



Experiences with Hospital Discharge Communication Among Older Adults: Results from the 2014 Commonwealth Fund International Health Policy Survey

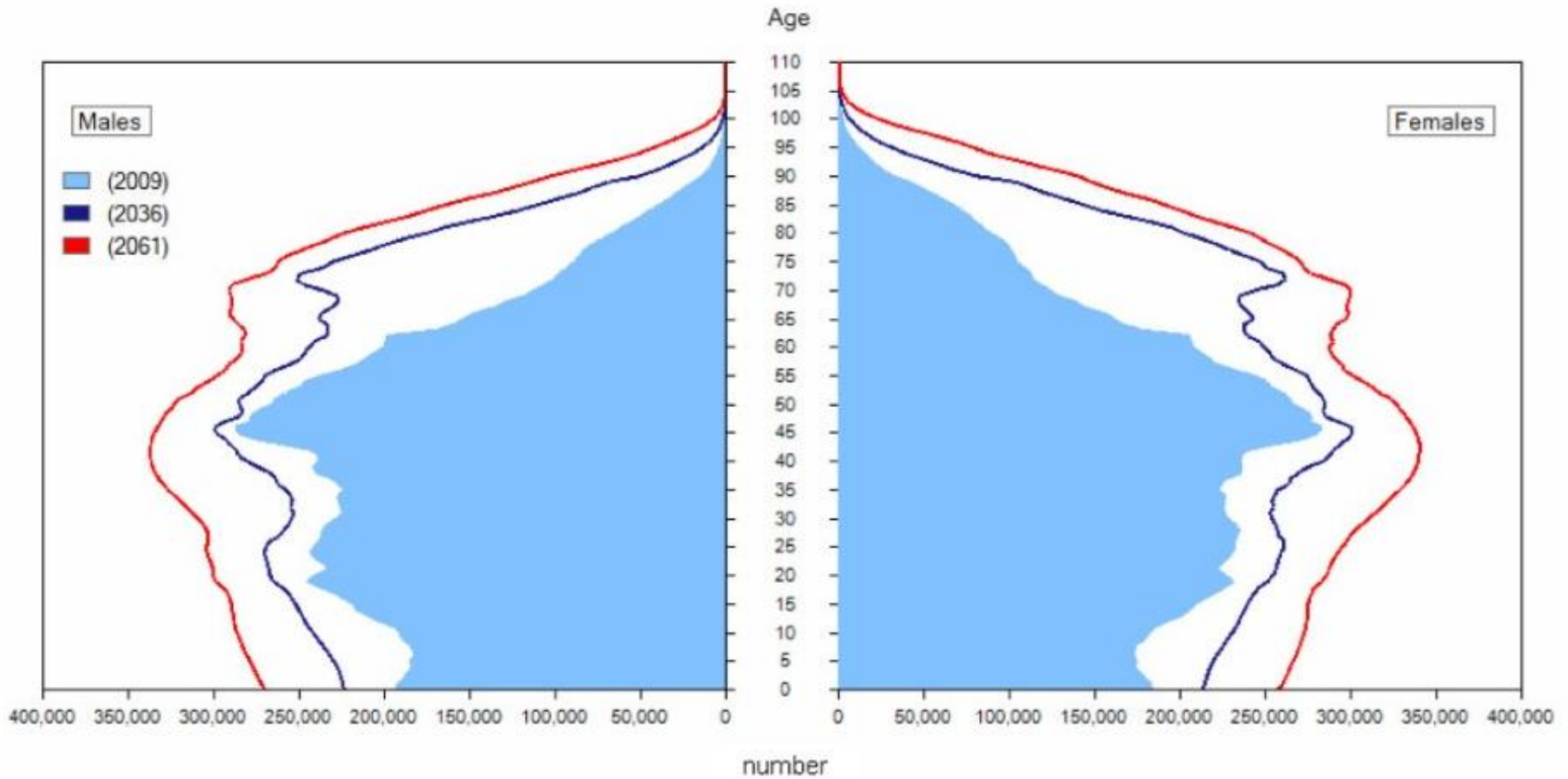
Kyle Kemp, MSc, PhD Student
Dept. of Community Health Sciences
Cumming School of Medicine
University of Calgary



