POST DISCHARGE CARE CONTINUITY

How a Tertiary Care Hospital in Karachi, Pakistan Dealt With Readmissions

Saba Akbar
BScN|MBA|CPHQ
Graduate Candidate
Biomedical & Health Informatics
University of North Carolina at Chapel Hill
Why Did I Choose To Talk About This?
PAKISTAN

### Per capita total expenditure on health

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands)</td>
<td>182143</td>
</tr>
<tr>
<td>Population aged under 15 (%)</td>
<td>34</td>
</tr>
<tr>
<td>Population aged over 60 (%)</td>
<td>7</td>
</tr>
<tr>
<td>Median age (years)</td>
<td>23</td>
</tr>
<tr>
<td>Population living in urban areas (%)</td>
<td>38</td>
</tr>
<tr>
<td>WHO region</td>
<td>Eastern Mediterranean</td>
</tr>
<tr>
<td>World Bank income classification</td>
<td>Lower middle</td>
</tr>
</tbody>
</table>

Source: Pakistan - World Health Organization Statistical Profile
http://www.who.int/gho/countries/pak.pdf
The Aga Khan University Hospital (AKUH)
How a Tertiary Care Hospital in Karachi, Pakistan Dealt With Its Readmissions
PROBLEM: POST-OP READMISSIONS & SSI*

* General Surgery Only
** In ER or Inpatient
*** Reported in clinic

Limitation
X Off campus reporting

Average/month
RA: 12
SSI: 4

Readmissions**
SSI***
Ineffective communication channels
Availability of technical respondents
Lack of coordinating personnel
Scattered connections
Lack of recording tool
Technical gaps
Lack of dedicated HR
Longer waiting times
Limited checks

Pareto Analysis

Vital Few
Useful Many
Cumulative %
Cut Off %

Causes
“Unsafe transitions of care from the hospital to the community are common and are frequently associated with post-discharge adverse events, including hospital readmission.”

“Post-discharge communication is a common component of bundled discharge interventions.”

“In the vulnerable post discharge period, communication between patients and the healthcare system is one of the few modifiable factors that may reduce preventable readmissions.”

“Post-discharge care should focus attention not only on the primary index admission diagnosis, but also on the comorbidities.”

“Increased coordination after discharge was necessary to continue active management of the entire care episode to optimize outcomes and improve quality.”
1. POST-DISCARAGE FOLLOW UP CALLS (PROACTIVE APPROACH)

- Within 48 hours of discharge, our clinical nurse coordinators (CNCs) call each patient to see if they are complying with discharge teachings.

- Call details are recorded.

- When clinical problems encountered, another call is generated in next 24-48 hours.
2. PATIENT HOTLINE SERVICE (REACTIVE APPROACH)

- Piloted in June, 2016
- Specific mobile lines
- Managed by CNCs
- Data maintained and audited
- Use of smart phone communication apps
  - Whatsapp
  - Viber
PILOT PHASE
JUN-SEP, 2016

Patient Concerns Received

- constipation/Diarrhea: 27.5
- pain at surgical side: 7.5
- Wound/Stoma Assesst.: 7.5
- medication continuation: 17.5
- chng. APT Date: 7.5
- dehy./Weekness: 3
- PEG Feeding: 9
- Stoma Leakage Issues: 11
- Drain Handling Issues: 12.5
- PRE-OP Assessment: 2
- Pre-OP Teaching: 2.5

n=74
OUR RESPONSES

1. Teaching (med, stoma, Peg Hand ETC): 68.5%
2. ORS / Ispaghoul Intake: 17.5%
3. Coordination with Chief Residents & Resident: 17.5%
4. Chased lab, reports and coordination: 17.5%
5. Called for early followup: 12.5%
6. Called in ER, Clinic or Admission: 2.5%
7. Wound and Stoma Assessment done via WhatsApp: 13.5%
8. Call backs and follow-up: 13.5%
PROBLEMS IDENTIFIED AND SOLVED

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary End</td>
<td>72.5</td>
</tr>
<tr>
<td>Secondary Support (Chief Residents &amp; Consultants)</td>
<td>27.5</td>
</tr>
<tr>
<td>Follow-ups (Call Back Done)</td>
<td>17.5</td>
</tr>
</tbody>
</table>
CALL RECORD (OCT’16-MAR’17)

No. of Calls

Oct'16  |  Nov'16  |  Dec'16  |  Jan'17  |  Feb'17  |  Mar'17
---      |  ---     |  ---     |  ---     |  ---     |  ---
60       |  67      |  53      |  68      |  81      |  85
POST-OP READMISSIONS & SSI*

* General Surgery Only
** In ER or Inpatient
*** Reported in clinic
A Telephone Call That Saved My Life

Usman, in his early 20’s, was engaged and counting days to his wedding, when suddenly he started to experience bouts of uncontrollable vomiting. Dismissing it as an infection at first, Usman and his family got worried when the vomiting continued for the next 3 weeks. Apart from the continuous episodes of throwing up, Usman also had a recent history of weight loss without an identifiable cause.

Usman lives in Abbottabad and sought help in his hometown; but the local doctors were unsuccessful in diagnosing the cause of the repeated vomiting. His parents then decided to reach out to The Aga Khan University Hospital for medical assistance.

Usman’s family called The Aga Khan University Hospital, Main Campus, Karachi, on the highly responsive General Surgery (GS) Hotline. The Gastrointestinal (GI) and Surgery Service Line provides this phone number to patients on their discharge summary. The discharge summary is a document letter that summarizes a patient's health condition and treatment given during their stay at the hospital, as well as follow-up care information, which is explained to the patient at their time of leaving the hospital. The primary objective of this number is to facilitate the discharged patient in seeking assistance regarding post-operative care or any complications that may arise once they are at home.

Commenting on the idea behind the GS Hotline, Rozina Khimani, Nurse Manager for the GI and Surgery Service Line said,
Home Health Care (HHC) visit within 48 hours, for open surgeries.
  - Bundle (Packaged) charging

Implementation of ERAS program
REFERENCES


Thank You