Patients experience **at hospital discharge and readmissions**

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BACKGROUND

Readmission reduction is at the focus of health care systems worldwide in efforts to improve efficiency across care settings. Patients' reports of their hospital to community transitional care experience are an important tool to detect breakdowns along the care continuum.

OBJECTIVES

We aimed to examine the relationship between patients' reports on the experience of their transitional care process and the risk of readmissions.

METHODS

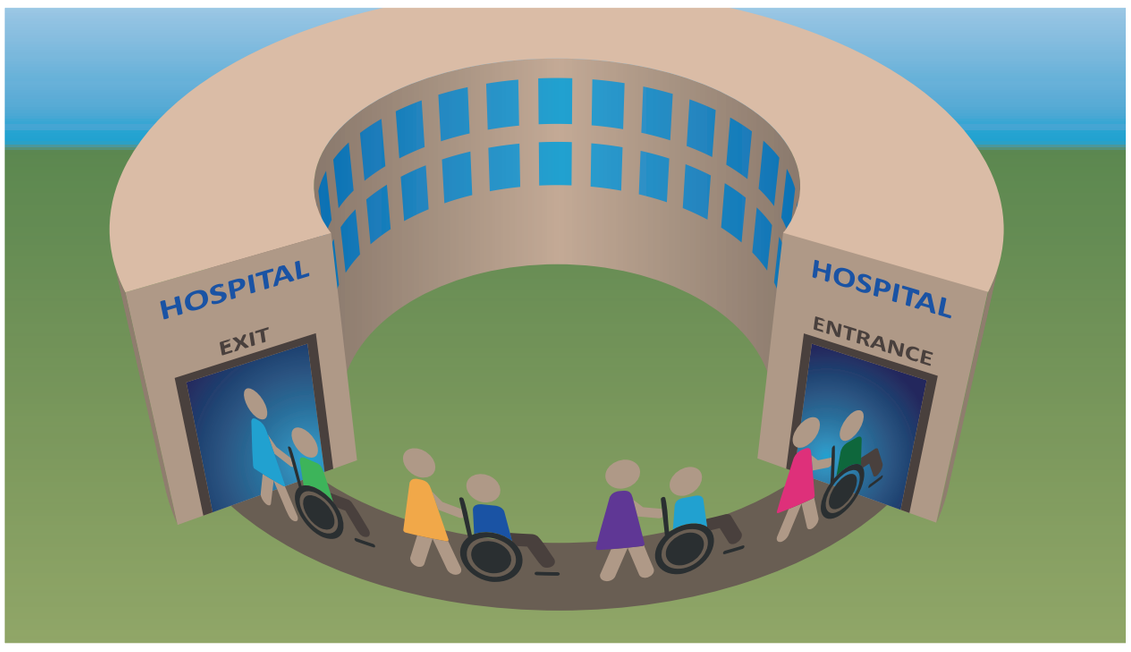
A retrospective cohort study based on data of hospitalized members of Clalit, Israel's largest integrated health care provider and non-for-profit payer.

Participants were aged 65 and older, admitted to internal medicine departments between September 2012 and February 2013.

Readmission was defined as unplanned hospitalization to internal department or intensive care units within 30 days of discharge to any hospital.

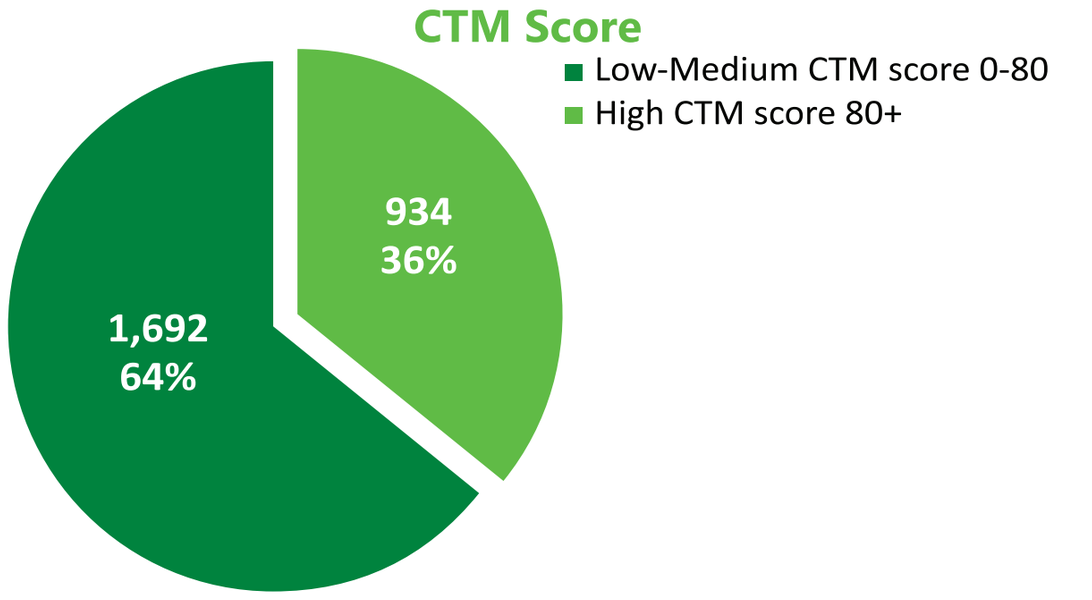
The Care Transition Measure (CTM) was used to evaluate patients' transitional care experience.

