

Examining How Patient Feedback on Care Transitions and Discharge Information Affects Readmission Rates



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Introduction

Discovery Health (DH), is a private sector health insurer in South Africa. DH measures 30-day unplanned readmission rates and has collected data on patient experience with key aspects of hospital care, including care transition and discharge information since 2010 through the MESH survey (Member Experience Survey in Hospital). The care transition questions were introduced in 2020.

Effective discharge planning and care transition are vital for ensuring patients understand their post-discharge care plans, which can prevent complications and reduce the likelihood of unplanned readmissions. Understanding patient experiences with discharge information and care transitions is essential for identifying areas for improvement and reducing unplanned readmissions.

Patient engagement data collected through patient experience surveys and patient reported outcomes tools offers a distinct advantage to healthcare funders towards achieving quality improvement and health system performance goals. The objective of this study was evaluating the relationship between patient experiences, specifically in care transition and discharge information categories, and 30-day unplanned readmission rates.

Methods

Data Source: Discovery Health's 2023 claims and survey data.

Survey Tool: MESH survey, based on the US HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey.

Participants: Patients aged 18+ from acute general hospitals, surveyed within six weeks of discharge.

Sample Size: 53,179 responses (2023 data).

Analysis: The results were risk-adjusted for factors like self-rated health, age, gender, education, language, and admission type. We compared top box ratings (the most positive responses) between patients who were not readmitted and those who experienced unplanned readmissions within 30 days. Pearson and partial correlations measured associations between MESH ratings (percent top-box responses) and readmissions, controlling for procedure volume. Independent t-tests compared complication rates between hospitals scoring in the top and bottom half on discharge planning ratings.

Results

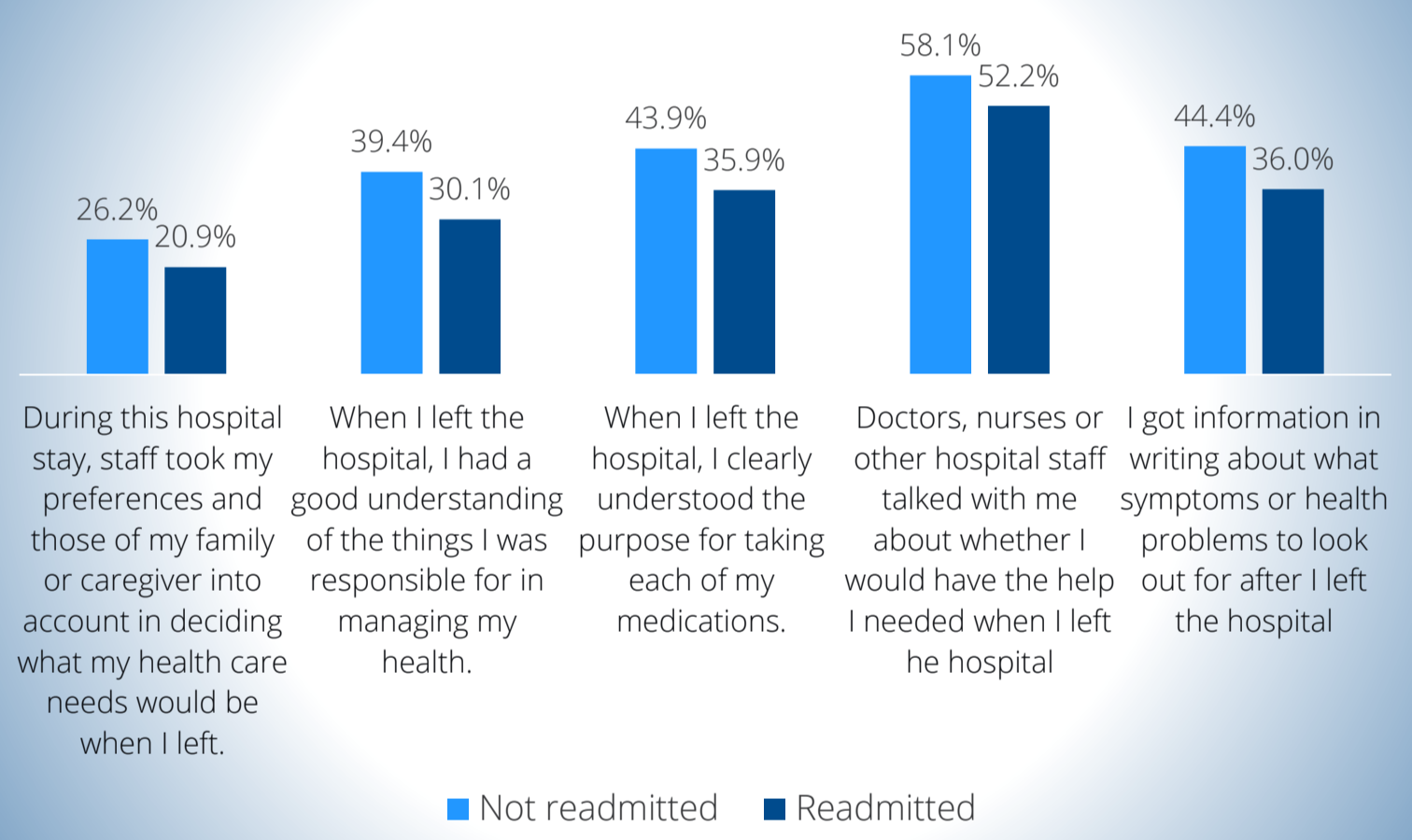
Our analysis included 219 hospitals who had more than 50 index admissions in 2023.

Adjusted for procedure volume, Pearson and partial correlations show that discharge information and care transition ratings are negatively correlated with 30-day unplanned readmissions ($r=-0.39, p<0.001$ and $r=-0.44, p<0.001$)

Readmissions (2.22 per 100 discharges vs 3.66) were lower in hospitals with high ratings of discharge information compared to hospitals with lower ratings ($p<0.001$) as per an independent t-tests.

Readmissions (2.32 vs 3.74) were also lower in hospitals with high care transition ratings ($p<0.001$).

Proportion of top box rating per question



Discussion

Patient engagement is a cornerstone of ICHOM's approach, serving as a crucial complement to clinical outcomes data.

While empowerment is a direct consequence of patient engagement, there are important secondary implications of patient engagement that may contribute to strengthening the performance of healthcare systems through improvement.

Ratings in the MESH survey's discharge information and care transition categories show significant inverse relationships with 30-day readmission rates. These findings highlight the importance of ensuring patients are well-prepared for discharge through clear communication and effective transition planning and support. Enhancing discharge processes and improving patient education on post-discharge care can be vital strategies in reducing hospital readmissions and improving overall patient outcomes.

Conclusion

Positive patient experiences with discharge and care transitions are inversely correlated with 30-day readmission rates. Clear communication and effective discharge planning are essential to reducing readmissions and improving patient satisfaction. These results underscore the importance of enhancing patient education on post-discharge care as a strategy to boost healthcare outcomes and patient trust in healthcare providers.