

CONFERENCE ABSTRACT

How Do Patients Perform in Establishing Informational Continuity of Care during Multi-Institutional Readmission in Rural China?

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Background: Multi-institutional readmission refers to a 30-day readmission from one medical institution to another at different levels of the same disease. The transfer of information between institutions plays a key role in establishing the continuity of care. And how patients perform seems to be particularly important in rural China, because the doctors from different hospitals seldom communicate and the information system is not interconnected. This study focused on patients readmitted from township hospitals to county hospitals, and described how patients disclosed the information details.

Methods: This study focused on patients with respiratory and cerebrovascular diseases. Firstly, to get the patients who were multi-institutional readmitted, we screened the databases of the New Rural Cooperative Medical System (NCMS) in 5 counties distributed in East China, Central China and Western China from 2012 to 2013. Then, according to the identity information of patients of the screening, we matched 439 medical records in township hospitals and county hospitals. Lastly, 2 independent medical specialists evaluated the medical records on the transfer of information. Descriptive analysis was used to describe the information in records, and Chi-square test was implied to analyze factors attributed to informational discontinuity.

Results: A quarter of the patients did not mention their experience before the readmission. In the views of the specialists, 68.2% of the information mentioned was useful. We categorized the information in 5 types, which were "Institution, Diagnosis, Treatment, Medication and Prognosis" about their previous hospitalization. If the information recorded has more than 2 types, we considered it an effective transfer of information. More than half of the patients mentioned previous institutions and treatments, however only 28.5% and 12.5% of them had told the doctors about the diagnosis and the medication. The effective transfer rate was 49.5%. Patients by referral were more unlikely to talk about their conditions than those readmitted voluntarily. The longer the time before readmission, the less the transfer of information.

Discussion: Patients in rural China lacked of conscious awareness of informational continuity, because they do not trust doctors in township hospital and they are not aware of the benefit

of transfer of information. Besides, most patients in rural China are not well-educated, so it is difficult for them to remember the useful but professional information. Standardized medical records and information technology should be emphasized. As for factors attributed to informational discontinuity, the pattern and time interval of readmission have greater impact on transfer of information. Service provided by township hospitals should be improved, and patients with complex care needs should be transmitted to county hospitals in time.

Conclusions: Patients in rural China did not perform well in establishing informational continuity both in consciousness and behavior.

Lessons learned: Patients should be well-educated to raise their consciousness of informational continuity. Interconnected information system need to be constructed in rural China.

Limitations: Field observation did not adopted, so the actual process how patients communicated with doctors was not clear.

Suggestions: How to raise patients' awareness and the management mechanism of referral in rural China should be further studied.

Keywords: readmission; multi-institutional readmission; informational continuity; transfer; medical records
