



SUMMARY

Rambøll Management Consulting, together with SALUS Consulting as a subcontractor, have evaluated the project "Patients ready to be discharged, has the practice of discharging changed?" on behalf of KS. The evaluation was conducted from April to November 2012.

1.1 The object of the evaluation

The assignment involves an assessment of whether or not the implementation of The Coordination Reform leads to the health enterprises discharging patients sooner, than what they used to before the reform. The evaluation has done an assessment of whether there has been a change in the number of patients ready to be discharged, and whether these changes are a result of actual changes in number of patients, or of changed practices in the municipalities as a result of new routines and services. In addition, the evaluation has taken a closer look on the cooperation between the hospitals and the municipalities, how procedures concerning notification of discharging and time-frames of discharging works, handling of cooperation agreement and whether there has been any disagreement about patients ready to be discharged.

The evaluation is based on statistical analysis based on numbers of days in hospital and numbers of patients ready to be discharged from Norsk Pasientregister (NPR), a survey amongst municipalities and health enterprises, with a response rate of 63 % amongst municipalities and 73 % amongst health enterprises, and case studies amongst 40 municipalities and hospitals. The case study was conducted as qualitative interviews with representatives with a coordinating role concerning patients ready to be discharged in the municipalities or at the hospitals.

1.2 Advice to KS

Based on results from the survey and the case study Rambøll have the following advice to KS' further work with the Coordination Reform, and especially patients ready to be discharged.

Municipalities and hospitals with shared IT-services. The case study shows that after the financial responsibility for patients ready to be discharged went from the national state level to the municipalities, there has been a significant change when it comes to filling out different forms. For a patient ready to be discharged minimum three forms must be filled out. The evaluation shows that municipalities and hospitals using electronic IT-services have a more effective communication, saves time and also have a secure communication. Municipalities and hospitals are in favor of developing shared IT-services that can be used in communication about patients ready to be discharged.

Take a closer look of the expenses to the municipalities. With higher use of resources in filling out forms and a possible rise in patients ready to be discharged, an assessment should be done to see if the distribution of the municipalities expenses, after the implementation of the Coordination Reform and if the 550 million kroner transferred from the national state level to the municipalities, covers all expenses. Another factor to be considered is the cost of a possible rise in re-hospitalization which can lead to higher costs.

“Best practice”. Municipalities and hospitals want examples that show “best practice” concerning cooperation and procedures in handling patients ready to be discharged as a means of learning and developing. Municipalities that already had a good cooperation with its nearest hospital say that the transition has been smooth after the implementation of the reform. In municipalities with a close cooperation with the hospital in the compilation of the cooperation agreement, findings show that there are less disagreements, and overall a good cooperation. Several municipalities have also established their own service offices with responsibility for the communication with hospitals concerning patients ready to be discharged.

Distribution of power. Municipalities want a greater focus on meeting arenas which lessens the distance between the municipalities and the hospitals. In many cases the hospitals have determined the procedures, and if the procedures are not followed by the hospitals there are no consequences for them. Hence a challenge is the distribution of power between the hospitals and the municipalities. Established meeting arenas are emphasized as a means of securing equal distribution of power, and a place for discussing challenges concerning patients ready to be discharged.

1.3 Results from the statistical analysis

Rambøll has conducted an analysis of patients ready to be discharged based on data from the first and second four-month period in 2012 over number of patients and number of days in hospital, and compared this with previous years. NPR has provided the data. Rambøll emphasizes the uncertainty of the data over patients ready to be discharged. The health enterprises are to report with a date when a patient is ready to be discharged to NPR. However, this varies from each health enterprise. The date reported to NPR is most likely therefore a different date than the actual date of when a patient is defined as ready to be discharged.

Results show that between 2006 and 2011 number of days in hospital was stable between 40 000 and 50 000 days in hospital per every four-month period. This changed in 2012, and number of days in hospital was bisected. The majority of the municipalities (297) experienced a decrease in number of days in hospital. The number of patients ready to be discharged in the period 2006-2011 was between 7000 and 10 000 patients. In the first and second four-month period in 2012 the number went up over 50 percent. One explanation given is changes in practice concerning registration and reporting of patients ready to be discharged from the hospitals.

