



# It Takes a Village

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# Impact of Readmissions

- **17.6% all Medicare admissions are 30 day re-hospitalizations**
- **Approximately \$12 billion in 2007**
- **75% potentially preventable**

**"Hospitals with high rates of readmission will be paid less if patients are readmitted to the hospital within the same 30-day period saving \$26 billion over 10 years"**

**Obama Administration Budget Document**



# Principles of Effective Hospital Discharge

- 1) Initiation of discharge process upon hospital admission
- 2) Patient education throughout hospitalization



# Principles of Effective Hospital Discharge

- 3) Updated, complete pt. discharge summary prior to hospital discharge
- 4) Comprehensive written discharge plan completed/ provided to pt. prior to discharge



# Principles of Effective Hospital Discharge

- 5) Patient access to their discharge information in their language and at their literacy level



# Principles of Effective Hospital Discharge

6) Timely accurate information flow among

PCP/healthcare entity      Hospital team

Between Hospital team members

Hospital team      PCP/healthcare entity



# Principles of Effective Hospital Discharge

- 7) Reinforcement of discharge plan for at risk patients after discharge
- 8) Availability of case management staff outside of limited daytime hours

# Barriers to Implementation:

## Medical Team Related

- Busy medical team; discharge receives low priority in the work schedule of inpatient clinicians
- Discharge is relegated to least experienced team member
- Delayed test / consultations results in unfinished plan and final medication list
- Discharge medication reconciliation is usually started on the day of discharge

# Barriers to Implementation

- Lack of resources and financial incentives to sustain discharge programs
- Discharge papers are standardized and not personalized
- Change is difficult
- Financial pressure to fill beds as soon as they are empty

# Barriers to Implementation

## Patient:

### Patient Related

- Patient with no PCP
- Limited or no Insurance coverage
- Inability to pay for medication co-pays
- Long wait times calling health centers
- Late discharge; less effective teaching to patients who are anxious to leave



# Conclusions

- Hospital Discharge is low hanging fruit for improvement
- Effective Discharge:
  - Can be delivered using software or hardcopy
  - Can decreased hospital use
    - 30% overall reduction
    - Saves \$412 per patient
- Eliminate barriers
  - Coordination and change are challenging
  - Providers must collaborate and work together