

Unplanned Readmissions and patients returning to care

“Looking at the big picture”

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December 7, 2016

Overview

- Findings from previous and current work on readmission metrics and a recent rapid review of LHD experiences with unplanned readmissions
- Explore the value of taking a holistic view to readmissions and patients making unplanned returns to care
- Introducing linked data and patient journeys into readmission/representation measurement
- High level view of some linked data/patient journey data

Rapid review: Measuring unplanned returns to care

- Many different readmission indicators
- Fit for purpose is important
- Limitations of metrics alone

Rapid Review:

Key Identified Factors

- Many Measureable factors are available from our standard data collections
- However many important factors are not available in the existing data, such as factors related to
 - Patients and their carers
 - Management of the transitions
 - Availability of external services

Rapid Review:

Key areas of service intervention

- Hospital Care during previous admissions
- Transition from hospital to community based care
- Patient factors
- **Where LHDs a focusing strategies:**
 - Flagging patients on admission
 - Closing the communication loop by assigning the same clinician on readmission & closer collaboration with GPs
 - Inter-professional collaboration, with service driven focus
 - Planning hospital return for patients at high risk of return
 - Follow up phone call to patients

Our focus - Data and definitions

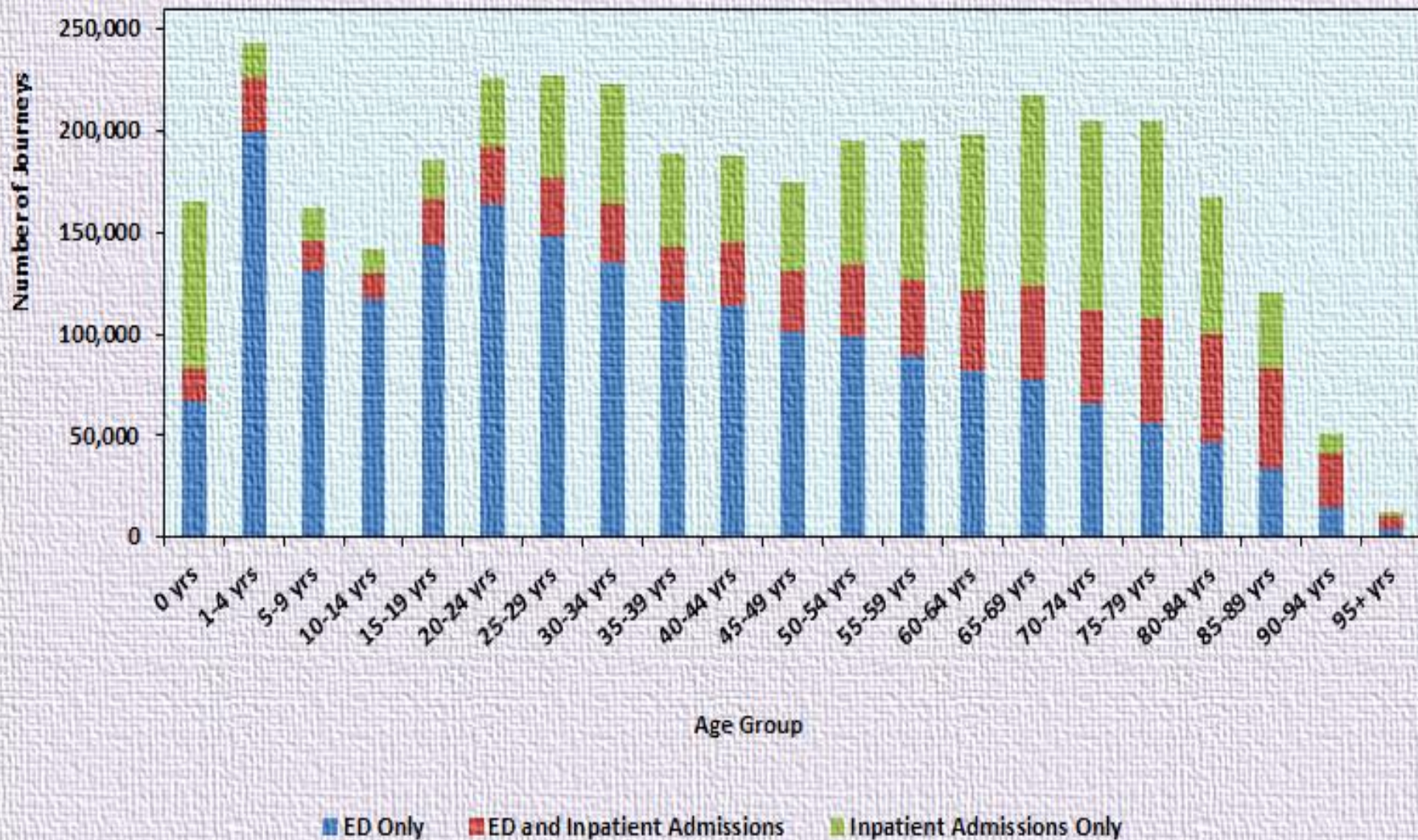
- Review of:

- Existing 28 days Readmission indicator to include all causes.
- Effect of admission to any facility (using linked data)
- Measurement based on Patient Journeys rather than single location /mode of treatment/data source

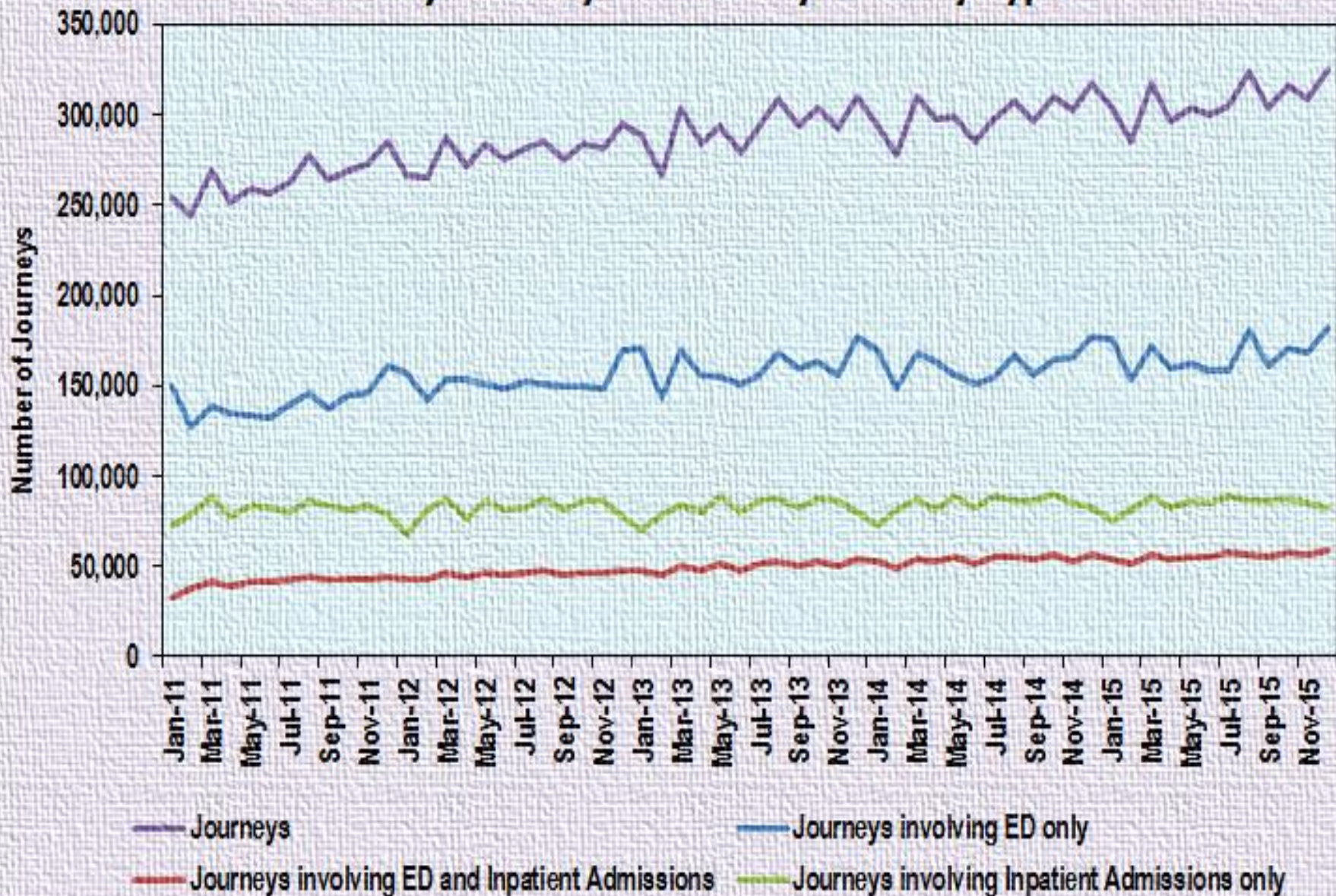
Journeys of Care

- Using linked data “Journeys of Care” can be constructed.
- Link together ED presentations, inpatient admissions and transfers between facilities into a single journey.
- Journeys of care consist of contiguous hospital events/episodes beginning when a patient first interacts with a hospital (either in the ED or inpatient setting) until the patient completes all hospital events in the contiguous series (i.e. until the patient leaves the care of the health system).
- Journeys can involve single or multiple facilities.
- Public NSW facilities only presented here.