CAHSPR Annual Conference
Toronto, Ontario
May 11, 2016



Introduction



(StatsCan, 2010)



Introduction

Age and Chronic Conditions:

- Canadians are living longer and more likely to experience chronic conditions
- Rates increasing faster among Canadians 35-64 years old than those 65 years and older

(Public Health Agency of Canada, 2014)



Discharge Communication

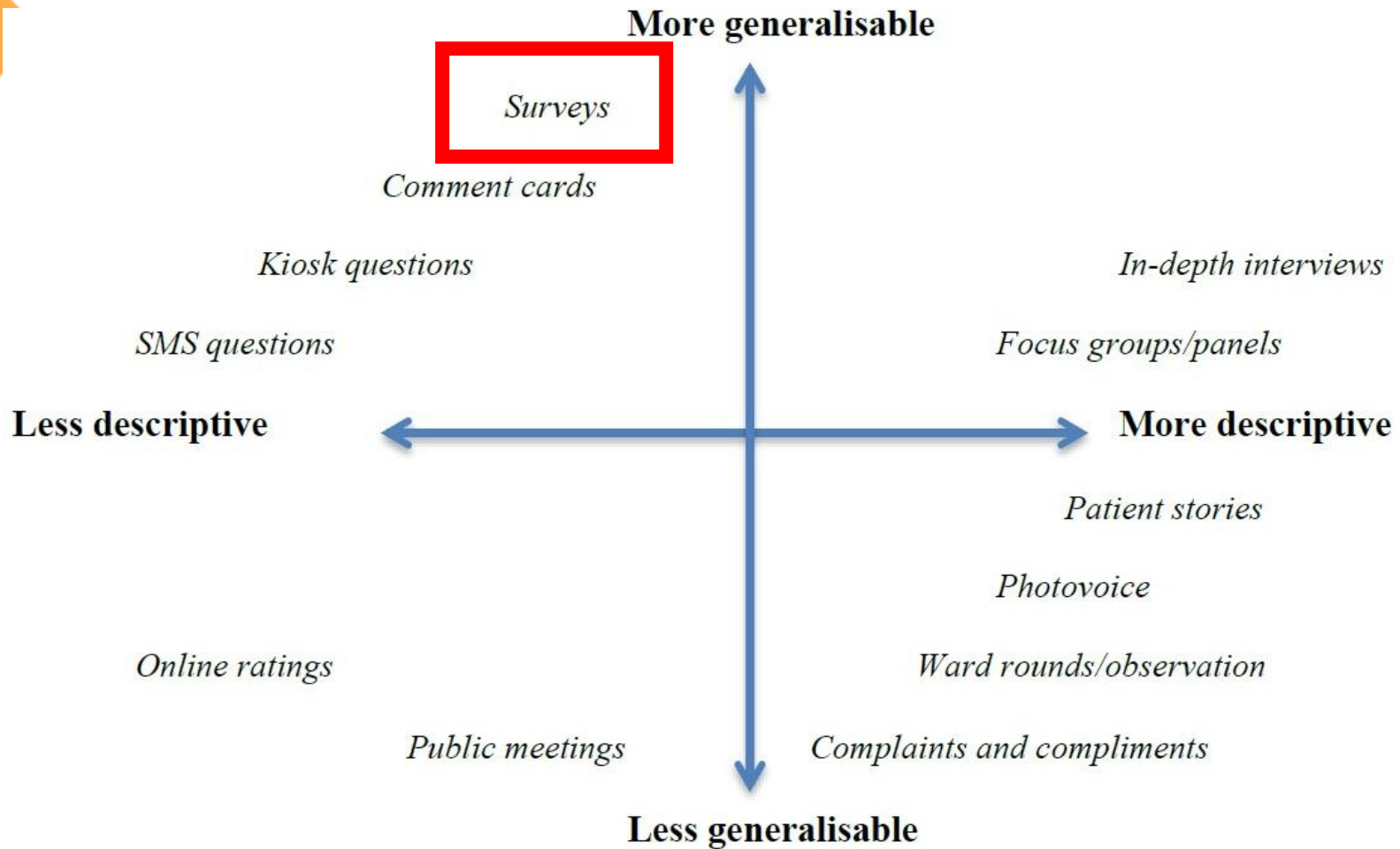


“Hospital discharge: It’s one of the most dangerous periods for patients”

