

Discharge planning

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Discharge planning is the process of identifying and preparing for a patient's anticipated health care needs after they have transitioned from the hospital to home. It is a process that involves the engagement of the Anthem HealthKeepers Plus patient, family, and healthcare team. If done correctly, effective discharge planning improves patient safety, patient quality and cost outcomes.

Statistical data

Health disparities are known to contribute to readmission risks. Medicaid readmissions are considered significant; meaning, they can be widespread and costly. Statistical data is shown below:

- Medicaid all-cause 30-day readmission rates for patients ages 21 to 44 (19.2%) and 45 to 64 (21.6%) are higher than Medicare readmission rates (17.3%).
- Nearly 20% of members experience an adverse event within three weeks of discharge.
- Three-quarters of adverse events could be prevented with proper discharge planning.
- The most common complications post-discharge include adverse drug events, hospital acquired infections and procedural complications.
- Approximately 70% of surgical patients were re-hospitalized with a medical problem.
- The cost of unplanned hospitalization in 2004 was \$17.4 billion.

Background

Under the *Affordable Care Act*, there are certain hospital readmissions that could lead to a penalty and cause lower reimbursements. In addition, the Commonwealth of Virginia has enacted legislation which requires that if a member is readmitted to the same hospital for a potentially preventable readmission then the payment for such cases will be paid at fifty (50) % of the normal rate, except an readmission within five (5) days of discharge will be considered a continuation of the same stay and will not be treated as a new case.

This specific requirement underscores the need to focus in on patient-centered care and a discharge plan that is all-inclusive and, therefore, limits the chance of unnecessary readmissions. Discharge planning can be a complex process; however, having safe transitions from the hospital to home is a top priority. The IDEAL discharge planning strategy seeks to engage the patient and family in the discharge planning process. Building effective relationships with the member and family will ensure patient quality and patient safety. Embracing a culture of open communication will optimally lead to positive patient outcomes and help to make the transition to home safe and effective.

The IDEAL discharge planning strategy

There are many ways to promote effective discharge planning. This article focuses on the IDEAL discharge planning strategy. The IDEAL discharge planning strategy is a strategic way to engage the patient and family in the discharge planning process. Its focus is on a culture of inclusivity:

- **Include** the patient and the family in the complete discharge planning process. This is a process that carries on throughout the entire hospitalization. Determine who will provide care for the patient at home and be sure to include this individual in the team meetings and conversations.
- **Discuss** with the patient and family five areas to prevent problems when they return home. These five areas include home life, medication reconciliation, potential warning signs and concerns, test results with thorough instructions, and follow-up appointments with providers.
- **Educate** the patient and family in layman's terms about his/her condition and the discharge process. Complete education throughout the entire hospital stay. Address patient and family goals at admission and throughout the hospital stay.

- **Assess** how well the information has been provided to the patient by the doctors, nurses and other health care professionals and use the teach-back method to ensure understanding. Avoid overloading the patient with too much information.
- **Listen** to and respect the patient and family's goals, preferences, observations and concerns. Use motivational interviewing such as open-ended questions to spark questions and concerns. Schedule a meeting prior to discharge with patient, family and interdisciplinary team.

Challenges to discharge planning:

- Fragmented care due to multiple providers and inability to keep scheduled appointments
- Medication reconciliation discrepancy (complex or high-risk medications)
- Inadequate discharge preparation
- Miscommunication between provider, patient and family
- Communication and education not properly completed
- Information or educational offerings not provided in layman's terms
- Appropriate teachings based on how the patient best learns not utilized (verbal, audiovisual)
- Inability to have patient self-manage his/her condition

Evidence-based practices to improve discharge planning:

- Come up with your own discharge planning sheets or checklists and follow them per your facility policies and procedures.
- Provide trainings on effective discharge planning with nursing staff and allow staff to feel a part of the process.

- Empower patients through educational activities throughout the stay to help them better understand their conditions, manage their diet, manage activities, manage medications, manage care regimens and manage follow-up care.
- Provide attention to discharge planning on the first day of admission and throughout the entire stay, providing a multidisciplinary approach.
- Develop a plan for care coordination after discharge and complete any follow-up appointments prior to the patient leaving the facility.
- Always implement practices or set aims to improve discharge planning in your facility.

References

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