Journeys by Journey Type and Age, NSW Public Facilities, 2015



Monthly Journeys of Care by Journey Type

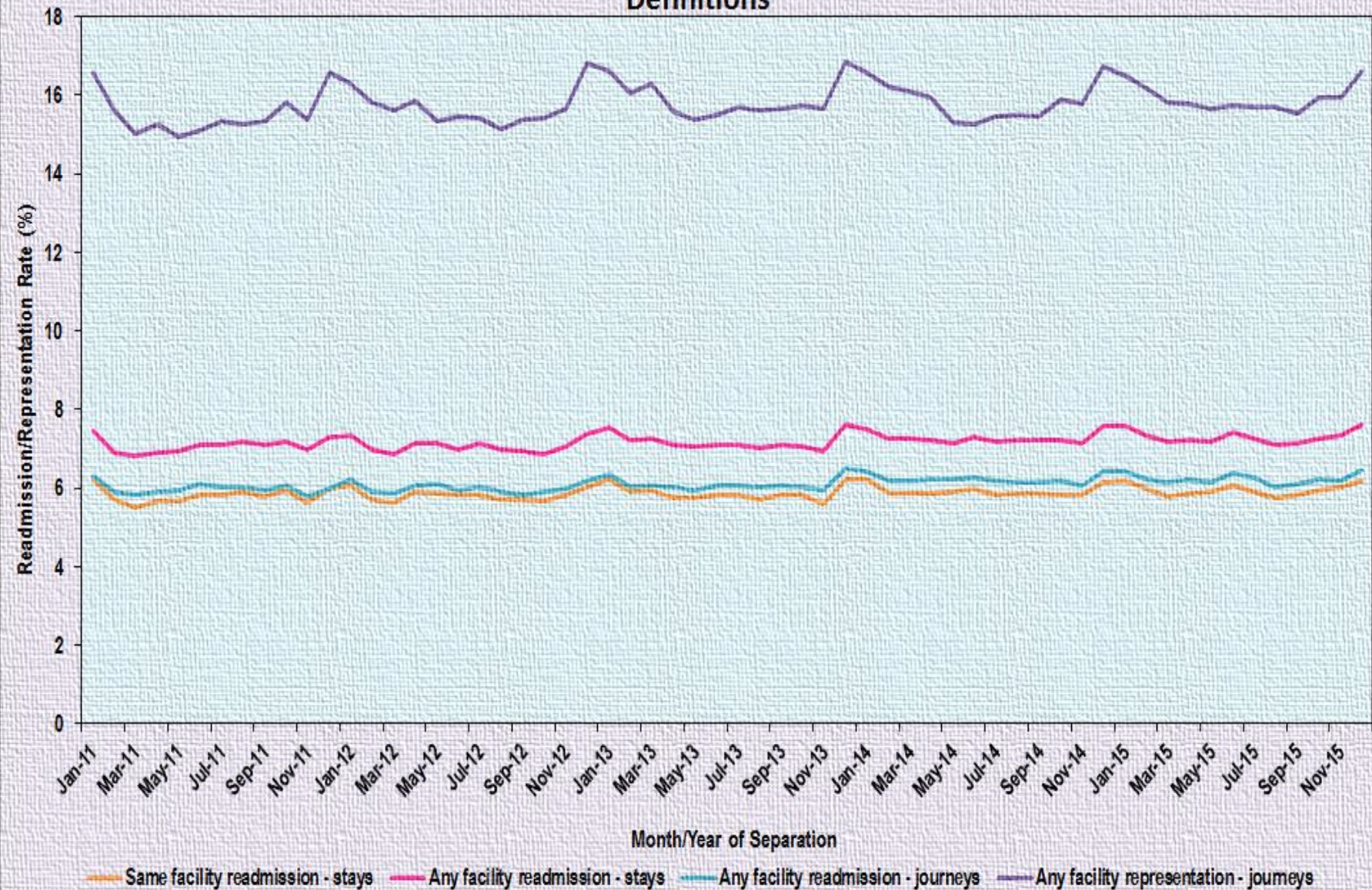


Methods of measuring readmissions/representations

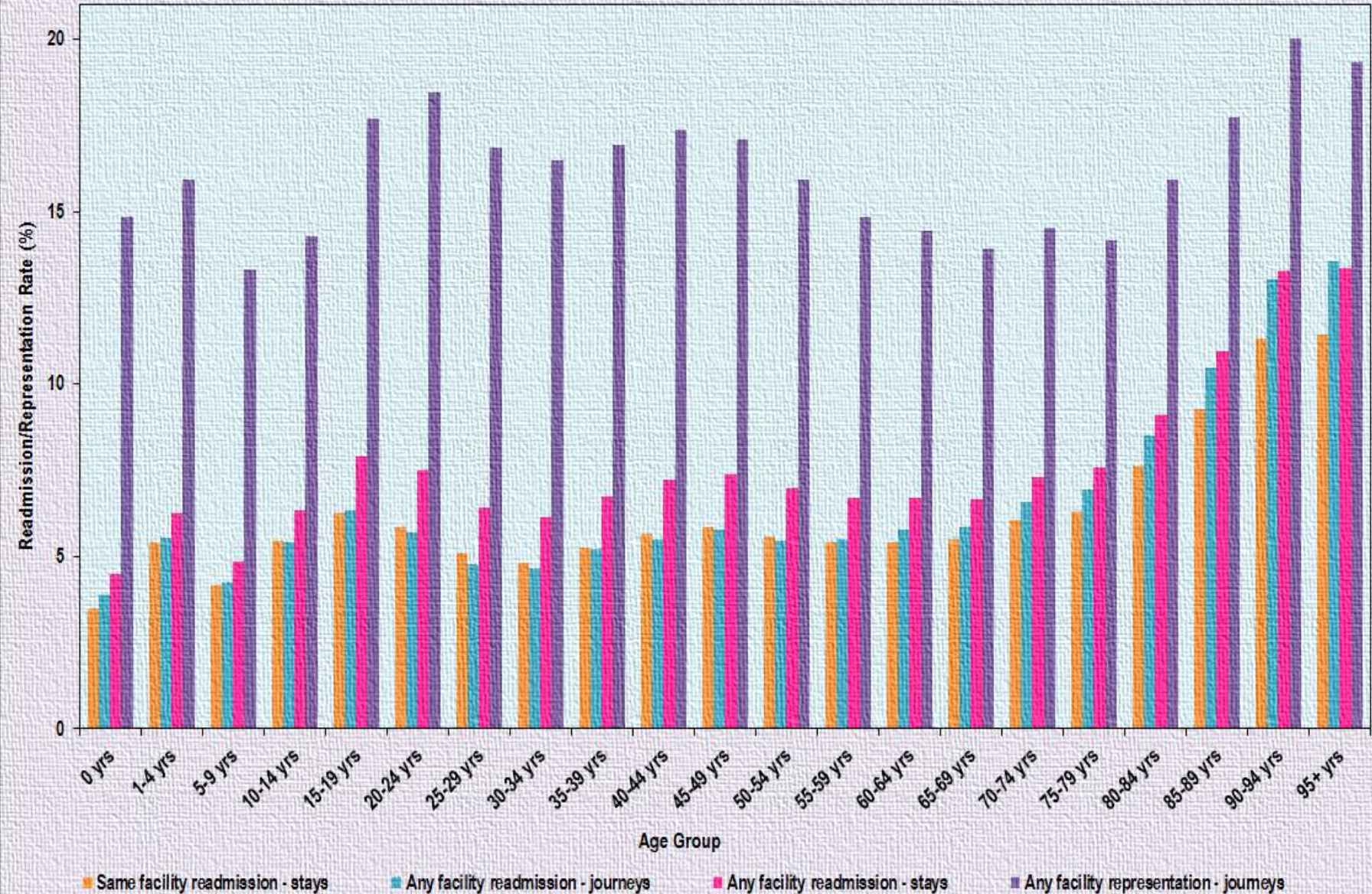
- Same facility readmission – stays:
 - Hospital admissions followed by an unplanned hospital readmission to the same facility* within 28 days of discharge (unlinked admitted patient data).
- Any facility readmission – stays:
 - Hospital admissions followed by an unplanned hospital readmission to any facility* within 28 days of discharge (linked admitted patient data).
- Any facility readmission – journeys:
 - Journeys involving an inpatient admission followed by an unplanned journey also involving an inpatient admission at any facility* within 28 days of discharge (linked admitted patient and ED data).
- Any facility representation – journeys:
 - Journeys followed by an unplanned journey to any facility* within 28 days of discharge. The patient can represent to either the ED or as an inpatient (linked admitted patient and ED data).

