

POSTER ABSTRACT

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

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Introduction: Multi-institutional readmission refers to a 30-day readmission from one medical institution to another at different levels for the same disease. How patients transfer information is particularly important in rural China, because the doctors seldom communicate and the information system is not interconnected. This study focused on patients readmitted from township hospital to county hospital, and described how patients disclosed the information details.

Methods: We screened the databases of the Medical System in 5 counties distributed in East, Central and Western China in 2013, and matched 439 pairs of medical record for multi-institutional-readmitted patients with respiratory or cerebrovascular diseases. And 2 independent medical specialists evaluated the records. Descriptive analysis and χ^2 test was implied to analyze factors attributed to discontinuity.

Results: A quarter of the patients did not mention their experience before readmission. 68.2% of the information mentioned was useful in the views of the specialists. More than half of the patients mentioned previous institutions and treatments, while 28.5% and 12.5% mentioned the diagnosis and the medication. Patients by referral talked about their conditions less than those readmitted voluntarily. The longer the readmission interval was, the less information passed.

Discussion: Most patients were not well-educated and can't remember the useful but professional information. Standardized medical records and effective information technology should be emphasized. The pattern and readmission interval had greater impact on patients.

Conclusions: Patients did not perform well in establishing informational continuity.

Lessons learned: Patients should raise their consciousness, and interconnected information system need to be constructed.

Limitations: Field observation did not adopted, so the actual process was not clear.

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

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Keywords: multi-institutional readmission; informational continuity of care; patient behavior; rural china
