



# Reducing Readmission rates in ASU: what are the barriers?

Sacha Cowell ASU CNS



- Consultant led service
- Dedicated operating theatre
- Separation of acute and elective workloads
- Robust handover process
- Engage the subspecialists for their expertise
- Enhance training for Registrars
- Promote advanced roles of nursing and allied health professionals

- Mon-Fri (0730-1700)
- 1 Consultant Surgeon
- Trauma/ASU Fellow
- 2 SET Trainees
- 1 Trauma Registrar
- 2 House Officers
- 1 Nurse Specialist



- Advanced Discharge Planning
  - Predictive Risk Modelling
  - Healthcare Benchmarking
  - Reimbursement and Incentive Schemes
- 
- And locally.....
  - 20,000 bed day project at CMDHB
  - Predictive Risk Model at WDHB

# Strategies for Reducing Hospital Readmissions

# THE COST PROBLEM

## THE REALITY OVERALL SPENDING

**\$2.5 Trillion**  
(2009)

## THE DRIVERS

In the ten-year period between 1999 and 2009 U.S. health care spending nearly doubled. Inflation from

**Chronic Disease**  
**\$1.875 Trillion**  
\$3 out of every \$4 of U.S. health care

### HEALTH CARE AS SHARE OF GDP



### Aging Population



### PER CAPITA SPENDING



### Hospital Readmissions



# Medicare Readmission Penalties

**Max Penalty**  
278 Hospitals (8.3%)

**No Penalty**  
1,156 Hospitals (34.3%)

### 30-DAY READMISSION RATES TO U.S. HOSPITALS

Healthcare Cost and Utilization Project (HCUP) data from 2010 provide the most comprehensive national estimates of 30-day readmission rates for specific procedures and diagnoses.<sup>1</sup> Examples include:



Dine in four

with these common conditions readmitted:

Congestive heart failure

Hypertension

Unspecified heart failure

Dine in three

with these less frequent conditions readmitted:

All site-specific

ngrene

Ran after payers

Congestive heart failure

30% Reduced

3 Median

Very Insured

ed

No hospital admission (in stat.)



## FOCUS HEALTH CARE

# Hospitals brace for payment cuts

Continued from Page 1

Overall, Medicare has decided to penalize around two-thirds of the hospitals whose readmission rates it evaluated, the records show. The penalties will fall heaviest on hospitals in New Jersey, New York, the District of Columbia, Arkansas, Kentucky, Mississippi, Illinois and Massachusetts, a class Health News analysis of the records shows.

A total of 278 hospitals nationally will lose the maximum amount allowed under the health care law's 1 percent of their base Medicare reimbursements. That includes 64 hospitals in Illinois, including four of the largest: Advocate Illinois Regional Community Hospital in Arlington Heights, Advocate Illinois Masonic Medical Center in Chicago, Palos Community Hospital in Palos Heights and Ingalls Memorial Hospital in Harvey.

Eight of the region's four major teaching hospitals — Northwestern Memorial, University of Chicago Medical Center, Loyola University Medical Center and Rush University Medical Center — were penalized a fraction of a percentage point.

The list also includes top-ranked Hackensack University Medical Center in New Jersey, North Shore University Hospital in Manhasset, N.Y., and Beth Israel Deaconess Medical Center in Boston, a teaching hospital of Harvard Medical School.

"A lot of places have put in a lot of work and not seen improvement," said Dr. Kenneth Sacks, a vice president responsible for quality at Beth Israel.

"It is not completely understood what goes into an institution having a high readmission rate and what goes into improving it."

One hospital that Beth Israel, like several other hospitals with high readmission rates, also has unusually low mortality rates for its patients, which the agency may reflect since the hospital does a good job at avoiding

**Nearly 1 in 5 or 2 million**  
Medicare patients return to the hospital within a month of discharge, costing Medicare **\$175 billion** in additional bills.