*NSW public facilities only

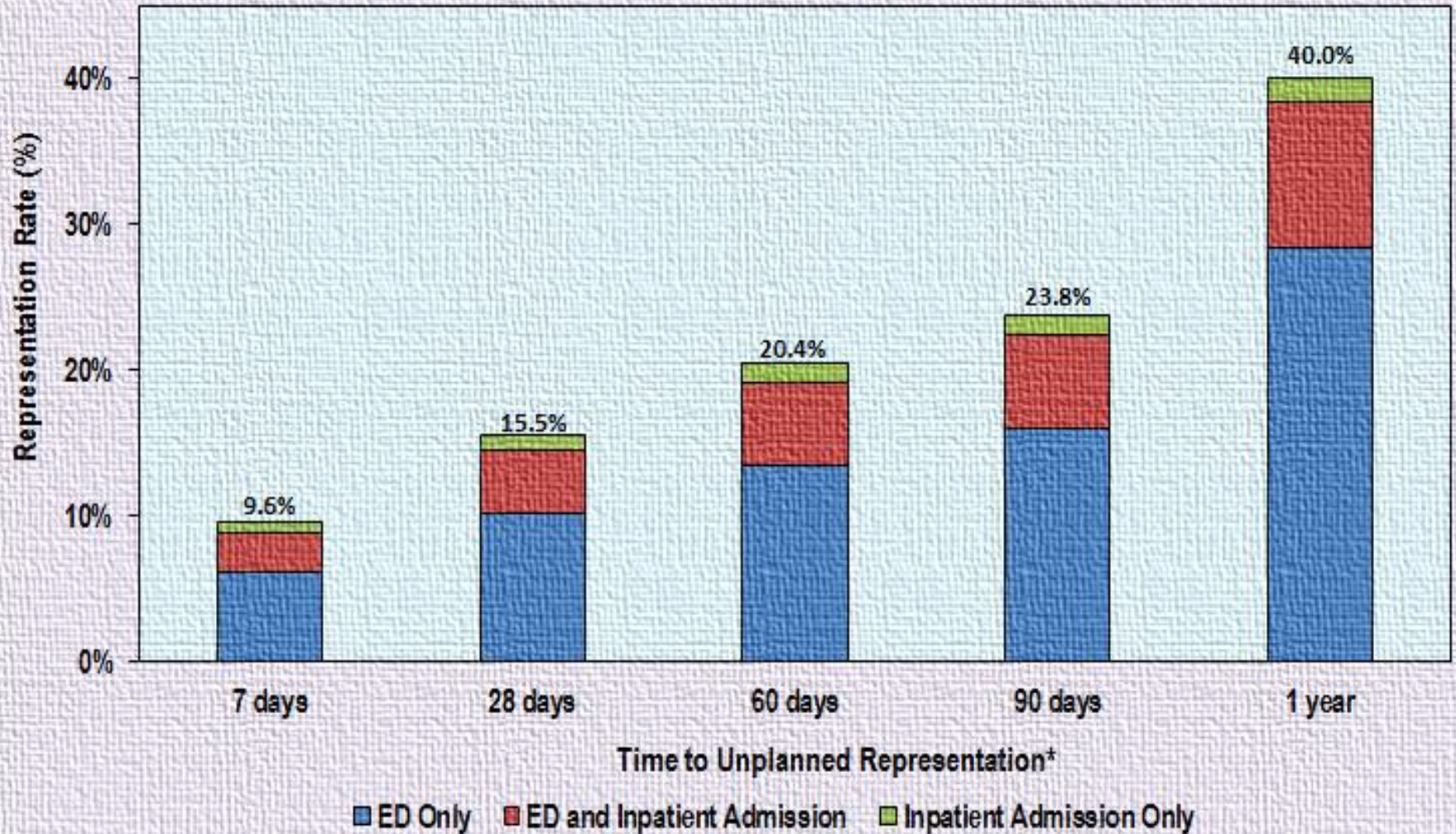
Monthly 28 Day Unplanned Readmission and Representation Rates Using Different Definitions



