

# Strengthening Hospital Discharge to Improve Patient Care and Health System Sustainability in Moldova

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## EXECUTIVE SUMMARY

- In its National Development Strategy 2030, the Government of Moldova made addressing noncommunicable diseases (NCDs) a key priority. As part of the effort to lessen the burden of NCDs, the Ministry of Health (MoH) launched several ambitious initiatives focused on optimizing the national hospital network, regionalizing stroke care, and modernizing rehabilitation services.
- The hospital discharge process is a critical step in ensuring that a patient's needs are fully met in order to achieve the best possible health outcomes after an acute episode. This step is especially important - and challenging - for patients who have more complex needs such as those associated with chronic diseases, or who need additional post-discharge care such as rehabilitation services.
- In fragmented health systems, such as Moldova's, suboptimal discharge processes can significantly impact treatment adherence, continuity of care and health outcomes, increasing the risk of rehospitalization and adverse events (which studies have found can affect 19% to 23% of patients within three weeks of discharge).
- Key areas for improvement identified with regards to the hospital discharge process in Moldova include insufficient information sharing and coordination between hospitals, primary health care and social care; a lack of incentives for hospitals to improve continuity of care; and limited infrastructure for post-discharge care, especially with regards to rehabilitation services and home care, which creates delays or gaps in care that can affect a patient's recovery.
- The need for a more holistic lens and greater standardization of the discharge process at the national level was raised, and recommendations include the development of standardized assessment tools and guidelines to support a more systematic and person-centered approach.
- Digitization is another important element of strengthening the hospital discharge process, and the implementation of several digital health initiatives (such as e-referrals and e-appointment systems) is already a key priority for the MoH, aimed at improving information sharing and coordination between the different levels of the health system.
- In addition, expanding workforce skills and developing performance indicators and payment mechanisms were identified as key levers to promote and incentivize greater continuity and coordination of care in this context.
- Finally, patients and caregivers must play a central role in any strategy aiming to support safe and effective transitions of care, and strengthening patient education and support for informal carers was highlighted as a key area of focus.
- Strengthening the hospital discharge process would result in a more efficient health system, better equipped to address the rise in complex discharge needs fueled by Moldova's demographic and epidemiological trends and, by improving coordination of care, would also facilitate the effective implementation of MoH's priority reforms and provide a robust foundation to support the delivery of more integrated, person-centered health services, as outlined in the National Health Strategy.

## Background

As a crucial point of transition, hospital discharge can be a complex episode in a patient's care pathway (Waring et al. 2014). Strengthening hospital discharge processes offers an opportunity to improve care and increase cost-effectiveness, which are key objectives of the Government of Moldova's National Health Strategy. Beyond Moldova, suboptimal hospital discharge processes have been shown to increase the risk of adverse events (Foster et al. 2003, 2004; Moore et al. 2003), with studies finding that about half of patients experienced a medical error after discharge and 19% to 23% suffered an adverse event within three weeks (Kripalani et al. 2007; Foster et al. 2003). Poor communication

between hospitals and post-discharge care providers was found to be the leading cause of half or more preventable adverse events post-hospitalization (Patel et al. 2019). Because such events increase the likelihood of costly hospital readmissions, suboptimal hospital discharge processes can have major financial implications for patients and providers. Moreover, delayed or uncoordinated discharges result in longer hospital stays and beds being "blocked" (Glasby 2003). Increasing cost-effectiveness and quality of care by optimizing discharge processes and reducing the risk of readmission would therefore support the government's efforts to achieve the goals of the National Health Strategy "Health 2030."

### BOX 1

#### Defining hospital discharge

Hospital discharge refers to the formal process by which a patient leaves an acute health care facility after receiving medical treatment or care. Transitions between hospitals and lower levels of care (e.g., care at home or in specialized outpatient facilities) are recognized as high-risk scenarios for patient safety (WHO 2016) because of high rates of medication errors, incomplete or inaccurate information transfers, and lack of appropriate follow-up (Coleman et al. 2006). (See Annex 1 for an overview of the most common issues related to hospital discharge.)

**Patients with noncommunicable diseases (NCDs), especially patients with multimorbidity,<sup>1</sup> generally have more complex discharge needs, and they are disproportionately affected by inadequate coordination of care, which increases the cost of their care and lowers its quality.** In the UK, the National Health Service estimates that about 80% of patients have simple discharge planning needs and 20% have complex discharge needs (Health Service Executive National Integrated Care Advisory Group 2014). Those needs can include specialized medical equipment, accessibility modifications, rehabilitation, coordination with specialists, multiple medications, home care services, social assistance, and caregiver support. Patients with complex needs typically account for a disproportionate share of health spending, partly because they are at higher risk of rehospitalization.

