Discharge time and SNF readmissions

Sharon Blackwell. Licensed RN and Certified Case Manager, Virginia, USA
10.1136/leader-2020-FMLM.21

This study was performed at Chesapeake Regional Hospital which is a 300 bed community hospital in Chesapeake Virginia. It was conducted through chart review and communication with the skilled facilities, care management department and hospitalist group.

The SNF readmission rate at Chesapeake Regional Hospital meets the national readmission rate of 23.5%. We wanted to test the theory that earlier discharges would lower that readmission rate.

I reviewed 469 charts over a 90 day period of patients being discharged to a skilled facility. I noted time of discharge and receiving facility.

Hospitalists were instructed to begin completing discharge summaries on SNF patients before noon on the day of discharge and care managers were to set up transport before 4:00 pm. We also sent surveys to receiving facilities to assess patterns and areas of opportunities with the discharges.

During the next 90 days I reviewed charts of 523 additional patients and compared the results.

Implementation of earlier discharge summaries and earlier transport times did not result in a lower 30 day readmission rate from the skilled facilities. Although the rate did not go down, we noted that rates were much higher on some units at certain time periods. This gives management a good idea of where to focus resources such as discharge nurses and care managers. Discharge nurses should attempt to focus on units with higher readmission rates.

Surveys completed by the receiving facilities also identified a pattern of issues with medications and no or incomplete report. This information helps discharge nurses to put emphasis on discharge medications and proper report to the receiving facility. The hope is that focus on units/times with higher readmission rates will result in a decrease of our overall readmission rate.

Intravenous iron use in pregnancy

Tomi Ashaye, Sarwat Umer, Rabia Zil-e-Huma, Mehdi Hasan, Sarah Box. Department of Obstetrics and Gynaecology, Department of Haematology, Department of Pharmacy, Lister Hospital, East and North Hertfordshire NHS Trust, Stevenage, UK
10.1136/leader-2020-FMLM.23

Objectives To compare the efficacy, safety, and cost-effectiveness of Iron Sucrose (Venofer) and Iron Isomaltoside (Monofer) in the treatment of iron deficiency anaemia of pregnancy.