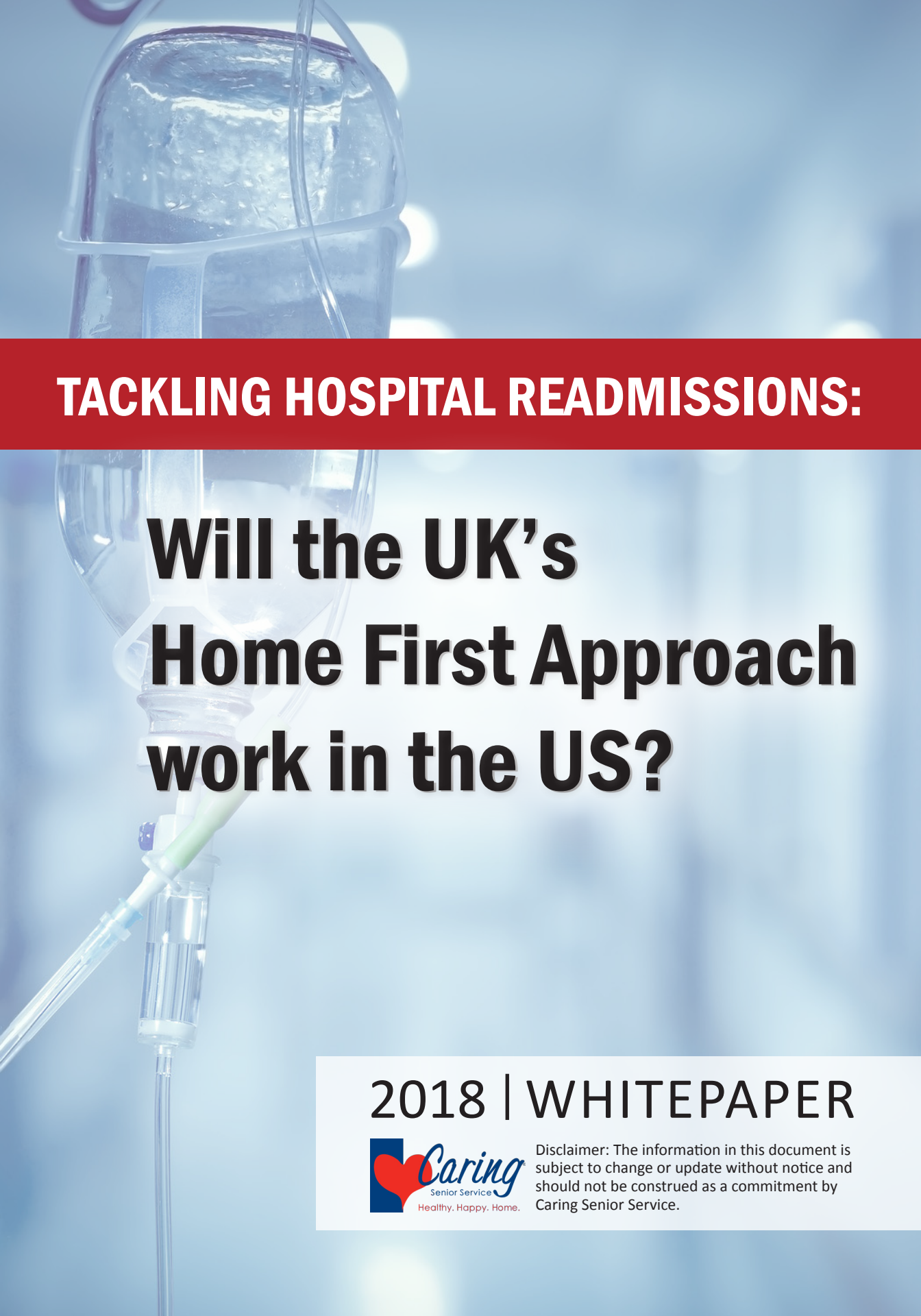

TACKLING HOSPITAL READMISSIONS:

Will the UK's Home First Approach work in the US?

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INTRODUCTION

Being admitted to the hospital is necessary when acute treatment for a medical condition is required. However, when to send a patient home once acute treatment has been provided is a topic of debate in recent years. This is particularly the case when it comes to the discharge of elderly patients—those age 65 and older. Many of these patients are admitted to the hospital and end up staying longer than necessary because of an inadequate discharge plan, an issue that is common in both the UK and the U.S.