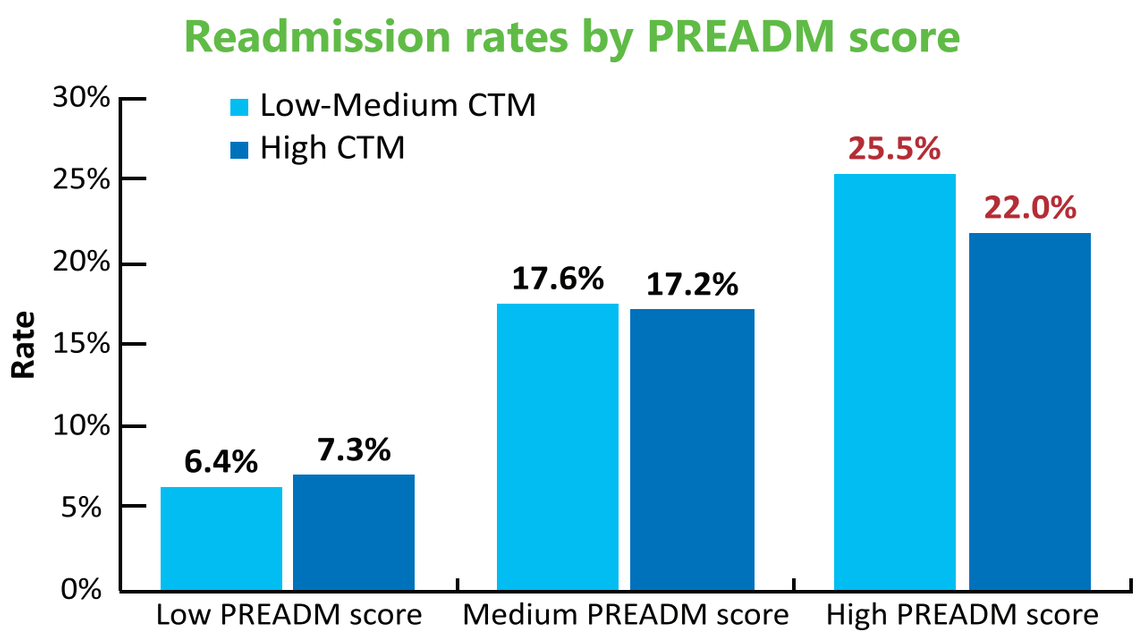
We examined differences in the rates of readmissions according to CTM scores, stratified according to a validated composite measure of known readmission risk factors (the Preadmission Readmission Prediction Model - PREADM).



RESULTS

- A total of 2,626 patients completed the survey.
- The average CTM score was 85.7.
- Over 60% of respondents reported a good – excellent transitional care experience (CTM above 80).
- Analysis of the difference in readmission rates within the high PREADM score group (10% highest score) by CTM score showed a 14% greater likelihood of readmission in those with low-medium CTM scores (below 80) and those with high CTM scores (80 or higher) (22% and 25.5% readmission rate respectively).





CONCLUSIONS

This study shows that high-risk patients benefit from treatment focused on the patient and the experience of a good discharge, with a reduced risk of 14% in readmissions within 30 days. These findings support previous research on the importance of targeting patient-centered interventions to patients with the high readmission risk.

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