(Headline from Washington Post, 29 April 2016)

- Increased communication at hospital discharge may assist patients to safely manage their condition in the community (without visit to ED or admission)
- This may have benefits for patients, family members, caregivers, and system as a whole

Measuring Patient Experience



(da Silva 2003; Edwards et al. 2015)



The COMMONWEALTH FUND

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

www.commonwealthfund.org/about-us



Research Objectives



- To examine 4 aspects of discharge communication from a health survey in 11 countries (incl. Canada)
 - 1. Receiving written discharge instructions**
 - 2. Having arrangements for follow-up care**
 - 3. Discussing purpose of taking discharge meds**
 - 4. Knowing who to contact with any questions**
- To perform risk-adjusted comparisons of Canada vs. other countries

Methods

2014 Commonwealth Fund
International Health Policy
(IHP) Survey of Older Adults

Telephone survey of adults
55 years+ from 11 countries

Canadian surveys conducted
by Social Science Research
Solutions (SSRS)

Overall response rate = 28%

(CIHI, 2015)

Country	Respondents
CANADA	5,269
Sweden	7,206
Australia	3,310
Switzerland	1,812
United States	1,755
France	1,500
Netherlands	1,000
Norway	1,000
United Kingdom	1,000
Germany	928
New Zealand	750
TOTAL	25,530

Methods

- Complete data set and metadata obtained from the Canadian Institute for Health Information (CIHI)
- Study sample was 5,974 respondents who reported overnight hospitalization in the previous 2 years

25,530 Completed Surveys



Have you been admitted to the hospital overnight in the past 2 years?

Yes

No

Not sure

Decline to answer

Final Sample

n = 5,974

1,035 

Analysis

<u>DVs</u>	<u>Response</u>
Receiving written discharge instructions	1 = Yes 0 = No
Having arrangements for follow-up care	1 = Yes 0 = No
Discussing purpose of taking discharge meds	1 = Yes 0 = No
Knowing who to contact with any questions	1 = Yes 0 = No

- Descriptives
- Logistic Regression

<u>IVs</u>	<u>Response</u>
Country	0 = Others 1 = Canada
Sex	1 = Male 2 = Female
Age Group	1 = 55-64 years 2 = 65-74 years 3 = 75+ years
Have Regular Doctor	1 = Yes 0 = No
ED visit in past 2 yrs	1 = Yes 0 = No
Self-reported health	0 = Poor/Fair 1 = Good/Very Good 2 = Excellent
Self-reported income	0 = Below average 1 = Average 2 = Above average

Results

<u>Question</u>	<u>Response</u>	<u>Canada (n (%))</u>	<u>Others (n (%))</u>
When you left the hospital, did you receive written information on what to do when you returned home and what symptoms to watch for?	Yes	779 (76.1)	3,194 (66.3)
	No	244 (23.9)	1,624 (33.7)
Univariate Odds Ratio (95%CI)*		1.62 (1.39-1.69)	1.00
Multivariate Odds Ratio (95%CI)*		1.57 (1.33-1.85)	1.00
When you left the hospital, did the hospital make arrangements or make sure you had follow-up care with a doctor or other health care professional?	Yes	809 (79.9)	3,609 (75.5)
	No	203 (20.1)	1,173 (24.5)
Univariate Odds Ratio (95%CI)*		1.28 (1.09-1.50)	1.00
Multivariate Odds Ratio (95%CI)*		1.28 (1.07-1.52)	1.00

