



Inclusive Discharge Planning Process Reduces Readmissions



Integration of caregivers into the discharge process for elderly patients can reduce the risk of hospital readmission. A study led by the University of Pittsburgh Health Policy Institute showed that discharge planning process that involved family members or unpaid caregivers was associated with a 25 percent fewer readmissions at 90 days and 24 percent fewer readmissions at 180 days.

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For this study, researchers reviewed 10,715 scientific publications related to patient-discharge planning and older adults. The analysis focused on 15 publications that described randomised control studies of 4,361 patients that researchers were able to use to assess the impact of discharge planning on readmission rates. The patients had an average age of 70 years. The majority of the caregivers were a spouse or partner. Thirty-five percent were adult children.

The transition from hospital to home is a critical time, especially for the elderly. In many cases, families have difficulty caring for patients after discharge. Although it may require hospitals to identify and educate a patient's family members, researchers say it's worth the time and resources because the end result is improved patient outcomes and reduced readmissions.

"Hospital discharge planning is critical for helping family members understand what they need to do to help keep their patient or loved one in the community," said the study's lead author Juleen Rodakowski, an assistant professor in Pitt's Department of Occupational Therapy.

However, more research is needed to determine what kind of post-discharge care is most effective and what types of medical conditions benefit most from post-discharge care, the author explained.

Source: [Fierce Healthcare](#)

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