

# Reducing Readmissions at UCLA: A Collaborative Approach

## Readmissions: A Complex Problem

Reducing 30-day hospital readmissions has been identified as an important strategy in improving overall quality of care, increasing patient satisfaction, and reducing health care costs. Increasing public awareness about the negative impact of readmissions, along with new Centers for Medicare and Medicaid Services penalties for hospitals with excess readmissions, have prompted hospitals and health systems throughout the country to take a closer look at their readmission rates.

Yet, as more literature on the subject emerges, it has become clear that reducing hospital readmissions is not a simple task. The issue of readmissions is a formidable challenge because a readmission can be the result of any combination of factors occurring throughout the continuum of care, both inpatient and outpatient. For the UCLA Health System, reducing readmissions presents an additional challenge due to the complexity of medical conditions in the patient population. Thus, preventing readmissions means involving and engaging individuals throughout the continuum of care, particularly the patients as well as their families and caregivers.

## The Strategy

UCLA first began to address readmissions in early 2012, with the launch of the Health System-wide Readmission Reduction Initiative (RRI). From the outset, the goal of the RRI has been to eliminate *every single* preventable 30-day readmission. To achieve this goal, the Health System has employed a two-part strategy of 1) gaining a deep understanding of the problem of readmissions for each Department and 2) designing and implementing targeted interventions based on this understanding.



In order to gain a thorough understanding of why patients are re-hospitalized, Departments have performed a variety of activities including patient interviews, root cause analyses, and extensive chart reviews. These types of activities have helped shape an accurate and detailed understanding of readmissions at UCLA – why are patients being readmitted, what resources are needed to provide more comprehensive support, and where are existing gaps in care? An example helps to illuminate this idea. A patient presented to the ED and was readmitted due to uncontrolled pain after her surgery. Chart review of the case illustrated that the “problem” was the need for a better pain management plan. Upon interviewing the patient, however, it became clear that this

patient had attempted to contact and follow-up with her outpatient providers for two days but had been unable to reach anyone. As a result, she had come to the ED for management. The interview revealed that this particular re-hospitalization was in fact a gap in timely outpatient follow-up, not hospital pain management.

Another critical piece of UCLA's strategy has been to engage stakeholders across the continuum of care. Such stakeholder engagement has been promoted through the formation of a multidisciplinary Readmission Reduction Council, which includes representation from executive leadership, physicians, nursing, case management, quality, clinical decision support, and others. The Council has been instrumental in creating standard Health Systems definitions for readmissions as well as a comprehensive readmissions dashboard. Monthly Council meetings promote communication and collaboration between Departments and across care settings.

### The Interventions

Over the past year and a half, the Departments engaged in the RRI have developed unique, targeted interventions to meet the needs of their patient populations. The following discussion provides a sampling of the interventions implemented across the Health System. The Medicine Department has created greater awareness of readmissions among providers through the development of Accountable Care Units (ACUs). The ACU consists of all providers involved in the patient's care during the hospitalization, including the physicians, housestaff, nurses, and case managers. The ACU is aimed at engaging these providers to conduct a mini root cause analysis (RCA) to understand how care could have been improved. The mini-RCA occurs in the form of a real-time readmission email to the discharging attending physician. The notification email asks the physician to comment on whether the index hospitalization and/or the readmission was preventable and, if preventable, what could have been done differently. In future versions of the ACU, the email notification will be sent to all members of the patient's care team. The Orthopaedics Department has achieved decreases in both ED utilization and readmission rates through the Re-Admissions, Mortality, and Sepsis (RAMS) report. Utilizing this report, a multidisciplinary committee meets twice a month to complete a thorough review of all readmissions cases and to identify strategies for preventing future readmissions.

By identifying the most common causes of readmissions, Departments have been able to create focused interventions with the potential to significantly reduce readmission rates. The Neurosurgery Department has curbed VP shunt-related readmissions through the implementation of a pre-operative checklist as well as an operative supplemental time-out. Similarly, the General Surgery Division has addressed wound-related readmissions through an in-house post-op care standardization protocol for colorectal surgery.

Realizing that a significant and sustainable reduction in readmissions requires engagement throughout the continuum of care, UCLA has also focused its efforts on the outpatient side through the UCLA Primary Care Innovation Model. As part of primary

care re-design, a care coordinator system has been implemented within fourteen UCLA primary care offices as part of an extensive Medical Home model. The care coordinator partners with the patient to ensure close follow-up and management of medical and non-clinical issues. Reduction in acute hospital admissions, readmissions, and emergency room visits is a central goal and, thus far, the program has illustrated significant progress in all areas. The program has been featured in the New York Times, LA Times, and CBS News. At a Health System level, UCLA is engaged in the Westside Care Transitions Collaborative, a partnership between UCLA, St. John’s Hospital, and the Partners in Care Foundation. The Collaborative utilizes CMS funding to implement a nationally recognized coaching model for Medicare patients. The goal is to reduce readmissions by increasing patient knowledge, engagement, and support in the transition from hospital to home

The Outcome

The work of the RRI is ongoing, with interventions in various stages of design, development, and implementation. However, preliminary results indicate that these efforts are making an impact. General Medicine, General Surgery, Neurosurgery, Pediatrics, and Orthopaedics have all experienced decreases in their readmission rates since the launch of the RRI.

**Figure 1**

Department	Baseline (9/2010-12/2011)	Post- Intervention (1/2012-1/2013)	December 2012
General Medicine	20.1%	18.2%	15.6%
General Surgery	15.5%	13.4%	13.6%
Neurosurgery	11.0%	10.7%	9.8%
Pediatrics	11.4%	10.9%	10.4%
Orthopaedics (SM)	4.4%	4.3%	1.7%

Overall at UCLA, 30-day readmissions have decreased from a 12.2% baseline rate to 11.4% in a post-intervention period.

### Moving Forward

As those involved with the RRI continue to work toward the goal of eliminating every single preventable readmission, it is important to recognize and share lessons learned along the way. Members of the Readmission Reduction Council have identified the following as key lessons from their work thus far:

- Understanding the patient population and evaluating current processes are critical in ensuring the implementation of appropriate and effective interventions
- Multidisciplinary teams are essential and must include the voices of all who care for patients in both ambulatory and hospital settings, particularly the patients and families
- Think outside the box in order to develop unique solutions and address readmissions from all possible angles

It is with these lessons in mind that UCLA continues working to reduce readmissions and, most importantly, to provide the best possible care for every patient.