The average number of days in hospital for a patient ready to be discharged is reduced with 8.3 days per 1000 inhabitants, and this decrease is equal transversely for all municipalities. Further results show that there is no correlation between expenses to elderly care per inhabitant over 80 years and changes in number of days in hospital. There seems to be a correlation between the share with elementary school as their highest level of education and number of days in hospital. The lower the level of education in a municipality, the greater change in the number of patients ready to be discharged and days in hospital. The above analysis indicates that there are background variables that may explain some of the variation the Coordination Reform has had. The results express only that the factors correlates with each other, but do not show any causality.

1.4 Results from the survey

1.4.1 Number of patients ready to be discharged

Findings from the survey show that the hospitals and the municipalities disagree whether there has been an increase or decrease in the number of patients ready to be discharged. Municipalities believe there has been an increase, while hospitals believe there has been a decrease. The municipalities explain this change largely due to a change in practice, while the hospitals believe that a change in the services in the municipalities is the reason. Data from NPR show, however, that the number of patients ready to be discharged has increased compared to previous years, but there is uncertainty as to what has caused this increase. One explanation is changes in registration practices at hospitals of patients ready to be discharged. The municipalities and hospitals further agree that the changes in the number of patients ready to be discharged must be seen in correlation with the Coordination Reform. 90 percent of the hospitals say that they have experienced a decrease in number of days in hospital for patients ready to be discharged. This is

closely related to the payment obligation the municipalities have for a patient ready to be discharged, which occurs from day one if the municipalities chooses not to accept the patient.

1.4.2 Procedures

Municipalities and hospitals have entered into legal binding agreements that describe procedures, notification procedures and time-frames concerning patients ready to be discharged. Findings show that there is some disagreement about the extent to which notification procedures of the first notice to the municipalities are met. 65 percent of municipalities believe that this is met, while 80 percent of hospitals are of the same opinion. Furthermore, the municipalities disagree with the hospital about the content of the notification and what type of information is to be included in the notification. 87 percent of the hospitals believe this procedure is followed to a large extent, while 37 percent of the municipalities are of the same opinion. When it comes to procedures concerning notification of when a patient is ready to be discharged, municipalities and hospitals are in agreement that this is followed to a large extent.

Hospitals believe they define patients ready to be discharged in the same manner as before. The hospital has the legal responsibility to define when a patient is ready to be discharged, and this has not been changed in the regulation. Municipalities are partially in disagreement that the patients are defined ready to be discharged in the same manner as before the implementation of the reform. One explanation may be that municipalities assess the patient's condition as worse compared to before the implementation of the reform. The survey also shows that the municipalities and the hospitals are in agreement about patients being discharged earlier now than before the reform was implemented.

Findings also indicate that the municipalities believe it is largely an economical drive for the hospitals to discharge the patients as quickly as possible. The hospitals do not agree with this. This is natural, since it is two potentially conflicting interests that are asked the same question.

1.5 Results from the case study

1.5.1 Procedures

There is considerable variation among municipalities and hospitals on procedures concerning patients ready to be discharged. All municipalities have, as per 07/01/2012, a local legally binding agreement with a health enterprise concerning handling of patients ready to be discharged. The agreement may involve a description of a 24-hour notice, notification of a patient ready to be discharged in addition to other notifications and time-frames procedures saying when a patient can be discharged. Several municipalities and hospitals have had such agreements even before the reform was implemented.

Communication between hospitals and municipalities happens as a rule either via fax or phone, and this is challenging. The municipalities and hospitals that use a shared IT-system for communication emphasize that this is very effective and time saving for all parties. In addition, it feels secure and safe, where both the municipalities and the hospitals have access to the same information at all times.

