

Identifying patients with high risk of readmission from the Patient Navigators' perspectives



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Background

Unplanned readmission not only incurs additional cost to patients but also contributes to the rising healthcare cost of our nation. Nurses play a key role in the discharge planning of patients. The implementation of Patient Navigators in Singapore is an initiative to ensure a smooth transition of care from acute care hospitals back into the community. Patient Navigator (PN) is a trained nurse who coordinates discharge care of patient with high risk of readmission. Currently the PN assess individual patient's risk of readmission using Readmission Risk Assessment via Care and Case Management System (CCMS) of National Electronic Health Record System (NEHR). There have been many studies that look into factors predicting readmission however they are mainly focused on clinical and patient-centered factors and not from the perspectives of experienced clinicians. Hence this study seeks to understand from the patient navigators' perspectives the factors that are likely to accurately predict readmission risk. Given their clinical experience with managing patient's discharge issues, it will be valuable to explore the viewpoints of Patient Navigators and elicit factors that are not already captured by previous studies.

Aim

To understand other clinically important factors that are not captured by the current readmission risk assessment tool from the Patient Navigators' perspectives.

Methodology

This qualitative study was carried out in an adult acute-care setting in Singapore. Using purposive sampling, ten Patient Navigators who has a minimum of ten years of clinical experience and at least 8 months of experience using the NEHR system. They are invited to participated in an open semi-structured focus group interviews. Six steps of Braun and Clarke method of thematic analysis was carried out.

Findings

Four main themes emerged from the focus group interviews. The readmission risk assessment tool was useful as a guide for the PN to assess patients' risk of readmission; however, they have also admittedly used their judgement and clinical experience in addition to the tool when assessing their patient's risk of readmission.

Conclusion

The themes generated from our study cover medical complexity, social factors, functional status, patient and caregiver coping ability. Our findings will provide the basis for assessment, planning, interventions and follow up of patients to reduce avoidable readmissions and improve the quality of inpatient care and discharge care plan. PN programme should consider such factors into account in formulating policy and planning practice changes.



Findings

Themes	Sub-Themes
Looking beyond medical related Issues	Anticipate future needs due to medical complexity Patients' ability to cope and manage
Social and community support	Having a social support network Caregiver's coping abilities Caregiver's willingness to care Awareness and access to community resources (for both caregiver and patient)
Functional status of patients	Assessing patient's current needs Needing multiple service providers
Assessing patient holistically	

Discussion

Studies have shown that prior hospitalizations, disease severity and lengthy hospital stays increased the odds of readmission. Our study resonates the similar findings that medically complicated patients with multiple comorbidities have high frequency of hospital readmissions. PNs have to actively anticipate the future instrumental needs and the psycho-emotional needs during initial screening and discharge planning.

PNs have identified that not only the availability of caregiver but also the caregiver's coping ability and willingness to care has a great significance in their assessment for risk of readmissions. A holistic approach to readmission risk assessment identified by PNs is in accordance with previous studies findings. This is much needed to do a good discharge planning and prevent unplanned readmissions. Assessing the patient as a whole entity ensures that the needs of the patient are not overlooked.

Limitations

The PNs who participated in this study are senior PNs with wide clinical experience hence the findings may be different when conducted with the junior group of PNs.

This study is only conducted in an adult teaching hospital hence the experience of the discharge process may differs across the local setting.