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Using a Transitional Care Program to Prepare Patients to Take Care of Themselves after Leaving the Hospital

REACH Dissemination Committee, Maine, USA

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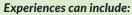
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Using a Transitional Care Program to Prepare Patients to Take Care of Themselves after Leaving the Hospital



Some patients have **difficulty caring for themselves** after they return home from a hospital stay.

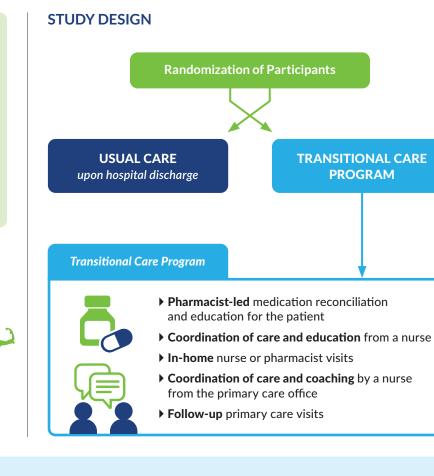


- New or worsening signs or symptoms
- Adverse events (injuries due to medical care)
- Re-admission to the hospital

Providing more support to patients may help avoid these problems.

LOCATION & POPULATION

- 2 hospitals and 18 primary care provider offices
- All in the same accountable care organization (ACO) in Massachusetts
- ▶ 1,657 adult patients
- ▶ 54% Female
- ▶ 74% White



FINDINGS

The study team looked at:

- 30-day hospital readmissions (non-elective)
- 30 DAYS
- Post-discharge new or worsening signs/symptoms
- Post-discharge adverse events
- Patient experience

Patients who received the intervention:

Had a 22% lower rate of new or worsesning signs/symptoms



Had a 48% reduction in adverse events

There was no difference in:

- Hospital readmissions
- Patient experience

USED ACRONYMS

ACO – accountable care organization

Key Take-Away

A collaborative transitional care intervention may help reduce new and worsening discharge signs and symptoms, as well as adverse events.

REFERENCES

- 1. Schnipper JL, Samal L, Nolido N, et al. The Effects of a Multifaceted Intervention to Improve Care Transitions Within an Accountable Care Organization: Results of a Stepped-Wedge Cluster-Randomized Trial. J Hosp Med. 2021;16(1):15-22. doi:10.12788/jhm.3513
- Schnipper J, Nolido N, Potter M, et al. (2019). Using a Transitional Care Program to Prepare Patients to Take Care of Themselves after Leaving the Hospital. Patient-Centered Outcomes Research Institute (PCORI). https://doi.org/10.25302/5.2019.CER.811

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