Checklist for checkout
Guidelines designed to lessen rehospitalizations

The Commonwealth Fund, John A. Hartford Foundation and Health Research & Educational Trust last month released a guide to assist healthcare leaders in reducing preventable hospital readmissions.

Preventable readmission has come under increased scrutiny since last July when the CMS added rehospitalization rates as one of the measurements of hospital performance.

The guide outlines strategies healthcare providers can use during hospitalization, at discharge and post-discharge. Recommendations include steps such as risk-screening patients during hospitalization, educating the patient or caregiver using “teach back” at discharge and conducting patient home visits after discharge.

“It may be as simple as calling the patient after they have left to make sure they have everything they need or making sure the doctor on the outpatient side has the information they need,” said Maulik Joshi, who oversaw the creation of the guide and is the senior vice president of research for the American Hospital Association and president of the Health Research & Educational Trust.

Tom Staiger, medical director of the 389-bed University of Washington Medical Center, Seattle, said reducing preventable readmissions has been an area of increased focus for him and his staff over the past year.

He recently directed his quality oversight committee to form a special group to focus on reducing avoidable rehospitalization.

Staiger said UW Medical Center already has some systems in place, such as risk screening during hospitalization and scheduling follow-up appointments at discharge to curb preventable readmissions. But, he said, there is still room for improvement.

For example, Staiger and his staff have found that follow-up calls to patients after discharge are particularly effective at preventing readmission. He said he may add new full-time employees to place follow-up calls as part of his comprehensive plan to reduce avoidable rehospitalization.

“This is not going to be a one-year effort,” Staiger said.

“I’m anticipating we will have an operating plan for at least a couple of years. … We will start by focusing on some of the elements that are key to reducing readmissions and where we are not at best practice,” he said.

Brian Jack is the primary investigator for Project Re-Engineered Discharge, also known as Project RED, a research group at 527-bed Boston Medical Center that has developed strategies to improve the discharge process to promote patient safety and decrease rehospitalization rates.

Jack said the group borrowed from engineering principles to create an 11-point checklist that hospital staff can follow during discharge.

The Project RED checklist, which was cited as a successful intervention program in the Commonwealth Fund guide, begins with educating the patient about his or her diagnosis, and includes other measures like confirming the medication plan and providing the patient with a written discharge plan.

“When an airplane takes off, the pilot and co-pilot go through a takeoff checklist every time; it doesn’t matter whether it is raining or sunny,” Jack said. “And for hospitals, there was no similar thing.”

Jack said the group has disseminated the Project RED checklist to hundreds of hospitals, and a recent randomized trial showed a 30% decrease in readmission when all steps are followed.

Meghan Streit is a freelance writer based in Chicago.

Central-line data released
Consumer Reports and the Leapfrog Group released quality data on central-line infections for intensive-care units at 926 hospitals in 43 states. Of participating facilities, 105 hospitals reported no central-line infections in their most-recent public reports. Still, some hospitals had twice the national average of central-line infections. There was wide variation of these infections within the same metropolitan areas and even within the same health systems, according to Consumer Reports and Leapfrog. Consumer Reports used quality data from states as well to compile the list. In conjunction with the central-line-infection report, Leapfrog has published a list of hospitals that declined to participate and therefore are not included in the Consumer Reports list. “Leapfrog is urging consumers to take two minutes and find out if their hospital is reporting critical safety information,” said Leah Binder, CEO of the not-for-profit Leapfrog Group, in a written statement.

Medco acquires DNA Direct
Medco Health Solutions, a pharmacy benefits manager, said it has acquired DNA Direct, a genomic-medicine consulting company, for an undisclosed sum. Based in San Francisco, DNA Direct offers guidance to providers, payers and employers on more than 2,000 genetic and molecular tests on the market today. Officials for Franklin Lakes, N.J.-based Medco said they would integrate DNA Direct’s services with its personalized medicine portfolio.

“By integrating proven state-of-the-art science into everyday care, we are providing patients and providers with actionable information that drives more personalized care to achieve higher efficacy or improved safety,” said Robert Epstein, chief medical officer of Medco, in a written statement. Clients of DNA Direct include Humana and 298-bed El Camino Hospital in Mountain View, Calif., a hospital that runs a genomic institute (Feb. 1, p. 26).