


Reducing Readmissions

Park Nicollet Health Services

Daniel Trajano, MD, MBA - Sr. Director for Quality, Innovation, and Population Health

Steve Mattson, MBA - Sr. Director, Quality Improvement



Ask me how
patients can sleep
in their own beds.



Reducing Avoidable
Readmissions Effectively

Head + Heart, Together



Our approach:

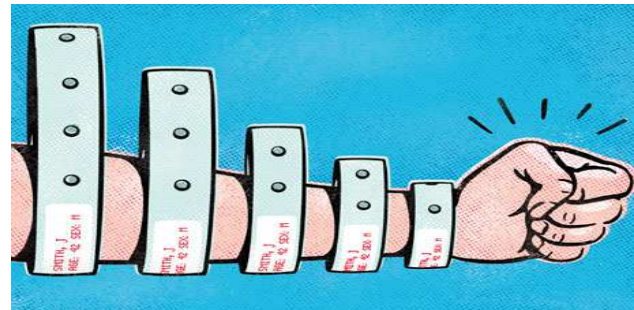
Formed a *Readmission Guidance Group* –

“To bring subject matter expertise, leadership, and guidance to the effort of reducing hospital readmissions across the organization.”

AIM: Reduce all-cause readmissions by 5% (9.23% to 8.77%).
With similar volumes, this equates to ~ 115 fewer readmission per year.

Partner with:

- ICSI's RARE Program
- Project R.E.D



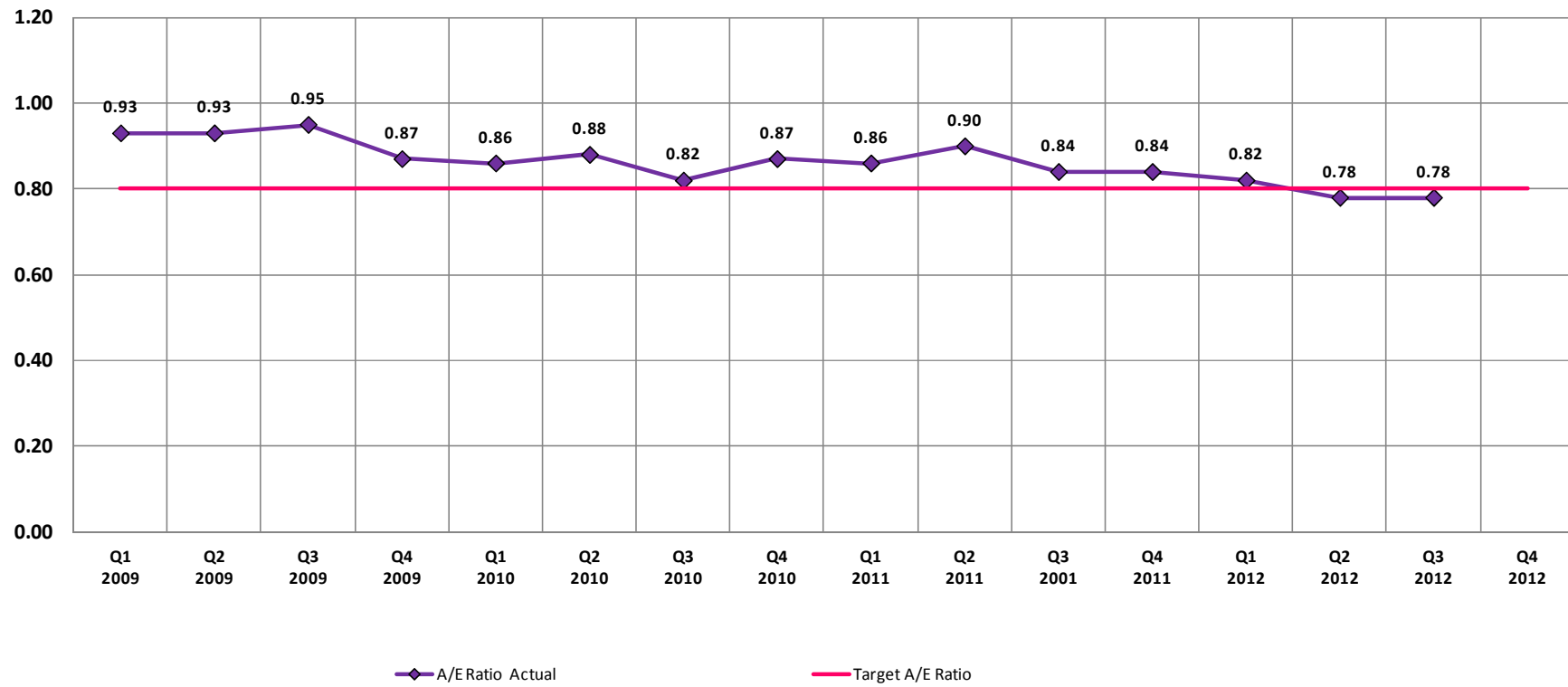
Current Countermeasures

1. Identify patients in the hospital that are at high risk of returning and making it visible to care teams via **High Risk for Readmission banner in Epic**.
2. Provide a **personal , standardized post discharge follow up phone call** to all patients that go home after discharge....AND build an outcome report to help us improve going forward.
3. Provide **homecare visits to any 'high risk' patient** whether or not they qualified.
4. Partnership between **Hospitalist/Case Manager team** to provide better, more coordinated care for our patients in the hospital began in September.

