Preventing Readmissions
Challenges To Implementing Readmission Reduction Programs

Webinar for HEN hospitals
Joint Commission Resources
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Boston Medical Center
Objectives

- Review patient safety issues at hospital discharge
- Introduce Project RED as an example of hospital based readmission reduction program
- Present first steps in hospital readmission reduction
- Discuss how to overcome challenges to implementation
“Perfect Storm” of Patient Safety

The hospital discharge is non-standardized and frequently marked with poor quality.

- Loose Ends
- Communication
- Poor Quality Info
- Poor Preparation
- Fragmentation
- Great Variability
- Many Adverse Events

- 39.5 million hospital discharges per year
- Costs totaling $329.2 billion per year!
- 20% of Medicare pts readmitted within 30 days

A Real Discharge Instruction Sheet

<table>
<thead>
<tr>
<th>GENERAL INFORMATION</th>
<th>DESTINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOMPANIED BY</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>Home</td>
</tr>
<tr>
<td>Visitor</td>
<td>Other</td>
</tr>
<tr>
<td>Self</td>
<td>House Care</td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>Shower</td>
<td></td>
</tr>
<tr>
<td>Tub baths</td>
<td></td>
</tr>
<tr>
<td>Other activities</td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT:** Consult your physician.

**SPECIAL INSTRUCTIONS OR TREATMENTS:**

- Pain begins or becomes more severe.
- Temperature above 100°F.
- Wound drainage changes, increases, or becomes foul smelling.
- Nausea or vomiting.
- Redness around injection.
- Sudden onset of chest pain or shortness of breath.

- Wash yourself first thing every morning.
- Drink alcohol.
- Use aspirin.
- Gradual weight gain 2-5 lbs. in one week.
- Sudden or abrupt swelling in legs, ankles, or feet.

**MEDICATIONS**

- Schedule: 
  - Action/Use: 
  - Comments: 
  - Assisting Services: 

**PHYSICIAN FOLLOW-UP**

- You are scheduled to see: 
  - Physician:
  - Date:
  - Phone:

**SIGNATURES**

- I have received and understand the above instructions, and all of my medications and personal items have been returned to me.

- Patient Signature: 
  - Date: 
  - Phone: 

- If other than patient, relationship is: 
  - Physician Signature (Optional): 
  - Date: 

**DISCHARGE INSTRUCTIONS**
Pt Safety Collides with Public Policy!

Patient Protection and Affordable Care Act

Payments changes for discharges occurring on or after October 1, 2012.
RED Checklist

Eleven mutually reinforcing components:

1. Medication reconciliation
2. Reconcile dc plan with National Guidelines
3. Follow-up appointments
4. Outstanding tests
5. Post-discharge services
6. Written discharge plan
7. What to do if problem arises
8. Patient education
9. Assess patient understanding
10. Dc summary to PCP
11. Telephone Reinforcement

Adopted by National Quality Forum as one of 30 "Safe Practices" (SP-11)
How Is RED Delivered

- Discharge Educator
  - Collect Information
  - Package Information
  - Teach Patient

- After Hospital Care Plan

- Communicate with Source of Ongoing Care

- Follow-up phone call
** Bring this Plan to ALL Appointments**

After Hospital Care Plan for:

John Doe

Discharge Date: October 20, 2006

Question or Problem about this Packet? Call your Discharge Advocate: (617) 414-6822

Serious health problem? Call Dr. Brian Jack: (617) 414-2080

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Updated list of all medicines

**EACH DAY** follow this schedule:

## MEDICINES

<table>
<thead>
<tr>
<th>What time of day do I take this medicine?</th>
<th>Why am I taking this medicine?</th>
<th>Medication name</th>
<th>Amount</th>
<th>How much do I take?</th>
<th>How do I take this medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>blood pressure</td>
<td>PROCARDIA XL</td>
<td>NIFEDIPINE</td>
<td>90 mg</td>
<td>1 pill</td>
</tr>
<tr>
<td></td>
<td>blood pressure</td>
<td>HYDROCHLOROTHIAZIDE</td>
<td>25 mg</td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td>blood pressure</td>
<td>CLONIDINE HCl</td>
<td>0.1 mg</td>
<td>3 pills</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td>cholesterol</td>
<td>LIPITOR</td>
<td>ATORVASTATIN CALCIUM</td>
<td>20 mg</td>
<td>1 pill</td>
</tr>
<tr>
<td></td>
<td>stomach</td>
<td>PROTONIX</td>
<td>PANTOPRAZOLE SODIUM</td>
<td>40 mg</td>
<td>1 pill</td>
</tr>
</tbody>
</table>
** Bring this Plan to ALL Appointments **

John Doe

What is my main medical problem?

Chest Pain

When are my appointments?