In light of this, the UK has been working toward a better discharge system. Over the past few years, they have been implementing discharge-to-assess, which has met with much success. This is a system that may be beneficial in the U.S., particularly when considering the similar challenges faced by both the UK and U.S. healthcare systems. With this in mind, we will explore these similarities. We will then move onto what discharge-to-assess is, the drivers that led to its use in the UK, its challenges, and how it may benefit the U.S. healthcare system.

COMPARISON OF CHALLENGES IN the UK and U.S. Healthcare Systems

The National Audit Office (NAO) of the UK reports the following statistics: [1]

- **62% of beds in the hospital are occupied by patients age 65 and older.**
- **Emergency admissions of elderly patients result in an average stay of 11.9 days.**
- **Delayed transfer of patients results in a loss of 1.15 million bed days in acute hospitals.**
- **Hospital bed days occupied by elderly patients that no longer require acute treatment is 2.7 million.**
- **The gross cost of elderly patients using hospital beds who no longer require acute treatment is £820 million.**

In addition, the NAO reports that an otherwise healthy elderly adult will lose 5% of their muscle strength per day. This equates to 10 years of muscle aging in just 10 days in bed. As a result of this rapid muscle aging, some elderly people decline in the hospital and never return home. For those who are released from the hospital, the length of time to discharge is often tied to the assessment of their situation and the decision of where to send them for the best possible ongoing care.

[1]National Audit Office. 2016. Discharging older patients from hospital. Accessed December 5, 2017. https://www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital-Summary.pdf

Many of the discharge issues in the UK are echoed in the U.S. Two of the top issues with U.S. hospital discharges are a lack of assessment or consultation prior to discharge and either discharge with no homecare plan in place or patients being kept in the hospital longer than necessary due to problems with the coordination of services.[2] In addition:[3]

- **Close to 13 million elderly people are hospitalized each year.**
- **One-third of hospital discharges are patients age 60 or older.**
- **One-third of patients over age 70 and more than half over age 85 leave the hospital more disabled than when they were admitted**

Discharge planning in U.S. hospitals is complex, with the need to assess the functional status of the patient, the preferences of the patient and their family, and what resources are available in the community. An astonishing 20% of Medicare patients are readmitted within 30 days of discharge, often the result of a patient being discharged without a plan in place to meet their needs at home or in another setting.[4]

In consideration of the above data, it is clear that the discharge model must be examined and changes must be made to improve patient flow and get elderly patients out of the hospital more quickly. In the UK, a new model is being adopted. This is known as discharge-to-assess and it offers a workable solution to delayed discharge.

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[2] Henwood, M. 2016. Hospital discharge is not rocket science. Why are patients still being failed? The Guardian. Accessed December 6, 2017. https://www.theguardian.com/social-care-network/2016/may/16/hospital-discharge-patients-failed-ombudsmans-report

[3] Gorman, A. 2016. 'The older you are, the worse the hospital is for you.' CNN. Accessed December 6, 2017. http://www.cnn.com/2016/08/15/health/elderly-hospital-patients/index.html

[4] Alper, E. MD; O'Malley, T.A. MD.; and Greenwald, J. MD. 2017. Hospital discharge and readmission. UpToDate. Accessed December 6, 2017. https://www.uptodate.com/contents/hospital-discharge-and-readmission

WHAT IS Discharge-to-Assess?

In the discharge-to-assess model, the patient who needs ongoing care is discharged as soon as their acute care is completed and it is safe for them to leave the hospital. They are sent home or to another appropriate facility, where additional care can be provided if needed and their situation assessed to see what type of long-term arrangements must be made.

The goal behind this model is to keep hospital beds free for patients who need acute treatment, while ensuring that no patient is left without proper ongoing assessment and treatment. There is always a care plan put into place prior to discharge and the patient's health and wellbeing is always at the forefront of consideration.

Drivers for Change

The discharge-to-assess model is currently being adopted in the UK because of changes in demographics and in the prevalence of long-term health conditions among the population. This in turn leads to an increase in the cost of healthcare. Specifically, the drivers for change include:

THE AGING POPULATION—The overall population of the UK is aging. Nearly one-fifth (18%) of the population is 65 or older and 2.4% of the population is 85 or older.[5] In addition, although it has slowed in recent years, life expectance in the UK is still increasing, with life expectancy at birth (between 2014 and 2016) at 79.2 for males and 82.9 for females.[6]

In the U.S., life expectancy has begun to lag behind that of other wealthy nations, and it is expected to grow worse.[7] In fact, U.S. life expectancy dropped in 2015 (by 0.2 years for males and 0.1 years for females) for the first time in over 20 years.[8] This leaves males at a life expectancy of 76.3 years for males and 81.3 years for females. While the U.S. has experienced a decrease in life expectancy, it is still significant and comparable to that of the UK.

