REDUCING READMISSIONS AND UNNECESSARY HOSPITALIZATIONS

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WHAT IS A READMISSION?
CMS: “An admission to a…hospital within 30 days of a discharge from the same or another…hospital”

HOW BIG?
How big is the problem of hospital readmissions (and unnecessary hospitalizations)?

$17,000,000,000.00
COSTS PER YEAR FROM AVOIDABLE READMISSIONS

1 in 5 Medicare recipients returns to the hospital within 30 days

Medicare 30-Day Hospital Readmissions as a % of Admissions

Source: Robert Wood Johnson Foundation
Section 3025 of the Affordable Care Act
- Requires CMS to reduce payments to hospitals with excess readmissions
- Began on October 1, 2012
- 2,200 hospitals penalized $280 million in the first year

**READMISSION REDUCTION PROGRAM**

**WHY?**
Why should assisted living providers care about hospital readmissions?

1) QUALITY OUTCOMES
- Decreases hospital acquired infections, resulting in less opportunity for skin breakdown, injury or harm from transfers.
- Decreases the exacerbation of symptoms for people with dementia.
- As a result of managed clinical care transfers, transfers to the hospital are more appropriate.
- By increasing the nursing skill set, improves care and prevents relapses in acute medical conditions.

2) STAFF STABILITY
- Means less stress for nurses who must take time for the readmission and transfer requirements.
- By upgrading nursing skills, nurses’ satisfaction can improve. This may also attract more qualified nurses, which can help to ensure that readmissions are appropriate.
- Respect for clinical skills of staff by referral sources will grow and result in better physician relations.
- The reputation of AL nurses as problem solvers makes it easier to recruit like-minded nurses and attract higher census.

1) QUALITY OUTCOMES
2) STAFF STABILITY
3) BUSINESS OPPORTUNITIES
4) FINANCIAL STABILITY
5) CUSTOMER SATISFACTION

Source: NCAL Quality Initiative

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3) BUSINESS OPPORTUNITIES

- Better outcomes make your community more attractive as a preferred provider in integrated care models.
- Specializing in post-acute care may lower readmissions, creating an expansion of services for niche markets.
- Providers can focus on tracking residents post discharge.

Source: NCAL Quality Initiative

4) FINANCIAL STABILITY

- Decreases the opportunity for pressure ulcers and the premature need for skilled nursing intervention.
- Provides stronger negotiating power as a preferred provider by Accountable Care Organizations and other networks.
- Elimination of “observation” stays assures the more appropriate use of the Medicare Part A hospital benefit.

Source: NCAL Quality Initiative

5) CUSTOMER SATISFACTION

- Results in less transfer trauma and family anxiety, increasing their likelihood of recommending the community as a place to receive care.
- Clear discharge instructions will enhance transitions, resulting in more positive patient recommendations of the community.
- Demonstrates a proactive position on the overall well-being of the individual and a desire to preserve the residents’ quality of life.

Source: NCAL Quality Initiative
What can you do to reduce readmissions amongst your residents?

COMMON PROBLEMS...

<table>
<thead>
<tr>
<th>Communication Breakdowns</th>
<th>Financial Pressure</th>
<th>Patient Responsibility and Compliance</th>
<th>Health Care Providers</th>
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</thead>
<tbody>
<tr>
<td>Occur frequently</td>
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<tr>
<td>Often during initial hospital stay</td>
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<tr>
<td>During discharge process</td>
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<tr>
<td>Instructions unclear</td>
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<td>Questions not asked</td>
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<td>Poor recall of details</td>
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Do you know your readmission rate?

DO YOU KNOW HOW TO CALCULATE YOUR READMISSION RATE?

\[
\frac{\text{# of AL residents admitted to hospital from AL within 30 days of discharge}}{\text{All AL admissions within 30 days of hospital discharge}} = 40\%
\]

2 residents back to hospital within 30 days of discharge

5 residents admitted to AL within 30 days of discharge from hospital
Interventions to Reduce Acute Care Transfers
www.interact2.net

SBAR
Situation
Background
Assessment/Appearance
Request

MANAGE TARGET CONDITIONS

Acute Myocardial Infarction
Heart Failure
Pneumonia

HEART FAILURE
- Unrelieved shortness of breath or new shortness of breath at rest**
- Unrelieved or new chest pain
- Wheezing or chest tightness at rest
- Inability to sleep without sitting up
- Inability to stand without severe dizziness or light headedness
- Weight gain of > 5 lbs in a week
- Worsening edema
RESPIRATORY ILLNESS
- New or worsened cough
- New or increased sputum production
- New or worsening shortness of breath*
- Chest pain with inspiration or coughing
- New or increased findings on lung exam (rales, wheezes)

SHORTNESS OF BREATH
- Cough with or without sputum production
- Abnormal breathing sounds (wheezing, rales, rhonchi, etc…)
- Edema*
- Change in mental status
- Inability to eat or sleep due to SOB

EHR
Ensure seamless information exchanges between providers through the use of electronic health records (EHRs)

COMMUNICATING WITH OTHER PROVIDERS

PERCENTAGE OF COMMUNITIES USING EHR
Source: National Survey of Residential Care Facilities

ENGAGE PROVIDERS
- Enhance discharge planning
- Improve the medication reconciliation process
- Identify high-risk residents
EXPAND ROLE OF NURSE PRACTITIONERS

ANY QUESTIONS