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RESEARCH ARTICLE

IMPACT OF PRE-DISCHARGE INTERVENTION ON SHORT TERM READMISSION IN AN ACADEMIC EMERGENCY DEPARTMENT IN NORTH INDIA

***Yadav D., Shastry V.G.R. and Kole T.**

Assistant Medeor Institute of Emergency Medicine, Medeor Hospital, Gurgaon, Haryana, India

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ABSTRACT

Readmissions in the Emergency Department (ED) are multifaceted. In our earlier research[1], we found that poorly managed transitions during discharge were the cause of avoidable readmission. Thus, pre-discharge interventions focusing on discharge planning, medication reconciliation, and scheduling a follow up visit prior to departure from the ED were incorporated in practice and studied in this phase of study. For the same, a template of discharge summary was introduced in the electronic health record (EHR) – CPRS in early 2015 which included summary of current ED visit, details of medications and follow up appointment, and was mandated to be co-signed by the Consultant on the shift to ensure cent percent compliance. Thereafter, data was collected from 1st January through 31st December 2016 prospectively and readmissions within 72 hours of index ED registrations were categorized exclusively and hierarchically into: (1) Avoidable readmissions- (1a) Readmissions due to inadequate care, (1b) Readmissions due to poorly managed transitions during discharge; (2) Unavoidable readmissions- (2a) Readmissions due to complications, (2b) Readmissions due to recurrences; (3) Unrelated readmissions (different body systems); (4) Other planned readmissions; (5) Readmissions after LAMA (Leaving Against Medical Advice). It was found that the readmission rate within 72 hours of index ED registration had fallen from 2.46% in the year 2013 – 14 to 1.66%. Furthermore, avoidable short term ED readmission category witnessed a reduction by two and half folds from 36% to 15.70%, from 2013 to 2016. Also, a reduction by a tenth was noted in readmissions due to inadequate care and poorly managed transitions during discharge from the ED. Our analysis suggests that smoothening the transit during discharges by bridging the gap and sustaining the quality of care between hospital and home can promisingly improve patient outcome.

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INTRODUCTION

Readmissions in the Emergency Department (ED) are multifaceted. Our first study (Yadav, 2015) in 2014 suggested that focusing on pre-discharge interventions: discharge planning -patient education of disease process and management plan in a language they understand, taking into account patient's educational background; medication reconciliation; and scheduling a follow up visit prior to departure from the ED; would improve short term readmission in the ED. Hence, a follow up study was undertaken to assess the same.

****Corresponding author:*** **Yadav D.,**
Medeor Institute of Emergency Medicine, Medeor Hospital, Gurgaon, Haryana, India.

MATERIALS AND METHOD

A template of discharge summary was introduced in the electronic health record (EHR) – CPRS in early 2015 which included summary of current ED visit, details of medications and follow up appointment, and was mandated to be co-signed by the Consultant on the shift to ensure cent percent compliance. Prospective observational data from EHR, from 1st January through 31st December 2016, at Max Super Specialty Hospital, New Delhi, India was collected. Readmissions within 72 hours of index ED registrations were considered. Exclusive and hierarchical categorizations of these readmissions were done into:

(1) Avoidable readmissions- (1a) Readmissions due to inadequate care, (1b) Readmissions due to poorly managed transitions during discharge; (2) Unavoidable readmissions- (2a) Readmissions due to complications, (2b) Readmissions due to recurrences; (3) Unrelated readmissions (different body systems); (4) Other planned readmissions; (5) Readmissions after LAMA (Leaving Against Medical Advice). Statistical analysis was done using SPSS 16.0 and cross-tabulation technique was applied on patient variables.

RESULTS

A total of 20,673 ED registrations took place from 1st January through 31st December 2016. Of these, 344 patients (1.66%) were readmitted within 72 hours of their index ED registrations, in contrast to 2.46% in the year 2013 – 14. Of 344 short term readmissions, 99 (28.78%) were unavoidable readmissions, 71 (20.64%) planned readmissions, 66 (19.19%) readmissions following LAMA, and 54 (15.70%) each were avoidable and unrelated readmissions. The avoidable short term ED readmission category witnessed a reduction by two and half folds from 36% to 15.70%, from 2013 to 2016. There is also reduction by a tenth in readmissions due to each inadequate care and poorly managed transitions during discharge from the ED. On the contrary, the percentages of unavoidable short term ED readmission category witnessed a rise by almost a tenth, perhaps because of rise in average age and admission through ED of patient with chronic diseases due to their insurance panel's requirements.

Conclusion

A readmission could be due to healthcare factors- hospital or primary care, healthcare and social framework; or patient factors- disease and management plan understanding, compliance, adequate follow up; or disease factors- disease progression, acute exacerbations, recurrences, complications, co-morbidities; or a combination of all the above. Our analysis suggests that smoothening the transit during discharges by bridging the gap and sustaining the quality of care between hospital and home can promisingly improve patient outcome.

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