28 Day Unplanned Readmission and Representation Rates by Age Using Different Definitions

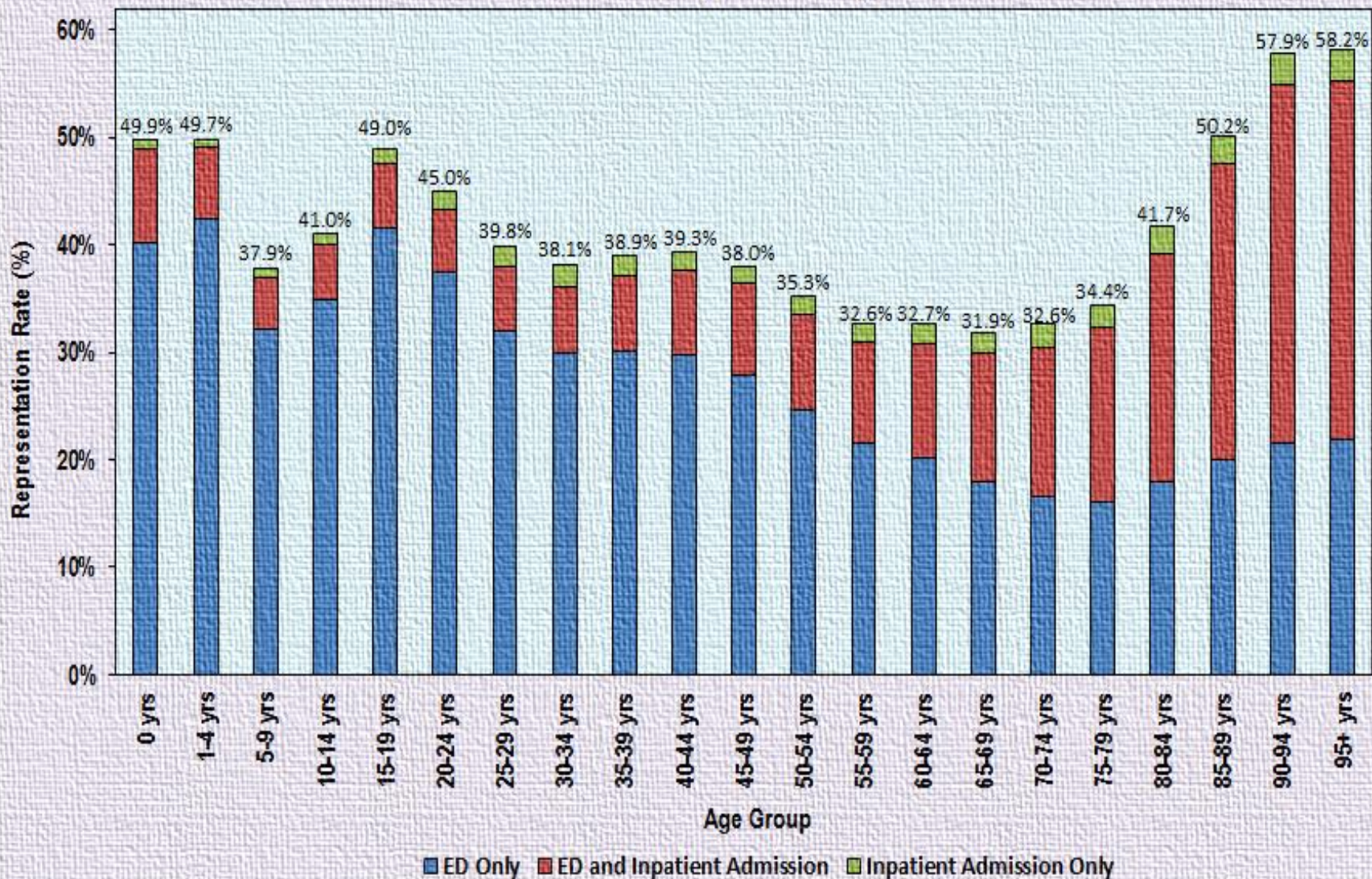


Unplanned Representation Rates over different time periods, by representation journey type

