# Care About Your Care:
*Tips for Patients When They Leave the Hospital*

## From hospital to home – and back again?

**Leaving the hospital sounds simple.** But all too often, patients find themselves back in a hospital bed—or even the emergency room—within a matter of weeks of going home. Many of these return visits could be avoided if doctors and nurses coordinated patients' care better and if patients, their caregivers and hospital staff did a better job of planning for the day the patient leaves.

This article will help you LOOK at the care you get and understand what good care for patients who are leaving the hospital looks like, help you LEARN what you can do to make sure you get the best possible care, and help you LIVE better by taking action to get better care.

## LOOK: See how poorly coordinated care can send patients back to the hospital

**When all goes well,** patients understand the reasons they were admitted to the hospital and exactly what to do to take care of themselves when they leave. When all goes well, patients take their medications on time and check in with a doctor or nurse they see regularly, often called the primary care provider. When all goes well, patients' specialists communicate with their primary care doctors and nurses, making sure that everyone has the information they need to care for patients. When all goes well, patients get the care they need once they are home and don't have to go back to the hospital because of complications.

Unfortunately, that's not always what happens.

There are many reasons why patients have to go back to the hospital unnecessarily:

- Patients may not completely understand what is wrong with them.
- Patients may be confused about what medicines they should take and when they should take them, and they may not take the right medication at the right time.
- Hospital staff may not communicate important information to patients' primary care providers.
- Patients may not schedule needed follow-up appointments with their primary care providers or specialists.
- Hospital staff may not inform patients or their primary care providers of test results that could affect their care.
- Family members may not know how to help provide care at home.

Whatever the cause, a common result is that patients end up returning to the hospital. Every year, unnecessary visits back to the hospital cost billions of dollars and take millions of patients away from their families, friends and homes. It is an especially big problem for patients on Medicare.

Robert Wood Johnson Foundation

The Dartmouth Atlas of Health Care

THE DARTMOUTH INSTITUTE
FOR HEALTH POLICY & CLINICAL PRACTICE
*Where Knowledge Informs Change*

# LEARN: Find out how good the care is in your community for patients leaving the hospital

**Discharge:** When a hospital sends a person home or to a facility that can provide care outside of a hospital, such as a skilled nursing facility.

**Readmission:** When a patient who is discharged from the hospital returns to the hospital within a short period of time. A lower readmission rate is better because it means fewer people had to go back to the hospital.

**The problem of repeat trips to the hospital occurs nationwide,** but it happens more often in some parts of the country than in others. For example, in 2009, one in five Medicare patients who went to the hospital for surgery ended up back in the hospital a second time within a month of leaving the hospital the first time in some areas of the country. Other areas did much better, with only one in 13 patients back in the hospital a second time after surgery.

These big differences can be found in other types of care as well. Among patients in the hospital for a medical reason, such as a heart attack or pneumonia (as opposed to surgery discussed above), less than one in seven had to go to the emergency room within 30 days of leaving the hospital in some areas of the country. In other areas, however, nearly twice as many patients had to go to the emergency room within a month.

When patients have a follow-up appointment with a primary care provider or a specialist shortly after leaving the hospital, they may be less likely to go back to the hospital because they can work with their doctor to understand what they need to do to prevent problems from happening. Whether people get this care also varies depending on where they live. In many parts of the country, less than half of patients had follow-up appointments within two weeks of leaving the hospital. But in other areas of the country, nearly three quarters of the patients who left the hospital had follow-up visits within two weeks.

The charts below provide more details about what happens to Medicare patients after they leave the hospital. Each chart is divided into two categories: patients who were in the hospital for surgery and patients who were in the hospital for a medical condition. Follow-up visit rates are only available for medical admissions.

### *30-day hospital readmission rate*

| | Highest rate | Lowest rate | National average |
|---|---|---|---|
| **Medical conditions** | 18.9% | 11.5% | 16.1% |
| **Surgical procedures** | 19.0% | 7.5% | 12.7% |

In this chart, the rate refers to the number of patients out of 100 (the percentage, or %) who returned to the hospital within 30 days of being discharged in 2009. The highest and lowest rates refer to the regions of the country where patients were most or least likely to return to the hospital within 30 days. In general, a lower rate is better.