**Moldova's demographic and epidemiological trends are fueling an increase in complex discharge needs.** The share of people aged 60

and over is expected to grow from 24% to 34% of the population by 2050 (National Bureau of Statistics of the Republic of Moldova 2023; IMF 2023), and older age is associated with an increased prevalence of chronic diseases and multimorbidity (Goodwin et al. 2014) (in Moldova, approximately 71% of the elderly suffer from chronic diseases [Holla et al. 2017]). Moldova also faces a rising burden of NCDs, which affect more than half of the population, and the number of people per 100,000 population who die prematurely from NCDs is higher in Moldova than in the World Health Organization (WHO) European region overall (Mosca and Richardson 2022). Heart disease, stroke, cancer, diabetes, and chronic respiratory diseases account for nearly 90% of all deaths and approximately 4 out of 10 primary disabilities in Moldova.<sup>2</sup> Both older people and people with NCDs are at higher risk of repeated hospitalization and avoidable readmissions if their post-discharge care needs are not properly addressed (Laugaland, Aase, and Barach 2011;

1 Multimorbidity is defined as the co-occurrence of two or more chronic conditions.

2 The primary disability is the major or overriding disability condition that characterizes an individual's impairment.

Murray et al. 2021), especially if they suffer from multimorbidity (Griffin et al., 2023). For example, a European COPD Audit carried out across 13 countries found that 35% of patients were readmitted within 90 days of discharge (Hartl et al., 2016), and that the inclusion of a number of interventions into a discharge care bundle were shown to reduce readmission rates (Kendra et al., 2022; Hopkinson et al., 2012). Similarly, the 2021 OECD average rate of hospital readmissions within one year of discharge was 22.4% for patients after an ischaemic stroke, and 32% for patients with congestive heart failure, but these rates varied by country – in the Czech Republic for example they represented 29.5% and 39% respectively (OECD 2023).

**Strengthening hospital discharge processes is a vital part of optimizing the Ministry of Health (MoH)'s investments to strengthen rehabilitation services.** As a result of Moldova's high NCD burden, current and future demand for rehabilitation services is substantial,<sup>3</sup> with the WHO estimating that 1.6 million Moldovans had at least one condition that would benefit from rehabilitation services (WHO 2022). Yet, due to limited provision, Moldova faces substantial unmet demand for rehabilitation services, which limits patients' ability to recover, and rejoin the workforce after catastrophic health events,

in turn impacting the country's human capital. In response, the MoH has embarked on an ambitious program to strengthen rehabilitation services. However, findings from site visits and interviews suggest that inefficiencies in patients' transition from hospital to rehabilitation services affect continuity of care and risk undermining the benefits of rehabilitation services, and patient recovery more generally. Strengthening hospital discharge processes is therefore important to support the government's efforts to modernize rehabilitation care.

**Strengthening hospital discharge processes will also support the government's efforts to optimize the national hospital network.** The reorganization of the hospital sector led by the MoH aims to develop regional "centers of excellence" to reduce bottlenecks at tertiary-level (republican) hospitals located in the capital, and to reroute health services away from low-performing, low-volume district hospitals in order to improve the efficiency of the hospital sector and free up resources in a challenging economic context (see Box 2 for more details). With hospitals located further away from local communities and post-discharge care providers, there will be a greater need to improve discharge processes and to strengthen coordination between providers to ensure continuity of care.

## BOX 2

### Overview of context

Moldova faces economic challenges despite two decades of solid performance. The economy is largely dependent on agriculture, with wine production being a significant sector. Moldova's GDP per capita was US\$5,714 in 2022 (World Bank, 2023), reflecting a continued increase since 2015, yet issues such as high unemployment and extensive emigration have impacted social conditions, contributing to poverty and inequality. In addition, recent factors such as the impacts of the war in Ukraine and the influx of refugees have created a challenging socioeconomic environment in the medium term (World Bank, 2023).

Moldova saw a rapid increase in public health spending since the introduction of mandatory health insurance in 2004, with public health spending as a share of GDP remaining below EU average but above average compared to countries with similar income levels. Current health expenditure (CHE) grew in absolute terms from US\$21.4 in 2000 to US\$306.6 in 2020, representing a fifteenfold rise, while the share of public health expenditure also grew, accounting for nearly 65% of CHE in 2020. Public spending on health increased from around 2.9% of GDP in 2000 to a peak of around 5.8% in 2009, fluctuating in following years to 3.8% in 2019 and 4.8% in 2020 - below EU average but above the average of lower middle-income countries in the WHO European Region (Mosca and Richardson 2022). In 2021, the share of the population covered by the National Health Insurance Company (CNAM) was 87.7% (Mosca and Richardson 2022).

3 WHO (2023a) has defined rehabilitation services as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment."

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