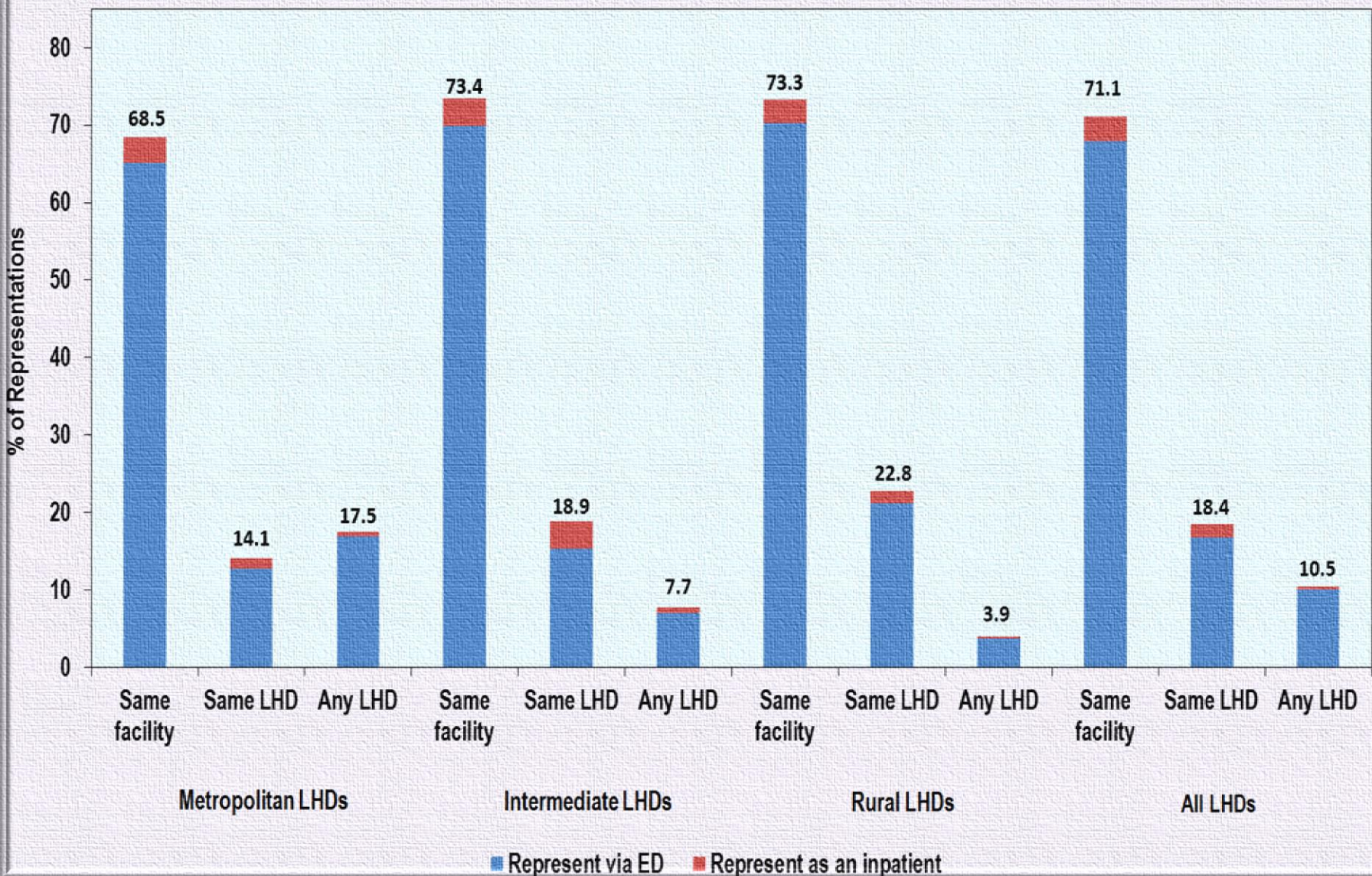


*Time from discharge date of index journey of care to admission date of unplanned representation. Rates are cumulative (i.e. an unplanned representation within 60 days is included in the representation rate within 90 days and the representation rate within 1 year).

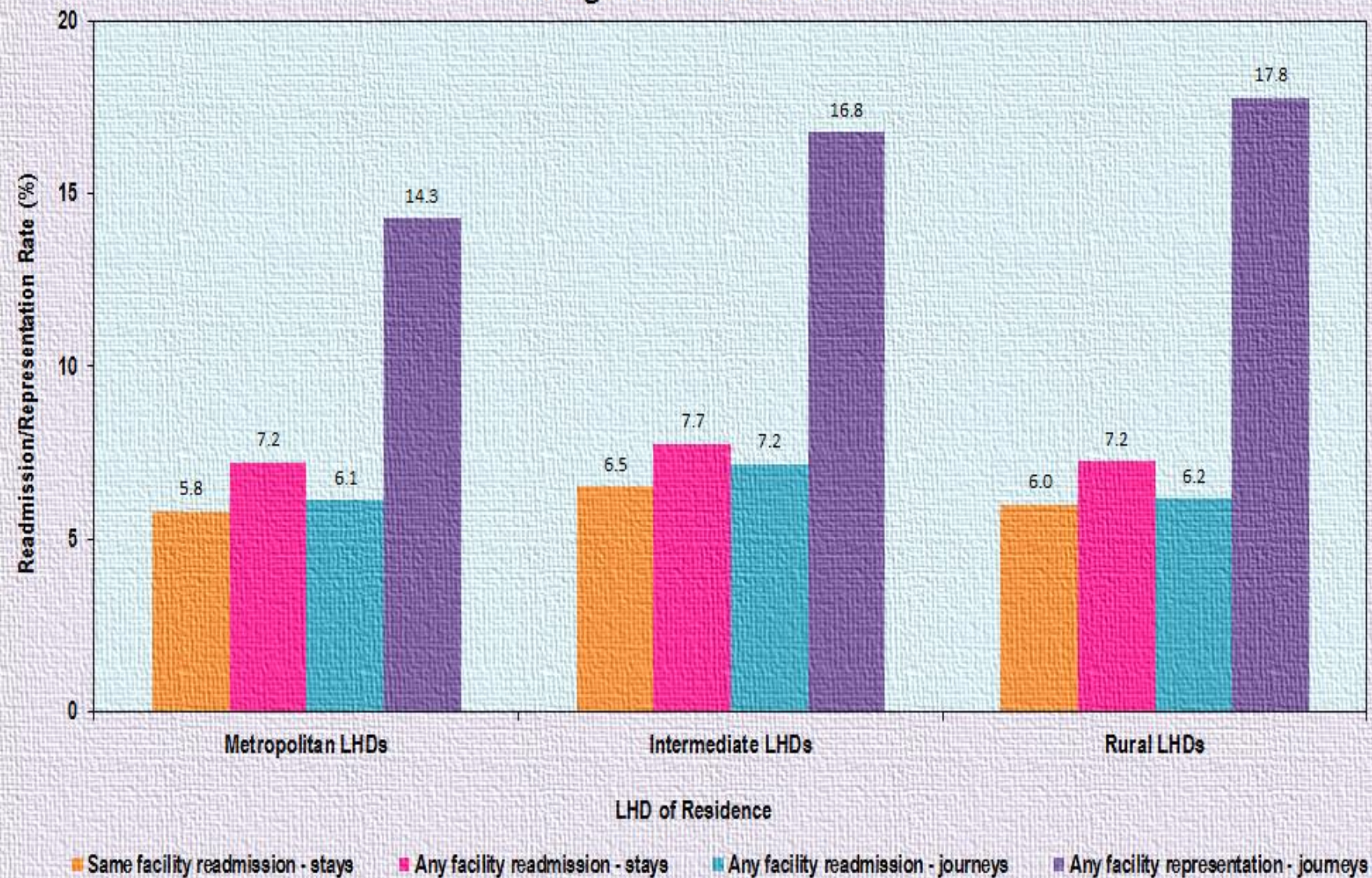
Unplanned Representations within 12 months, by journey type and age