<table>
<thead>
<tr>
<th>Tuesday, October 24&lt;sup&gt;th&lt;/sup&gt; at 11:30 am</th>
<th>Thursday, October 26&lt;sup&gt;th&lt;/sup&gt; at 3:20 pm</th>
<th>Wednesday November 1&lt;sup&gt;st&lt;/sup&gt; at 9:00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Brian Jack Primary Care Physician (Doctor)</td>
<td>Dr. Jones Rheumatologist</td>
<td>Dr. Smith Cardiologist</td>
</tr>
<tr>
<td>at Boston Medical Center ACC – 2&lt;sup&gt;nd&lt;/sup&gt; floor</td>
<td>at Boston Medical Center Doctor’s Office Building 4&lt;sup&gt;th&lt;/sup&gt; floor</td>
<td>at Boston Medical Center Doctor’s Office Building 4&lt;sup&gt;th&lt;/sup&gt; floor</td>
</tr>
<tr>
<td>For a Follow-up appointment</td>
<td>For your arthritis</td>
<td>to check your heart</td>
</tr>
<tr>
<td>Office Phone #: (617) 414-2080</td>
<td>Office Phone #: (617) 638-7460</td>
<td>Office Phone #: (617) 555-1234</td>
</tr>
<tr>
<td>Sunday</td>
<td>Monday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacist will call today or tomorrow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Jack at 11:30 am at Boston Medical Center ACC – 2nd floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Jones at 3:20 pm at Boston Medical Center Doctor’s Office Building – 4th floor</td>
</tr>
<tr>
<td>29</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

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Congestive Heart Failure.

Heart failure, also called Congestive Heart Failure is a serious condition in which the heart can no longer pump enough blood to the rest of the body.

Things you need to do:

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Rest as needed.

Weigh yourself daily and write it down.

Call your doctor right away if you have:
-Weight change by ___ pounds for ___ days
-Sudden weakness
-Trouble breathing
-Serious cough

Do not smoke. Avoid other’s smoke.

Keep all of your follow-up appointments.
What did we find?
## Primary Outcome:
Hospital Utilization within 30d after Discharge

<table>
<thead>
<tr>
<th></th>
<th>Usual Care (n=368)</th>
<th>Intervention (n=370)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Readmissions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of visits</td>
<td>76</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Rate (visits/patient/month)</td>
<td>0.20</td>
<td>0.15</td>
<td></td>
</tr>
<tr>
<td><strong>ED Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of visits</td>
<td>90</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Rate (visits/patient/month)</td>
<td>0.24</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Utilizations</strong> *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of visits</td>
<td>166</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Rate (visits/patient/month)</td>
<td>0.45</td>
<td>0.31</td>
<td>0.009</td>
</tr>
</tbody>
</table>

* Hospital utilization refers to ED + Readmissions
Cumulative Hazard Rate of Patients Experiencing Hospital Utilization 30 days After Index Discharge

Cumulative Hazard Rate

Time after Index Discharge (days)

Usual care
Intervention

p = 0.004
# Outcome Cost Analysis

<table>
<thead>
<tr>
<th>Cost (dollars)</th>
<th>Usual Care (n=368)</th>
<th>Intervention (n=370)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital visits</td>
<td>412,544</td>
<td>268,942</td>
<td>+143,602</td>
</tr>
<tr>
<td>ED visits</td>
<td>21,389</td>
<td>11,285</td>
<td>+10,104</td>
</tr>
<tr>
<td>PCP visits</td>
<td>8,906</td>
<td>12,617</td>
<td>-3,711</td>
</tr>
<tr>
<td>Total cost/group</td>
<td>442,839</td>
<td>292,844</td>
<td>+149,995</td>
</tr>
<tr>
<td>Total cost/subject</td>
<td>1,203</td>
<td>791</td>
<td>+412</td>
</tr>
</tbody>
</table>

Reducing readmissions from 20 to 15% saves Medicare 17 billion over 5 yrs
Lessons Learned From National Dissemination
AHRQ Contract to Study Dissemination

Toolkit

- Overview of the Toolkit. Why is this Important?
- How to Begin Implementation at Your Hospital
- How to Deliver RED
- How to Conduct a Post-discharge Follow-up Phone Call
- How To Benchmark Your Improvement Process
- How to Deliver RED to Diverse Populations

10 hospital beta sites across country

- Does RED work in the real world?
- What works? What doesn’t? What are the barriers?
- How to Adapt RED for diverse populations
1. When to Start?

“Heads on Beds”
- Still fee for service
- Currently no advantage to lowering ReAd

When to start
- Learning curve
- Time to improve efficiency
2: Which Patients Get RED?

- Incremental vs All patients?
- If Incremental
  - By specialty?
    - Medical?
    - Surgical?
  - By Diagnosis
    - Heart Failure?
  - By geography
    - A specific floor or ward?
  - A specific health plan?
    - Hospital sponsored capitated plan?
3. Who Does DA Functions?

