READMISSIONS

CASE FOR CHANGE

20% Currently, nearly twenty percent of all Medicare beneficiaries will be readmitted within 30 days of initial discharge from a hospital.[1]

One in five patients discharged home from the hospital will have an adverse event within three weeks of being discharged.[1]

BOLD AIM & KEY DRIVERS

Reduce harm from hospital acquired conditions by **20 PERCENT** by 2019.

- Patient Centered
- Communication
- Community Based

KEY LEARNING

- Engage multidisciplinary teams in the process by creating awareness, training, and education around current evidence-based practice
- Engage and educate patients and families
- Involve key community stakeholders in planning and implementation to ensure local needs are met
- Implement admission risk-assessment tool that includes evaluation of social determinants of health
- Utilize teach-back method for education of patients

RAPID CYCLE INNOVATIONS

Patient Centered

- Assemble an interdisciplinary team and develop an aim statement that reflects your organization's Care Transition goals
- Partner with family caregivers in the hospital, to help ensure safe and success care transitions to home or the next site of care
- Include Pharmacist in medication reconciliation and education upon admission and discharge. Provide med rec information to the patient's retail pharmacy upon discharge

Communication

- Utilize an Admissions Planning Checklist that promotes proactive communication with the patients and their family regarding their hospital stay for all scheduled admissions
- Encourage patient participation in developing a discharge planning tool to reinforce the discharge plan

Community Based

- Develop and lead a community care coalition
- Address all social determinants of health possibly affecting follow-up care

MEASURES

Process:

- Community-provider involvement in identifying post-discharge needs
- Post-hospital follow-up appointment
- Patient teach-back
- Handover communication

Outcome:

- Unplanned all-cause, 30-day readmissions to any hospital
- Unplanned all-cause, 30-day readmissions to the same hospital

Source:
1. Centers for Medicare & Medicaid Services (CMS), About the Partnership, What the Partnership is About. http://partnershipforpatients.cms.gov/about-the-partnership/what-is-the-partnership-about/lpwhat-the-partnership-is-about.html

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