[5] Office for National Statistics. 2017. Overview of the UK population: July 2017. Accessed December 5, 2017. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017

[6] Office for National Statistics. 2016. National life tables, UK: 2014 to 2016. Accessed December 5, 2017. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2014to2016

[7] Meredith, S. 2017. US life expectancy is low and is now projected to be on par with Mexico by 2030. CNBC. Accessed December 10, 2017. https://www.cnbc.com/2017/02/22/us-life-expectancy-is-low-and-is-now-projected-to-be-on-par-with-mexico-by-2030.html

[8] Price, T. E. MD.; Schuchat, A. MD.; and Rothwell, C.J. 2016. Health, United States, 2016. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Health Statistics. Accessed December 10, 2017. https://www.cdc.gov/nchs/data/hus/hus16.pdf#014

AN INCREASE IN THE PREVALENCE OF MULTIPLE LONG-TERM CONDITIONS—The number of people with more than one long-term condition (LTC) is increasing in the UK. Fifteen million adults in the UK have one LTC and 6.75 million adults have more than one LTC.[9] While one or more of these conditions may at times require acute treatment, it is common for patients to end up in acute hospital care when their condition can be managed elsewhere in the community.

In the U.S., there is also a prevalence of multiple long-term, or chronic, conditions. In 2014, 60% of the U.S. population had at least one chronic health condition and an astonishing 42% of the U.S. population had more than one chronic condition.[10] The people with multiple chronic conditions use healthcare services more frequently.

THE NEED TO ENSURE AN IMPROVEMENT IN CLINICAL OUTCOMES—Many people who have one or more long-term conditions can lead a high quality of life because these conditions can be well-managed. Yet, due to poor patient flow, clinical outcomes have become "measurably worse," particularly for elderly patients.[11]

[9] Paddison, C. Dr. 2013. The rising tide of multiple long-term conditions: Meaning and implications of multimorbidity. University of Cambridge. Presentation at RAND Europe 6th February, 2013. Accessed December 5, 2017. https://www.cchsr.iph.cam.ac.uk/wp-content/uploads/2013/01/The-rising-tide-of-long-term-conditions-Meaning-and-implications-of-multimorbidity.pdf

[10] Burtoff, C.; Ruder. T.; and Bauman, M. 2017. Multiple Chronic Conditions in the United States. Rand Corporation. Accessed December 10, 2017. https://www.rand.org/content/dam/rand/pubs/tools/TL200/TL221/RAND_TL221.pdf

[11] National Health Service. 2017. National priorities for acute hospitals 2017 Good practice guide: Focus on improving patient flow. Accessed December 6, 2017. https://improvement.nhs.uk/uploads/documents/Patient_Flow_Guidance_2017___13_July_2017.pdf

- **THE NEED TO MEET PEOPLE'S EXPECTATIONS OF PATIENT CARE**—It is common for patient care to be repetitive and fragmented, particularly when patients need different services that are often available in separate locations and via different healthcare providers.[12]

- **THE INCREASING FINANCIAL PRESSURE ON THE HEALTHCARE SYSTEM**—Over 40% of UK's healthcare budget goes toward caring for people over the age of 65.[13] Since the UK population is aging, this will only get worse over time.

In the U.S., some hospitals are creating Acute Care for Elders (ACE) wards in order to provide elderly patients with an environment more suited to their needs. However, adverse events, such as deficiency of oxygen or bed sores, still occur and cost Medicare $44 billion a year. The average cost of an elderly patient's hospital stay is $12,000. In addition, many patients end up leaving the hospital only to go to a nursing home because they can no longer cope on their own and nursing homes cost $85,000 per year.

It is clear there are critical drivers behind the need to implement the discharge-to-assess model of patient care. And it is these drivers that lead to the primary benefits of the model.