* Logistic Regression models based on “Yes” responses

Results

<u>Question</u>	<u>Response</u>	<u>Canada (n (%))</u>	<u>Others (n (%))</u>
When you left the hospital, did someone discuss with you the purpose of taking each of your medications?	Yes	727 (73.2)	3,155 (69.1)
	No	266 (26.8)	1,409 (30.9)
Univariate Odds Ratio (95%CI)*		1.34 (1.16-1.54)	1.00
Multivariate Odds Ratio (95%CI)*		1.27 (1.09-1.48)	1.00
When you left the hospital, did you know who to contact if you had a question about your condition or treatment?	Yes	902 (87.1)	4,204 (86.3)
	No	133 (12.9)	667 (13.7)
Univariate Odds Ratio (95%CI)*		1.14 (0.94-1.39)	1.00
Multivariate Odds Ratio (95%CI)*		1.00 (0.81-1.25)	1.00

* Logistic Regression models based on “Yes” responses



Results



- Within one month of discharge:

90 respondents (1.5%) reported hospital readmission and/or emergency department visit(s) due to post-discharge complications.



Strengths



- Robust sample from 11 industrialized countries
- Standardized survey with scripts and prompts
- Clear response options to each survey question



Limitations



- Recall bias (overnight hospital stay in past 2 years)
- Telephone sample may exclude sicker patients
- Cross-sectional nature
- Limited amount of re-admissions/ED visits post-index hospital visit

Discussion

- Canadians reported more favorable results than their counterparts in other countries.
- Despite this, there are opportunities for improvement (e.g. written discharge instructions and communication about discharge medications).
- Targeting these items may improve patient safety while reducing healthcare utilization (e.g. emergency department visits, readmissions).

Patient-Centered Care

- Institute of Medicine Definition:
“Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”
- Patient-Oriented Research



Relevance to Conference Theme



CAHSPR ACRSPS
Canadian Association for Health Services and Policy Research L'Association canadienne pour la recherche sur les services et les politiques de la santé

CAHSPR.CA

***A Learning Healthcare System:
Let the Patient Revolution Begin!***

Future Directions

Linkages with Administrative Data

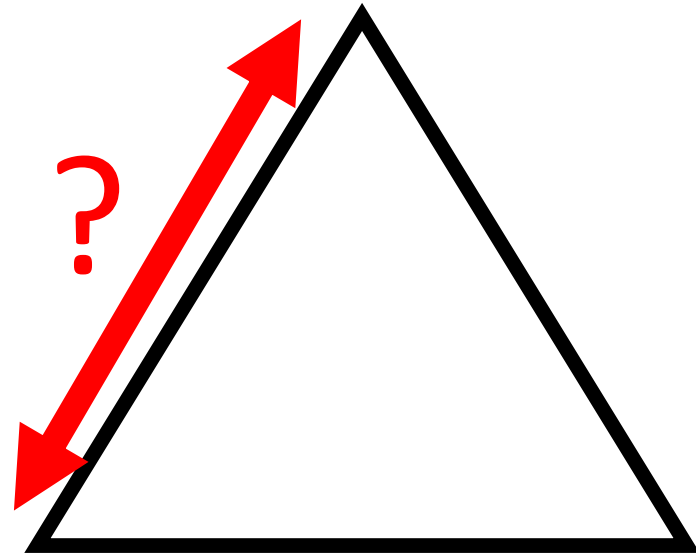
- Inpatient (DAD)
- Emergency Department (NACRS)
- Physician Claims
- Labs/Diagnostic Imaging
- Pharmaceutical Data

Explore relationships between elements of patient experience and individual/system-level outcomes!

Improve Patient Experience

Improve Population Health

Decrease per Capita Costs



Acknowledgements



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

Xinbei (Annie) Zhao



CIHR IRSC

Canadian Institutes of
Health Research

Instituts de recherche
en santé du Canada

Institute of Health Services and
Policy Research

Institut des services et des
politiques de la santé

Commonwealth Fund
Dissemination Award



UNIVERSITY OF
CALGARY

Dr. Maria J. Santana
Dr. Hude Quan