmitted and still in hospital to determine detailed causes of readmission and take action to reduce readmissions
- Implement evidence-based strategies for reduction of unplanned readmissions (link with Integrated Care Program)
- Develop an education package to assist in the understanding and reduction of readmissions (including data quality)
Strategies identified to address unplanned hospital readmissions (Scott et al. 2010)

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<th>Intervention</th>
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<td>Single component interventions (either pre- or post-discharge)</td>
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<td>Screening of individuals at high risk of discharge failure</td>
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<td>Multidisciplinary teams and ward rounds</td>
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<td>Discharge planning protocols</td>
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<td>Educational interventions and self-management approaches</td>
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<td>Discharge coordinators</td>
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<td>Collaboration with primary care and general practitioners in discharge processes</td>
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<td>Post-discharge home visits or telephonic follow-up</td>
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<td>Post-discharge community-based care coordination and access to primary care</td>
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<td>Nurse-led intermediate care units</td>
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Multicomponent interventions (integrated pre- and post-discharge)

(Assorted combinations of the above single interventions were reported) For example, specialised programs comprising specialist nurse-led assessment, discharge planning, and patient-carer education; written care plans and medication lists; discharge summaries; coordination of post-discharge services; and home visits (at 24 h and 7-10 days) with telephone follow-up.