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[12] Royal College of Physicians. 2015. Patients still face fragmented care when trying to negotiate NHS services. Accessed December 6, 2017. https://www.rcplondon.ac.uk/news/patients-still-face-fragmented-care-when-trying-negotiate-nhs-services

[13] Robineau, D. 2016. Ageing Britain: two-fifths of NHS budget is spent on over-65s. The Guardian. Accessed December 6, 2017. https://www.theguardian.com/society/2016/feb/01/ageing-britain-two-fifths-nhs-budget-spent-over-65s

BENEFITS OF Discharge-to-Assess

The discharge-to-assess model offers a wide range of benefits for UK hospitals, healthcare practitioners, and patients and their families. These benefits include the following:

- **Getting patients discharged more quickly frees up hospital beds for patients in need.**
- **Overall improvement of patient flow throughout the hospital.**
- **Freeing up of additional resources that the traditional discharge process required.**
- **A reduced length of stay for the patients.**
- **Reduced risk for patients that are vulnerable in the hospital environment.**
- **The patient can return home more quickly and rest in a comfortable environment while an assessment of their situation is conducted. The health of these patients often improve more quickly when in their home setting, which results in improved clinical outcomes.**
- **An increase in satisfaction for patients and their family members. By letting patients recover at home while long-term assessment is made, they and their families feel the process is more streamlined and has less of an impact on their quality of life.**

These benefits are applicable across all stakeholders and are clearly worth the implementation of the discharge-to-assess model.

Discharge-to-Assess: How Does it Works?

When a patient no longer needs acute treatment in a hospital, they are ready to be discharged. However, the traditional assessment that goes along with this discharge can take a long time to conduct, leaving the patient bound to the hospital. This assessment not only determines that the patient has no further need for acute treatment, but also determines what type of ongoing care the patient needs, traditionally done before the patient is sent home.

With the discharge-to-assess model, the only assessment that is conducted in-hospital is to ensure the patient no longer needs acute care. Once this is confirmed, they are immediately discharged and sent home, or to an appropriate facility in the community. Once the patient is at home, time is spent assessing their needs to create a long-term care plan.

CHALLENGES OF Discharge-to-Assess

There are challenges to any new model of care or any new process. Here are a list of challenges and solutions to the discharge-to-assess program, as presented by HSJ:[14]

CHALLENGES	SOLUTIONS
An increase in administration needs	Hiring flow nurses to deal with the administrative needs of discharge.
Delays in preparing medication/prescriptions at discharge	Have doctors complete medication/prescription requirements as soon as acute treatment is finished.
Concerns about the capacity of resources in the community	Community services must review their needs and hire additional staff to meet those needs.
Concerns of patients and caregivers	All team members are to be knowledgeable regarding active recovery and this knowledge is passed on to patients and caregivers.
Access to patient's property	This is discussed with the patient during admission and the location of the patient's house keys is identified.
Issues with time constraints	Since the therapy part of the discharge process has been minimized, there is more time to spend ensuring patient discharge goes quickly and smoothly.
Issues with the assessment process and referrals	The assessment process has been drastically shortened. However, once discharge has occurred, the referral process can still take time.

As the discharge-to-assess model has been implemented, it has been refined to counter the problems that have occurred. Moreover, despite the challenges, patient outcomes have improved.

[14] Evans, L.; Miller, H.; and Doran, C. 2014. Good practice case study: improved flow through faster discharge. HSJ.

CONCLUSION

The discharge-to-assess model is becoming the norm in the UK, and for good reason. An example of the potential results of using the model can be seen in the case of Sheffield, where hospital discharge was reduced from 6 days to 6 hours.[15] Furthermore, patients received a home visit within 4 hours after discharge. In addition, patient health outcomes have improved and the rate of falls in the hospital have gone down by 30%.

With such an impressive success rate, this is a model that can benefit health-care systems in other countries, including the U.S. The issues with discharges in the U.S. healthcare system may be minimized if a discharge-to-assess model was implemented. As in the UK, U.S. patients who have completed their acute treatment could go home (or to a suitable facility) and have a visit with a professional who would be able to begin home care and an assess-ment of long-term needs. This has the potential to eliminate unnecessary lengthy stays and reduce the readmittance rate because patient care would continue uninterrupted after discharge.

It is highly recommended that the discharge-to-assess model be considered for implementation in U.S. hospitals. As in the UK, the results can potentially include the freeing up of hospital beds, reduction in the need for resources, a shorter discharge time, and a reduction in the rate of readmission. Ultimate-ly, this could save the healthcare system and Medicare a significant amount of money in the future.

[15] Locumtoday. 2015. Discharge to Assess model hailed a victory. Accessed December 6, 2017. http://www.locumtoday.co.uk/article.php?s=2015-02-11-discharge-to-assess-model-hailed-a-victory#.Wihag0qnGUk