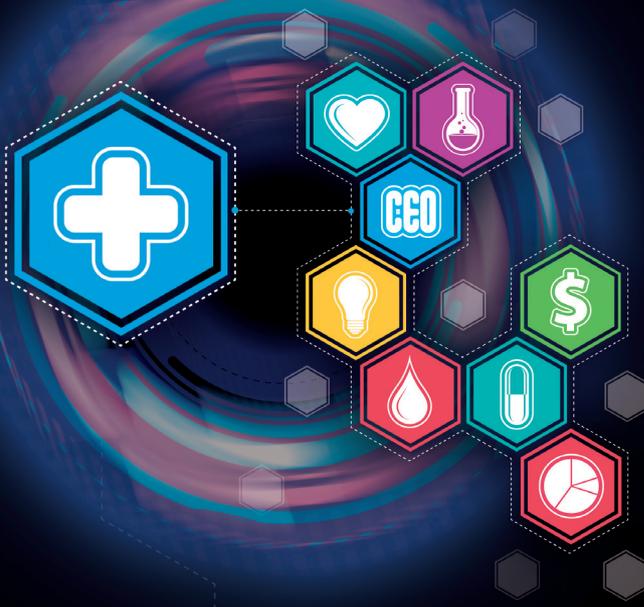


# Executive Insight

Strategies and Solutions for Healthcare Leaders



## Covering All the Readmission Bases

CHI St. Vincent shows that tackling direct and indirect causes can cut readmissions dramatically *By Labray Merkel*

If you're anything like most hospital C-level executives, you are acutely aware of the multiple negative impacts that unnecessary patient readmissions can have on your facility. For one, they count against your hospital's HCAHPS scores and other measures of care quality that affect your facility's reimbursements and overall revenue. By themselves, they also result in excessive costs of patient care and treatment.

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It should certainly come as no surprise, therefore, that reducing recurring hospital visits should be an important goal for hospital leaders like yourself. But are you certain you're doing everything you can to address this important metric of hospital performance?

Our recent experience at CHI St. Vincent's Hospital, where we have cut readmissions by almost 90% in our Joint Academy Program, shows that both increasing pre- and postsurgical contact with patients, and tracking them outside the building's own four walls, can dramatically reduce *all — not just some* — of the causes and barriers that lead to unnecessary readmissions. In turn, this can positively impact your hospital's quality of care and its bottom line.

### MEASURING IMPACT

What causes unnecessary readmissions? That's a question worth asking, because as a health system leader, you can't effectively cut readmissions unless you know why they're happening. Direct and indirect causes of unnecessary readmissions include the side effects of treatment, as well as the delayed but otherwise normal effects of surgery, such as bruising and swelling. Another cause of unnecessary readmissions is the patient's inability to pay for or even get to follow-up treatment, such as prescriptions and physical therapy. Indeed, a patient's lack of access to transportation and/or social support contributes more to noncompliance with follow-up care than many healthcare providers may realize.

What are the impacts of unnecessary readmissions? This lack of understanding of a patient's circumstances can influence outcomes and, ultimately, the cost and quality of the care provided by your facility. Not →

### These consequences, in turn, contribute to higher readmission rates, increased costs, and lower reimbursements based on quality of care and outcomes.

only do unnecessary readmissions generate excessive costs of care and treatment, but they also count against your hospital's HCAHPS and other measures of care quality that impact reimbursements and funding. This, of course, provides the impetus for hospital leaders to search for ways to minimize readmissions.

#### INSIDE APPROACH

With respect to addressing this important metric, most hospital leaders look only "inside their own walls" for evidence that a patient has had to return for additional treatment. In most cases, this consists of well-intentioned, though limited, follow-up calls and other contact with patients. There's nothing inherently wrong with these approaches. In fact, they're pretty much standard operating procedure for most healthcare providers. Nevertheless, they do have shortcomings.

For one, these approaches often don't reveal that a readmission has been tallied against hospitals for patients who needed to visit another provider for retreatment until weeks or much later. For example, many types of complaints, such as swelling and bruising, often don't surface until 7-10 days or longer post-surgery.

More importantly, these approaches don't allow for, or represent, the kind of empathic, truly "patient-centered care" that leads to patient loyalty. Indeed, these approaches don't enable healthcare leaders to understand their patients on a more compassionate level to reveal the real reasons for readmission that can be addressed moving forward.

As a result, hospitals are often forced to devote resources, such as nursing and ED staff, to treating patients who really shouldn't be in the hospital. This takes them away from patients who really need the care. These consequences, in turn, contribute to higher readmission rates, increased costs, and lower reimbursements based on quality of care and outcomes.

#### A BETTER APPROACH

It was for these reasons that CHI St. Vincent's Joint Academy Program recently increased and streamlined its patient pre-surgical contact and post-surgical follow-up call protocols and procedures. Among other steps, the hospital instituted pre-surgical and postsurgical 24-hour, 48-hour, 10-day, 30-day, 90-day and 120-day follow-up calls, and employed workflow solutions to better track

each patient's journey within and outside the facility using TAVHealth.

With TAVHealth, we were able to work with each patient in the program to uncover potential external barriers to care, such as poor social support, lack of transportation and insufficient ability to afford medicine or other treatment.

#### MORE EMPATHIC CARE

The results of this new effort exceeded even our most optimistic expectations. Our readmission rate plummeted from 24% of patients in the program to at times less than 4%, which we attribute largely to the increased contact and more comprehensive tracking of patients.

I recall one knee-replacement patient whose only social support to rely on once she got home from the hospital was her husband, who was in a wheelchair himself. Feeling worried about her, I made a 24-hour call instead of the "standard" 48-hour call. This quick follow-up led us to discover that the patient needed immediate attention for health concerns. We were able to have her admitted to St. Vincent's under the care of her orthopedic surgeon. During that time, the surgeon and the inpatient team were able to review her needs and barriers. In the end, her surgeon decided that the best plan of care was for her to be discharged to a skilled nursing facility so that she could receive a higher level of healthcare.

It's no secret: Excessive hospital readmissions cost hospitals dearly, in money, quality of care scores and staffing resources. Unfortunately, most hospitals don't go far enough with respect to identifying and resolving the causes of unnecessary readmissions.

Our experience at CHI St. Vincent clearly shows that most hospital readmissions can be reduced far more dramatically by going beyond a facility's own four walls to view care from the patient's perspective, to employ workflow solutions to track each patient's journey and to uncover external barriers to effective, high-quality care.

Such solutions not only help cut costs and improve quality of care, but also enable doctors, nurses and other hospital caregivers to practice the kind of truly patient-centered, empathic care that patients have come to expect from today's healthcare providers. **EI**