Current Countermeasures

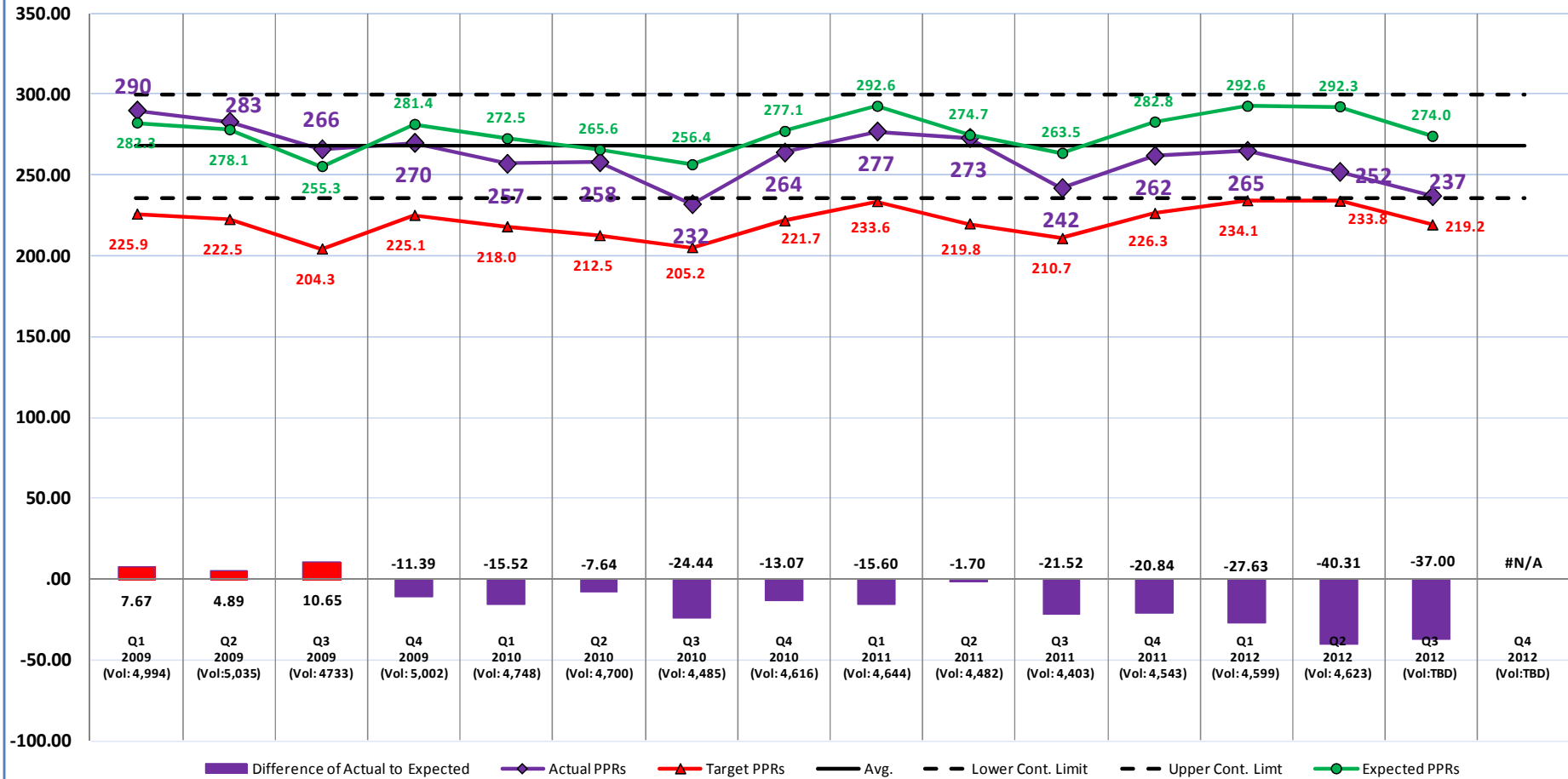
5. Looked at **heart failure protocols in the EC**, finding a whole new way to care for those patients and potentially avoiding an admission, much less a readmission.
6. Directed Pharmacists' attention to medication safety during transitions, especially **medication reconciliation** at key care moments → admission and discharge.
7. Implemented a new **24/7 geriatric on-call structure** to best support our patients outside our hospital walls – potentially preventing them from having to come in.

**PNC Methodist Hospital: Ratio of Actual/Expected
Potentially Preventable Readmissions
(Adjusted for Outmigration Readmission Percentage)**



PNC Methodist Hospital: Actual vs Target Potentially Preventable Readmissions

Control Limits Applied to Actual PPRs. (Purple Diamond)



Additional Countermeasures for 2013

- Expand responses to ‘risk for readmission’ across all disciplines
- Expand Pharmacist hours in the ED
- More consistent inpatient D/C medication reconciliation
- Optimize Hospitalist/Case Manager teams
- Improved follow-up appointment scheduling prior to D/C
- Extend phone call follow-up practices to EC and observation patients
- Remedy gaps in care transitions (multi transitions: NH, HC)
- Develop *useful* and evidence-based D/C summary, potentially connected to a ‘discharge bundle’ that would exhaust all critical items before patients are discharged (go/no-go).
- Partner with our surgical services colleagues on existing opportunities.

Feedback / Questions?