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Mental Health's Effect on Hospital Readmission

Overview: Hospital readmissions among older people with intellectual disability in comparison with the general population

Purpose of the study: Studies have shown that in the general population, increasing age has been associated with an increased risk for hospital readmission. None of those studies have focused on older people with intellectual disabilities. If hospital readmission is an indicator of quality of care, it is important to identify and understand possible differences in readmissions between older people with and without mental illnesses. The aim of this study was to investigate hospital readmissions for physical and psychiatric diseases in older people with intellectual disabilities compared with the same age group in the general population. They defined readmission as an unplanned visit with the same diagnosis occurring within 30 days of discharge with no planned visit for the diagnosis within the time frame

Design: A cohort of people with intellectual disability ages 55 and older and alive at the end of 2012 were identified. A reference cohort from the general population was established. Data on hospital visits during 2002-2012 were collected from the Swedish National Patient Register.

Sample: 7936 participants in the study ages 55 and older. Data was gathered from Swedish National Board of Health and Welfare (national register)

Results

3781 (48%) of participants had at least one inpatient care episode during the study period and of those, 749 (20%) had at least one hospital readmission during the study period. Diagnoses of mental and behavioral disorders were most commonly associated with readmission. Older people with intellectual disabilities had an increased risk of readmission compared with their age-peers in the general population.

Strength of the Quantitative Study

Level of the Study: 3

Quality of the Study: High

Clinical Significance

Nurses and medical professionals need to understand that patients with mental illness are more likely to be readmitted. Nurses should understand each patient diagnosis. Nurses should adequately prepare patients for discharge through discharge education. Understand the patient's developmental level and education preferences. Therapeutic relationships allow nurses to spend time with the patient, evaluate their understanding of their diagnosis, and understand their accessibility to community resources and support. Educate on medication and treatment adherence

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Recommendations: After reviewing the information, an evidence-based recommendation should be made to change practice by offering more pre-discharge education that encompasses around a better understanding of each personal patient's multifactorial dynamics and more prompt aftercare after hospital discharge.

PICOT Question:

Are patients who have mental illnesses compared without mental illness at increased risk for readmittance to the hospital?



Hospital readmission is an issue that all hospitals and other inpatient facilities are familiar with. Readmission is not a desired outcome after discharge from a facility, but it is a necessary step on reaching optimal health if problems arise after initial discharge. There are a variety of reasons as to why hospital readmission occurs, however, research has shown that many mental illnesses, especially those that extremely alter the mental status of the patient, increase the risk readmittance. Hospital readmittance is a financial threat to both patients and hospital facilities. As hospital readmission continues to become a concern, it is important for facilities to recognize risk factors, such as mental illness, and continually work towards prevention.

Implications: Frequent patient readmissions can put a stress on every party involved in the process. Nursing staff can become overwhelmed with unsafe patient to nurse ratios in the inpatient setting. Many of these readmissions also seek help through the emergency settings instead of seeking help from primary care providers. This leads to an increase in unnecessary volume going into the emergency department, leaving less room for patients with high acuity or traumatic injuries to be seen by nurses and physicians. Stretching the nursing staff thin with high patient volumes puts the nurses at risk for injuries to their patients or errors that may not have occurred if ratios were at a safe level in the hospital.

Overview: Seven Ways to Reduce Hospital Readmissions: Learn from successful initiatives

Purpose of the study: The purpose of this study was to compile a list of methods that could be used collectively to reduce the rates of hospital readmissions. This study covers methods in inpatient facilities along with follow up in outpatient settings.

Design: This study elicited information from multiple professional sources on each of the seven topics covered. The results were gathered from educational, preventative, and discharge care viewpoints. This approach does not focus on treatment, but heavily on prevention and closer follow up.

The nine aspects are : focus on health literacy, use a prediction tool, extend your reach, use outside resources, get all "hands on deck", address all the patients' needs, and act early. A study including seven aspects of healthcare that reduce readmission rates in hospitals.

Sample: The sample included patients who were being discharged from the hospital who were considered high-risk for readmission. These patients were split into two groups: a control group who did not have a set date for a follow up with a primary care physician, and a variable group who received follow up care with their primary care physician within 30 days of their discharge.

Results

Pennsylvania based population health organization discovered that high-risk patients who followed up with their primary care physician (PCP) within seven days had a 10%, 30-day readmission rate.

Those who did not see their PCP in that same time frame had a 17% readmission rate.

The LACE index identifies patients who are at risk for readmittance. Both of these groups had nearly identical scores.

Strength of the Quantitative Study

Level of the Study: 3

Quality of the Study: Good

Clinical Significance

No matter the healthcare provided in the hospital setting, the important aspect of healthcare is in the outpatient settings.

Prevention, education and follow up after the hospital admission is vital in lowering readmission rates.

The care for hospitalized patients should follow a universal plan including preventative care to prevent recurrences, education on their conditions, follow up care with both medical and pharmaceutical staff and a prediction tool to accurately predict each patients' risks of being readmitted to the hospital for the same conditions.

Citation: Loria, K. (2018). Seven Ways to Reduce Hospital Readmissions: Learn from successful initiatives. Managed Healthcare Executive, 28(9), 32-35. <https://cdn.sanity.io/files/0v6mcc6/mhe/162bd918dc9d4854eea96da0ca5b2f20ea3bc9b7.pdf>