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Potentially avoidable readmissions: it worth to improve discharge summary delivery delay

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Objective: Evidence shows that early readmissions may be increased by sub-optimal handover at discharge to home. In 2012, readmission rate within 30 days was 18.55% in our Internal medicine service. Potentially avoidable readmissions rate (not planned but caused by a known diagnosis) was 9.79%, out of confidence interval of the expected rate (7.12% to 8.70%) according to patient characteristics.
Exceeding delay of discharge summary (DS) dissemination can have an impact on successful transition. We deeply improved DS process in late 2012, and we hypothesized a decrease in potentially avoidable readmissions.
Methods: We completely reengineered DS production process and rapidly spread it to all units (173 beds) during the last 4 months 2012. We built a system to monitor each step and prevent bottlenecks. Delay was measured from discharge day to mailing of DS. The impact on potentially avoidable readmissions was calculated with SQLape® computerized algorithm from routine administrative data.
Results: Median delay decreased significantly (Wilcoxon P< 0.001) from 22.2 days (mean 25.3; SD 18.4) in 2012 to 18.1 days (mean 20.3; SD 12.1) in 2013. The potentially avoidable readmission rate decreased of 1.74% to 8.05%. This bivariate decrease did not reach significance (p=0.09), but the rate lays now in the confidence interval for the expected rate (7.14% to 8.64%) (*figure 1*).
Conclusion: Quality of transition is multimodal. Lowering DS delay is a key element that may prevent potentially avoidable readmissions.
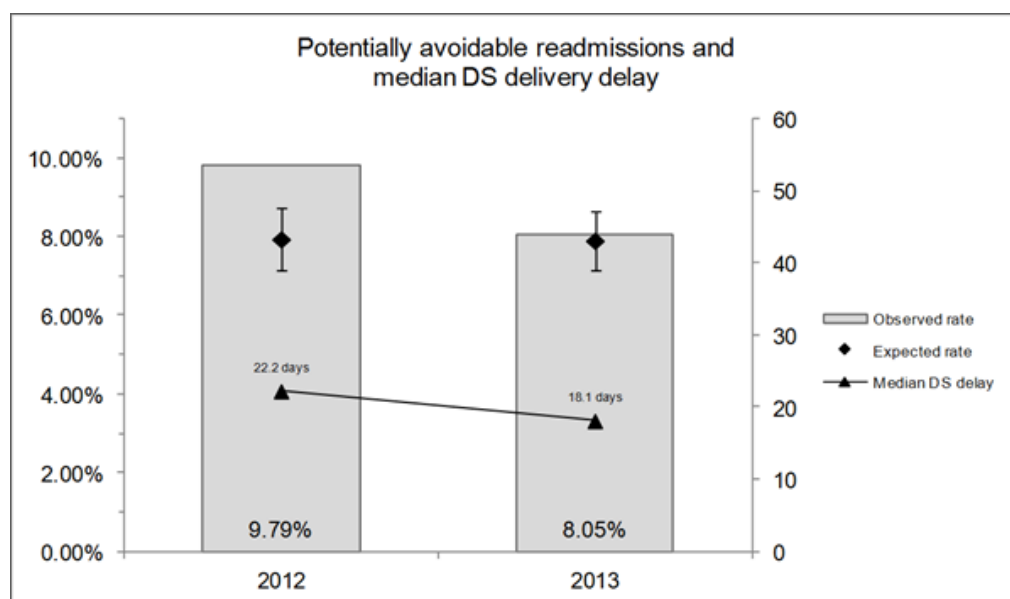

Figure 1 : Potentially avoidable readmissions and mean DS delivery delay in Internal Medicine Service during two consecutive years. Expected rate is calculated with SQLape® computerized algorithm. N=2222 in 2012 and 2269 in 2013. Data updated January 28th, 2014. DS: discharge summary.

[Figure 1]