Findings also show that changes in the procedures, after the implementation of the reform have been positive for the municipalities in particular. It had contributed to higher quality in handling patients ready to be discharged, especially with the establishment of service offices in the municipalities. This has provided an opportunity to create good internal procedures and practices in the municipalities, and this also helps to ensure a good transfer of patients between hospitals and further treatment in the municipalities.

The evaluation furthermore shows that the time-frames of the first notifications are followed, but not necessarily what the content of these notifications are to contain. This is also confirmed in the survey. The municipalities believe that the notification contains too little information and this could affect planning in the municipalities. Hospitals, however, says that it is very difficult to give detailed information at such an early stage in the course of treatment, as it often involves patients with complex diseases.

1.5.2 Definition of a patient ready to be discharged

The evaluation shows that there is a disagreement between the hospitals and the municipalities as to whether a patient is ready to be discharged or not. Municipalities believe that patients are sicker now than in the past, and they believe the patients have not gotten good enough clarifications from the hospital. Further, the municipalities says that in many cases the patient ready to be discharged lacks the necessary documentation, such as a discharge summary, and hence that this is a clear violation of the agreement between the municipalities and the hospitals.

1.5.3 Collaboration

Cooperation between municipalities and hospitals is good, and the implementation of the reform has contributed to create a dialogue between both stakeholders. Formal meeting forums and networks are emphasized as positive. This has also helped narrowing the gap between hospitals and municipalities that initially stood far apart when it comes to cooperation and coordination of patients ready to be discharged. There is now mutual understanding of each other's work, but still the municipalities' experience challenges in relation to distribution of power between them and the hospitals. It is perceived that hospitals establish the basis for cooperation and the municipalities feel they have to follow the hospitals guidelines. This applies in particular to issues related to procedures and time-frames of discharging.

1.6 Conclusion

The evaluation shows that on the one hand it can be concluded that the number of patients ready to be discharged has changed, and there has been an increase in the number of these patients. Data from NPR show that the majority of the municipalities have experienced a decrease in the number of days in hospital compared with 2011. At the same time, data shows that there has been an increase in patients ready to be discharged compared with 2011. Nevertheless, these results should be interpreted with some caution. It appears in the case study that one explanation for this change is changes in registration practices at the hospitals. As of now all patients ready to be discharged are registered at NPR. This was not the case previously. Therefore we must conclude that there has been a change in the number of patients ready to be discharged, both in terms of days in hospital and an increase in patients ready to be discharged. Yet we cannot conclude that the increase is real and due to the implementation of the reform. Findings from the interviews clearly state that the changes are largely due to the registration practice of patients ready to be discharged.

Findings state that the practice round patients ready to be discharged has changed. Changes have occurred due to the agreement between the municipalities and the health enterprises, but also because the municipalities have established service offices handling patients ready to be discharged.

As to the question whether patients are defined as ready to be discharged earlier than before, findings show that there are some disagreements between the hospitals and the municipalities on this subject. Hospitals believe that the largely define a patient ready to be discharged in the same manner as before. Hospitals still have the legal responsibility to define when a patient can be discharged, and this has not changed in the regulation. Municipalities partially disagree that patients are defined as ready to be discharged in the same manner as before the reform. However, there is consensus about patients being discharged earlier than before the implementation of the reform.

On the other hand, the evaluation shows that municipalities have increasingly been better to accept patients ready to be discharged quicker, and they have a better local medical service in handling patients ready to be discharged. The municipalities say that this has been an area of focus, including establishing service offices handling patients ready to be discharged, hire more medical expertise in the municipalities, establishing transitional bedposts for patients ready to be discharged as well as a closer cooperation with the hospitals. Hence, the municipalities are concerned with the fact that there has been a change in practice due to the implementation of the reform. This change has come due to changes in procedures in handling and receiving patients ready to be discharged, and better services in the municipalities. At the same time a majority of the municipalities point out that the reform has resulted in a greater administrative burden for all

stakeholders concerning procedures for patients ready to be discharged. This especially concerns notifications sent from hospitals to municipalities about patients ready to be discharged.