



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 61

**Submitting author:** Ms Shuk Man LO

**Post title:** Nursing Officer, Alice Ho Miu Ling Nethersole Hospital

### **Determinants and Consequences of Readiness for Discharge from the Emergency Medicine Ward: A Cross-Sectional Study**

*Lo SM(1), Siow E (2), Lee LY(3), Yeung KL (1), Yeung SD (1), Chan TS (1), Sit JWH(2), Chair SY (2)*

*(1) Emergency Department, Alice Ho Miu Ling Nethersole Hospital, (2) Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong (3)Emergency Department, Tin Shui Wai Hospital*

#### **Keywords:**

readiness for discharge

emergency medicine ward

discharge planning

#### **Introduction**

Discharge of patients with chronic conditions from the emergency medical ward (EMW) is a transfer of care responsibility that can be challenging for patients and their families. However, not much is known whether patients who receive short-term care in the EMW are prepared to return home. The lack of readiness could place patients more vulnerable to risks and adaptation issues that can lead to delayed recovery and readmissions. Understanding predictors and consequences of readiness for discharge (RHD) could have policy and practice implications in emergency department (ED) discharge planning.

#### **Objectives**

To examine predictors and consequences of RHD from EMW among patients with chronic conditions.

#### **Methodology**

Cross-sectional study was conducted of 184 patients admitted to EMW at Alice Ho Miu Ling Nethersole hospital between 1 May, 2016 and 31 September, 2016 (CREC Ref No: 2016.214). Data collection occurred once at discharge and a telephone call 1-month after discharge. We conducted surveys using self-administered questionnaires and reviewed medical records. Inclusion criteria were patients: i) 18 years and older, ii) with a preexisting chronic condition, and iii) discharged to home.

#### **Result**

Of the 184 patients, 38% male, 89% married, mean age  $75 \pm 13.6$  years, and median Charlson comorbidity index was 1. Average EMW length of stay was  $2.3 \pm 0.6$  days and majority were triaged as semi-urgent (60%). ED readmission within 48 hours after discharge was 0% and 30-days after discharge was 30%. Admitting diagnoses of patients with readmissions were: i) respiratory, ii) dizziness, syncope, vertigo, and

migraine, iii) chest pains, and iv) cardiovascular-related conditions.

Significant factors associated with high RHD were: living with spouse and children ( $\beta = 1.24$ ;  $p < 0.001$ ), and living with others ( $\beta = 0.9$ ;  $p = 0.03$ ). Higher RHD was associated with lower odds of 30-day ED (OR = 0.75; 95% CI: 0.57 – 0.99) and 30-day hospital readmissions (OR = 0.59; 95% CI: 0.38 – 0.91). However, patients who rated high on knowledge subscale of RHD had higher odds of 30-day hospital readmissions (OR = 2.34; 95% CI: 1.38 – 3.98).

Conclusion:

Patients with higher RHD are less likely to be readmitted. We also document that patients at risk of readmissions are those with respiratory, cardiovascular, and other conditions (e.g. syncope, vertigo). Interestingly, when patients have more knowledge about their condition, they are more likely to be hospitalized, suggesting that patients seek medical attention when the need arises. Future interventions could focus on improving patient's RHD to enhance transition from the EMW to home.