Hospital	Location
Advocatesollingbrook Hospital	Bolingbrook
Advocate Illinois Masonic Medical Center	Chicago
Carrington Health System - Henry Hospital	Maywood
Carrollton Health System - Woodstock Hospital	Woodstock
Franciscan St. James Health	Olympia Fields
Goddard Samaritan Regional Health Center	Mount Vernon
Ingalls Memorial Hospital	Harvey
Mercy Hospital & Medical Center	Chicago
MetroSouth Medical Center	Blue Island
Northwest Community Hospital	Arlington Heights
North Lake of the Ozarks Regional Medical Center	Chicago
Palos Community Hospital	Palos Heights
Providence St. Joseph Medical Center	Joliet
Providence United Samaritans Medical Center	Elmhurst
Richland Memorial Hospital	Orland Park
Sherley Memorial Hospital	Shelbyville
Silver Cross Hospital and Medical Centers	near Lemont
St. Bernard Hospital	Chicago
St. Francis Hospital	Evergreen Park
Little Company of Mary Hospital	Schaumburg
Genesis Medical Center Blvd Campus	Skokie
St. Mary's Hospital	Skokie
Advocate Christ Hospital & Medical Center	Oak Lawn
Glenelg Cottage Hospital	Glen Ellyn
Heartland Regional Medical Center	Marion
Harrisburg Hospital Center	Harrisburg
Jackson Park Hospital	Chicago
Karen Cross Hospital	Chicago
Katherine Shaver Bethesda Hospital	Elgin
Crossroads Community Hospital	Mount Vernon
Louis A. Weiss Memorial Hospital	Chicago
Roseland Community Hospital	Chicago
Respiratory Institute of Chicago	Chicago
St. Francis Hospital	Chicago

### Hospital readmission penalty

#### Illinois penalties

Some hospitals are exempt from the new rules. For instance, certain cancer hospitals are exempt, as are facilities with too few cases of heart attack, heart failure or pneumonia to generate a statistically valid measurement. The majority of the Illinois hospitals that qualify for the new rules will be penalized beginning in October.

#### QUALIFYING ILLINOIS HOSPITALS



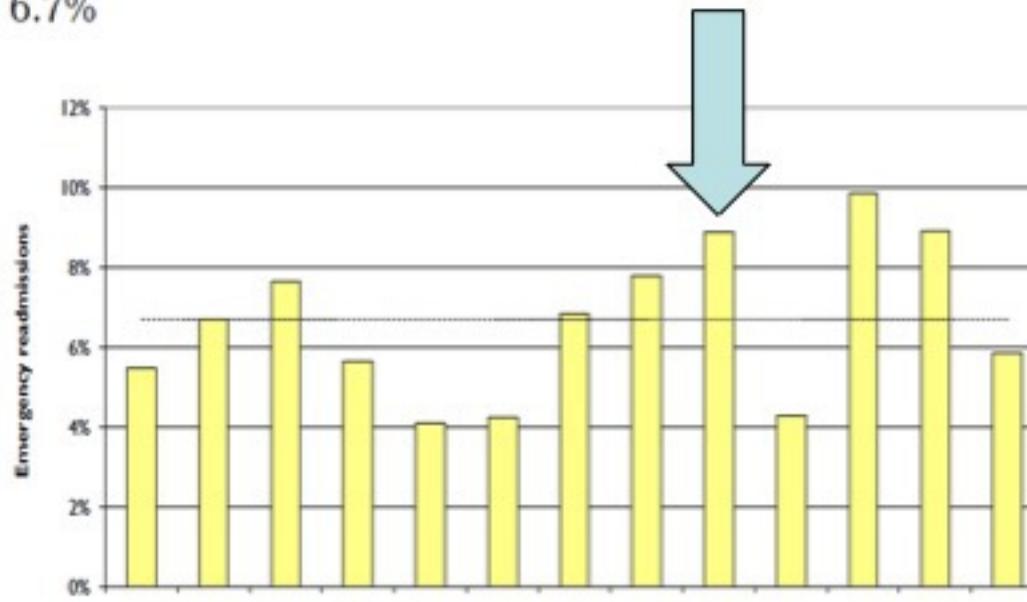
# Reasons for research

- Readmission rate 7-10%
- Comparison data is lower
- Cost \$\$\$\$
- Used as a quality measure
- Patient satisfaction
- Identifying patient vulnerability

## G07-APPENDICECTOMY

Asklepios | July 2012-December 2012

The emergency readmission rate at ACH is 8.9%, 33% greater than the 4 exemplar hospitals' weighted average at 6.7%



