"Quantifying Post-Hospital Care Transitions in Older Patients"

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Abstract

Background: Older patients frequently receive care in multiple settings. However, there has been a paucity of studies that quantify the number of care transitions or that attempt to explain utilization patterns over a given time period. Furthermore, no studies have examined transitions based on method of payment.

Objective: To examined the number of different post-hospital inter-institutional transfers (including hospital, inpatient rehabilitation facilities [IRF], and skilled nursing facilities [SNF]) by method of payment (Managed Care [MC] or fee-for-service [FFS]).

Design: Prospective cohort followed for 12 months.

Method: 1055 older patients were identified upon transfer from an acute hospital to either a SNF or IRF. Utilization and mortality was tracked over 12 months through analysis of administrative data, chart review, nursing assessments, and patient interviews.

Results: After 3 months, 65.3% of MC patients and 75.6% of FFS patients experienced between 2-3 transfers and an additional 13.8% of MC patients and 14.6% of FFS patients experienced between 4-6 transfers. Over the next 9 months, the frequency of patient transfers uniformly declined in both payment groups.

Conclusion: This study demonstrates that inter-institutional transfers are common in older patients. The majority of these transfers occurred within the first 3 months after hospital discharge for both payment groups. Understanding the frequency and patterns of post-hospital care transitions is an important step towards designing innovative approaches to improve the quality of care transitions and ensuring patient safety across settings.