Mississippi

Decreasing Readmissions—A Small Hospital's Story

When a small, rural hospital in Mississippi was penalized one percent in 2013 by Medicare for readmissions, hospital administration took note. They made it a priority to focus on decreasing readmission rates by 20 percent for patients with Medicare.

A first step they took included developing a collaborative team comprised of the chief executive officer, chief financial officer and staff nursing, pharmacy, laboratory, dietary and medical billing.

The team also included representatives from the area's skilled nursing facilities (SNFs) to share their thoughts and experiences about the contributing factors leading to 30-day readmissions from SNFs following hospital discharge.

To help determine specific interventions to implement, the team conducted a retrospective chart review, examined results in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and used the Program for Evaluating Payment Patterns Electronic Report (PEPPER).

After several meetings, they decided to implement the Project RED quality improvement model to improve the hospital discharge process, enhance care coordination and decrease 30-day readmissions following hospital discharge.

Project RED (Re-engineered Discharge), created by a research group at Boston University Medical Center, is founded on 12 components proven to reduce readmissions and increase patient satisfaction.

"We wanted to create an interdisciplinary approach to the coordination of care prior to discharge, increase patient understanding of the discharge plan of care and enhance post-discharge follow-up," said the chief nursing officer.

The team implemented several interventions, such as hourly rounding, bedside reporting and post-discharge phone calls.

Nursing staff assisted in developing customized, patient-centered education folders to encourage patient engagement, increase patient comprehension of discharge instructions and promote active patient participation in chronic illness self-management.

The Joint Commission, which accredits and certifies more than 20,500 healthcare organizations and programs in the United States, recognized the folders as a best practice and shared them in their online Leading Practice Library.

Another intervention the hospital used was the Hybrid Primary Care Provider Program to ensure that each discharged patient had a primary care provider to follow up with post discharge. When a patient did not have an established primary care provider at discharge, the hospital assigned one from a rotating call list.

Interventions implemented have been permanently incorporated into the hospital discharge and education process, and they have been effective.

The hospital decreased its Medicare readmission reduction penalty from one percent in fiscal year (FY) 2013 to 0.52 percent in FY 2014.

The hospital's chief nursing officer notes additional benefits to implementing quality improvement interventions:

> ***"The nursing staff has taken more ownership of the patient education process prior to discharge. They have become patient advocates and more patient-focused instead of task-oriented."***

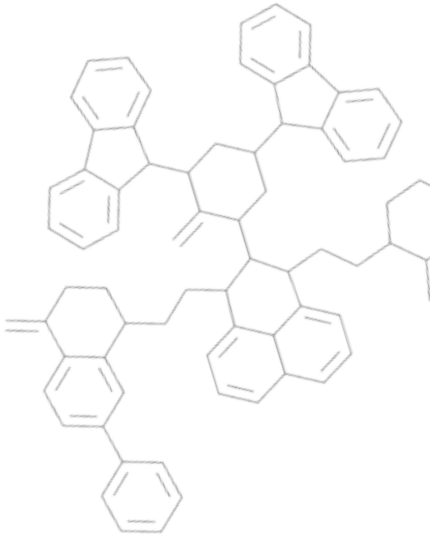
The hospital also found help in reducing readmissions from Information & Quality Healthcare (IQH), Mississippi's healthcare quality improvement organization, now a member of atom Alliance. IQH encourged participation in an established community coalition, composed of the local Area Agency on Aging and eight participating hospitals.

To date, the Medicare readmission reduction penalty for this small hospital has remained at 0.52 percent. They look forward to the challenge of decreasing that percentage to zero by continuing these and other effective interventions.

Lessons Learned

- Develop a collaborative, multi-disciplinary team
- Use existing data to help guide your interventions
- Customize interventions to meet hospital and patient needs
- Look to staff for innovations in patient-centered care
- Incorporate proven interventions into hospital processes
- Educate staff in new interventions and processes

Learn more about reducing readmissions at www.atomalliance.org/readmissions



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