- Hire someone new?
- RN caring for the patient?
- Case manager?
- Social worker?
- Medical Staff?
- Some combination (team work?)
4. What about Appointments?

- Who will make them?
  - DA, ward clerk, RN

- What if patient has no doctor?

- What if appointment only available in 6 weeks?

- Limited or no Insurance coverage
5. Who Makes the 2 Day Phone Call?

- DA?
- Pharmacist?
- Housestaff?
- RN Caring for patient?
- RN in the Primary Care Office?
- Contract to a Call Center?

What if you can not reach them?
  - How many attempts to reach them?

What if you identify a clinical problem?
  - Contact
    - Outpatient providers
    - Inpatient provider
    - Pharmacy?
6. What about the Discharge Summary?

- Can it be done at discharge?
- Is 30 days the norm?
- Who will send it to PCP?
- How do providers want to receive this information?
7. How Will You Produce the AHCP?

How to Print?
- A Word document?
- Work with your own IT Department?
- Engineered Care?
- Do you have color printers?

Who will enter data?
- DA
- RN
- Ward clerk?

Integration with hospital IT system
8. How will you identify pending tests at discharge?

- Is EMR able to identify?

- Agreement about who’s responsible for follow-up?
  - PCP?
  - Specialist?
  - Hospitalist who ordered the test?
9. Which Patients Need More?

- What about frequent fliers?
- Behavioral health issues?
- Frail elderly?
- English as second language?
  - Interpreter availability
- Cognition
- Health literacy
- Social support
- Substance abuse
- Mobility/ isolation
<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>IRR</th>
<th>95% CI</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health literacy</td>
<td>1.48</td>
<td>1.05, 2.08</td>
<td>703</td>
</tr>
<tr>
<td>Patient Activation</td>
<td>1.86</td>
<td>1.25, 2.76</td>
<td>681</td>
</tr>
<tr>
<td>Depression</td>
<td>1.73</td>
<td>1.27, 2.36</td>
<td>738</td>
</tr>
<tr>
<td>Frequent Utilizer</td>
<td>2.45</td>
<td>1.92, 3.15</td>
<td>738</td>
</tr>
<tr>
<td>Gender</td>
<td>1.62</td>
<td>1.28, 2.06</td>
<td>737</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.49</td>
<td>1.12, 1.98</td>
<td>738</td>
</tr>
</tbody>
</table>

Walley AY. *Journal of Addiction Medicine* 2011 Oct 4
Woz S. *BMJ Open* 2012; 2:e000428. doi:10.1136/bmjopen-2011-000428
Mitchell S. *Journal of Hospital Medicine* 2010:5;378-384
Mitchell S. *Journal of Health Communications*, Submitted
Mitchell S. Patient Activation and Readmission. Submitted
Transitions - 3 Legs and 2 Ends

3 legged stool
- hospital
- community based
- PCPs

2 Ends to a Transition
- Models for PCP to pull into PC

What is a good readmission vs. a bad readmission?
10. Medication Reconciliation

- Who will do it?
- How do you get med staff to do it in a timely way?
- How do you know it is correct?
- Timing of final medication reconciliation
- How to communicating with the physician team
- How to tracking, coordinate, communicate changes in pre-hospital, in-hospital and post-hospital med lists
Advice From Our Discharge Educators

- Discharge plan is discussed daily – huddles work
- Discharge teaching happens throughout the hospital stay
- Teach-back works
- Be sure day of discharge is not a surprise
- Discharge is not rushed
- Appointments
  - What days are good for you?”
  - Review plan for travel to appointment
- Confirm phone number for follow-up call
- Be sure the AHCP is correct
- Give AHCP to as many as possible
Role of Senior Leadership

- Align with organization’s strategies & priorities
- Set the vision and the goal
- Communicate Commitment
  - Newsletter, grand rounds, M+M, RCA, emails
- Provide resources & staff
- Appoint implementation team leader
- Set policies to integrate across organizational boundaries
- Get IT on board
- Hold people accountable
- Recognize and reward success
Role of Implementation Team

- Recruit a collaborative, interdisciplinary team
- Identify process owners and change champions
- Staff Engagement -- Energize staff
- Analyze current discharge process
- Analyze your Readmission rates
- Set goals
- Build skills to provide RED
- Trouble shoot as intervention is rolled out
- Measure Your Process and Outcomes
Conclusions

- Hospital Discharge is low hanging fruit for quality improvement
- Translating a RCT to the real world is hard
- Hospital based interventions can help reduce readmissions
- Changing the Culture of Hospitals is Hard
- Emphasis now on Implementation
- Efficiency is the key
Questions

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http://www.bu.edu/fammed/projectred/