Medical readmissions from our patients’ perspective: using patient feedback to help develop a future strategy for avoidance of readmissions

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AIMS
To consider and evaluate patient-centred reasons for medical readmissions to hospital. Subjective responses were sought regarding information given, emotions at discharge, safety-netting and perceived reasons for readmissions.

METHODS
Patients were interviewed during the readmitting spell between 5-6pm on weekdays, using a questionnaire designed to identify factors relating to the readmission. This data was analysed to identify themes and help direct a patient-focussed readmission avoidance strategy. Patients discharged prior to interview could not be included. In the event patients were cognitively impaired, an informant was interviewed instead where possible.

OUTCOMES
Over the study period, 2,753 patients were readmitted to NUH, of which 499 (18%) were readmitted to AMU. We captured 36 (7%) patients on the readmitting spell each of whom was interviewed for 20 minutes.

26 (72%) recalled receiving a printed discharge summary. Of the 15 (42%) patients who reported medication changes in hospital, 12 (80%) said the changes had been explained to them or their carer. 11 of 34 (32%) reported predominantly negative emotions at the time of discharge from the primary spell and 23 (68%) felt their symptoms had not resolved (2 carers responded on behalf of patients and thus subjective responses could not be elicited). 24 of 33 (73%) felt confident of who to contact after discharge if they were concerned and 52% of respondents had sought advice prior to coming back to hospital. 10 (28%) felt a longer stay in hospital might have prevented readmission and 21 (60%) felt nothing could have been done to prevent readmission.

CONCLUSION
Pertinent themes regarding discharges and readmissions have been identified. Time constraints and man-power limited the number of interviews that were conducted, but even with the small pilot sample analysed, clear themes have emerged indicating that a significant proportion of patients feel that their symptoms are unresolved at discharge and that a longer initial stay might have helped. The disparity between patients’ perception of a need for a longer stay and clinicians’ judgement that they are ready for discharge needs to be addressed and, as ever, communication is likely to be the key.

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