

California Hospital Engagement Network

Working to reduce patient harm by 40 percent and readmissions by 20 percent by the end of 2013.



All Cause Readmissions Reduction Marshall Medical Center — Placerville, CA

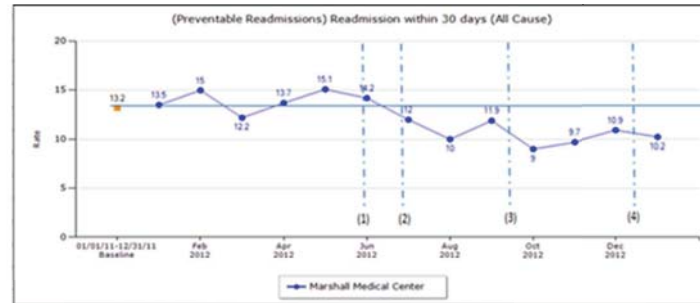
Aim Statement

Reduce all-cause readmission rate from 13.2% to 10.6% (20% reduction) by December 2013. Our first focus will be on the top 10 DRG's for readmission and then all DRG's.

Why is this project important?

To assure patients are receiving appropriate care, teaching, and planned follow up during their admission to avoid a preventable readmission. Reducing readmission rates decreases overall costs, and improves patient satisfaction & safety.

Run Charts



Lessons Learned

- Use a multi-disciplinary team approach with inpatient staff, Hospitalists, clinics, and skilled nursing facilities.
- Provide follow-up appointments before discharge to all patients. Decreasing follow up appointments to within 3-5 days of hospital discharge is essential.
- Involve the Palliative Care Team for patients with end-stage chronic illnesses to decrease their readmission rates.

Changes being Tested, Implemented or Spread

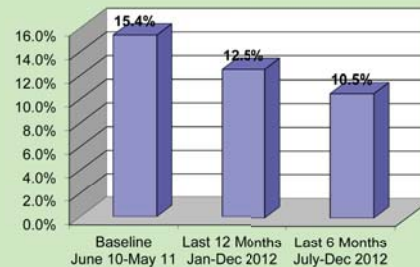
Interventions

HRET Change Package Driver —

Adequate Post-Hospitalization Follow-Up and Community Resources

- Routine discharge phone call by Case Management.
- Electronic Health Record implemented resulting in clear, typed medication and discharge instructions.
- Case Management performing discharge phone calls on patients with selected high readmission DRGs. Provide patients with 3x5 appointment cards. Expanded follow-up appointment making for all discharge patients.
- Analyzing data regarding patient compliance for their follow-up appointment time. Phone survey of all remitted patients to access any correlations for the readmission.

Historical and Current State
30 Day Overall Readmission Rate For Selected DRGs



Top 10 DRG's for MMC focus are:

Respiratory infections
Pulmonary edema & respiratory failure
Heart failure & shock w/MCC
Heart failure & shock w/CC
Heart failure & shock w/o CC-MCC
Major small & large bowel procedures w/MCC
Major small & large bowel procedures w/CC
Major joint w/MCC
Major joint w/o MCC
Septicemia w/o MV 96+ hours w/ MCC

Recommendations and Next Steps

- Collect data from clinics to assess compliance of high-risk patients receiving appointments within 3 days of discharge and implement appropriate tests of change.
- Expand data and goals for all 30-day readmissions and not just selected DRGs.
- Extend the Palliative Care Team's role to review and recommend actions regarding readmissions related to end-stage chronic illnesses.
- Assess the need for an outpatient case manager for high-risk readmission patients.

Team Members

- Co-chairs: Leah Hall, R.N and Kenneth Stemmler, M.D.
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