### *30-day emergency room visit rate*

| | Highest rate | Lowest rate | National average |
|---|---|---|---|
| Medical conditions | 23.8% | 13.9% | 18.9% |
| Surgical procedures | 19.2% | 10.9% | 15.2% |

In this chart, the rate refers to the number of patients out of 100 (the percentage, or %) who went to the emergency room within 30 days of being discharged in 2009. The highest and lowest rates refer to the regions of the country where patients were most or least likely to go to the emergency room within 30 days. In general, a lower rate is better.

***14-day outpatient visit rate***

| | Highest rate | Lowest rate | National average |
|---|---|---|---|
| **Medical conditions** | 73.8% | 48.8% | 62.5% |

In this chart, the rate refers to the number of patients out of 100 (the percentage, or %) who had a follow-up appointment with a doctor or other provider within 14 days of leaving the hospital in 2009. The highest and lowest rates refer to the regions of the country where patients were most or least likely to have a follow-up appointment.

Hospital staff and doctors across the country have been working to improve the care people get when they leave the hospital, but progress has been slow. In fact, the risk that a Medicare patient would have to go to the emergency room within 30 days of leaving the hospital actually increased from 2004 to 2009, both for patients who went to the hospital to have surgery and for those in the hospital to treat a medical condition. That means more time in the hospital for thousands of patients.

## LIVE: Make sure you or a loved one gets the care they need when they leave the hospital

**Here are some steps you can take** to help the weeks and months after you or a loved one leaves the hospital go as smoothly as possible:

- Ask your hospital if it has special planners who can help you prepare to leave the hospital.
- Create a detailed, written plan, often called a discharge plan, that includes important information, such as the following:
  - The date you are leaving the hospital
  - Where you are going after you leave the hospital
  - How you will get there from the hospital
  - A schedule of follow-up appointments with primary care providers or specialists
  - A list of your medical problems
  - A list of allergies
  - A list of medications, including when to take them and for how long, and any possible side effects
  - How you will fill your prescriptions
  - A list of any equipment you might need, such as a cane or wheelchair
  - What you will do if you have a medical problem in the middle of the night
- Bring your plan, including a list of all your medications, to every appointment with a primary care provider or specialist.
- Go over your plan with a family member or friend.

- Be familiar with the quality of care at hospitals in your area:
  - The U.S. Department of Health and Human Services offers a website you can use to compare the health care patients get in different hospitals, available at www.hospitalcompare.hhs.gov.
  - A report from the Dartmouth Atlas Project that looks at how communities and hospitals coordinate care for patients when they leave the hospital is available at www.dartmouthatlas.org.

## Planning resources

**A number of planning checklists are available online,** including the following:

*From the Agency for Healthcare Research and Quality:*
www.ahrq.gov/qual/goinghomeguide.pdf

*From the Centers for Medicare and Medicaid Services:*
www.medicare.gov/publications/pubs/pdf/11376.pdf

This article was prepared as part of the Care About Your Care initiative, convened by the Robert Wood Johnson Foundation, to raise awareness about what you can do to identify and get better health care. We urge you to LOOK at the care you get and understand what good care looks like, to LEARN about what you can do to make sure you get the best possible care, and then to LIVE better by taking action to get better care.

**The Dartmouth Atlas Project** is funded by a broad coalition of funders, led by the Robert Wood Johnson Foundation.

Other major sources of funding include the **National Institute of Aging**, **California Healthcare Foundation**, **United Healthcare Foundation**, and the **WellPoint Foundation**.

**The Dartmouth Atlas**
The Dartmouth Institute
for Health Policy and Clinical Practice
Center for Health Policy Research

Contact: Eva Fowler
202-261-2868 voice
202-331-7207 fax

**www.dartmouthatlas.org**

092811.dap1.2