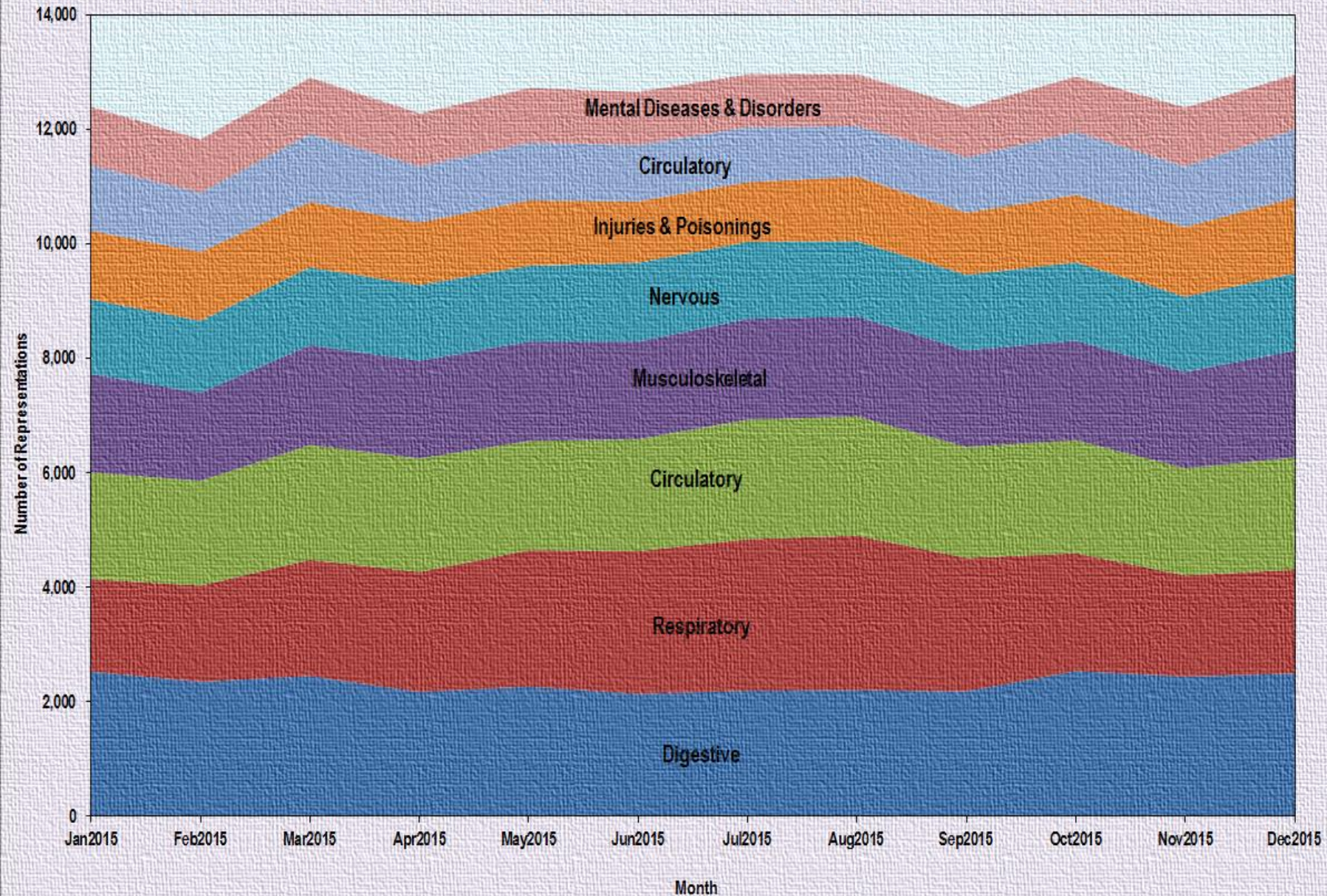
28 Day Unplanned Representations to the Same/Different Facilities/LHDs



28 Day Unplanned Readmission and Representation Rates by LHD of Residence Using Different Definitions



Top MDC of 28 Day Unplanned Representations Involving an Inpatient Admission by Month



Final points for consideration

- Understanding readmissions and representations to care is important for developing effective and efficient models of care.
- In an integrated/whole of health approach you should be considering and monitoring the broader effects of unsuccessful discharge.
- When applying readmission metrics to monitoring and evaluation consider the business context and patient population to ensure fit for purpose of measurement.
- That the identification of readmissions and the determination that they are avoidable and /or unnecessary is currently unable to be determined by data alone.
- The metrics will be affected by data collection and data quality issues

Further information

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