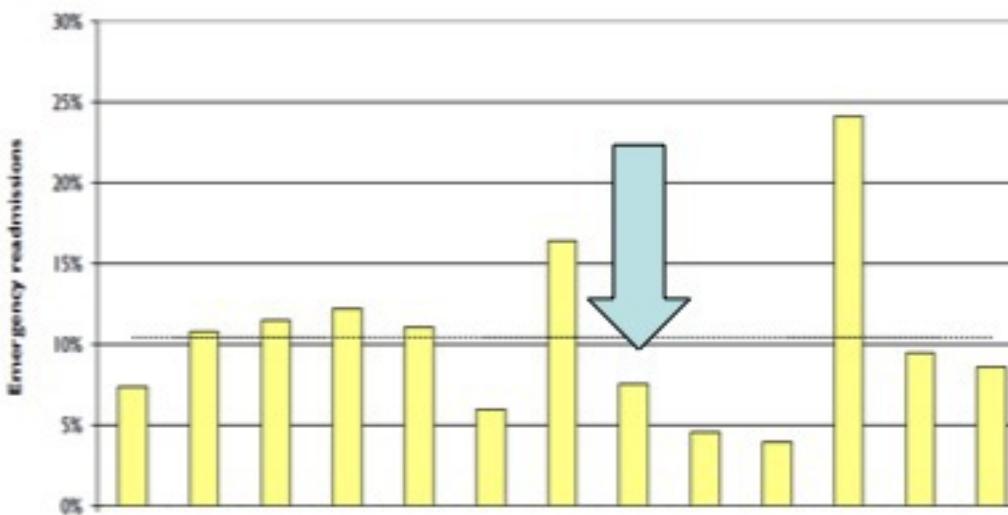
\* Emergency readmission rate is the percentage of episodes that have an unplanned admission to your hospital within 28 days after discharge, for any reason.



## G04-PERITONEAL ADHESOLYSIS

Asklepios | July 2012-December 2012

The emergency readmission rate at ACH is 7.6%, 27% lower than the 4 exemplar hospitals' weighted average at 10.5%

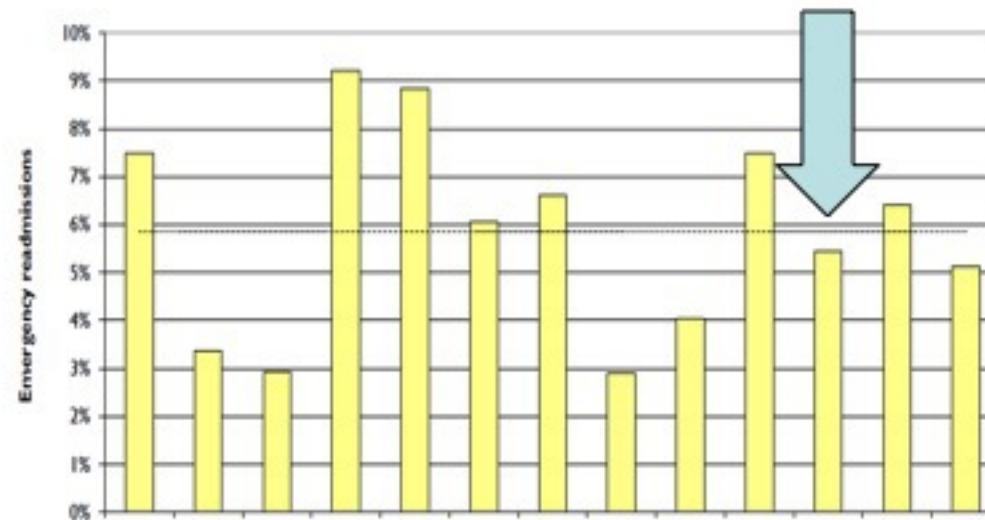


\* Emergency readmission rate is the percentage of episodes that have an unplanned admission to your hospital within 28 days after discharge, for any reason.

## H08-LAPAROSCOPIC CHOLECYSTECTOMY

Asklepios | July 2012-December 2012

The emergency readmission rate ACH is 5.4%, 7% lower than the 4 exemplar hospitals' weighted average at 5.9%



\* Emergency readmission rate is the percentage of episodes that have an unplanned admission to your hospital within 28 days after discharge, for any reason

Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program: An Evaluation of All Participating Hospitals; 2009

Hall, Bruce L. MD, PhD, MBA, FACS\*†‡§; Hamilton, Barton H. PhD§; Richards, Karen BS¶; Bilimoria, Karl Y. MD, MS // ; Cohen, Mark E. PhD¶; Ko, Clifford Y. MD, MS, MSHS, FACS\*\*

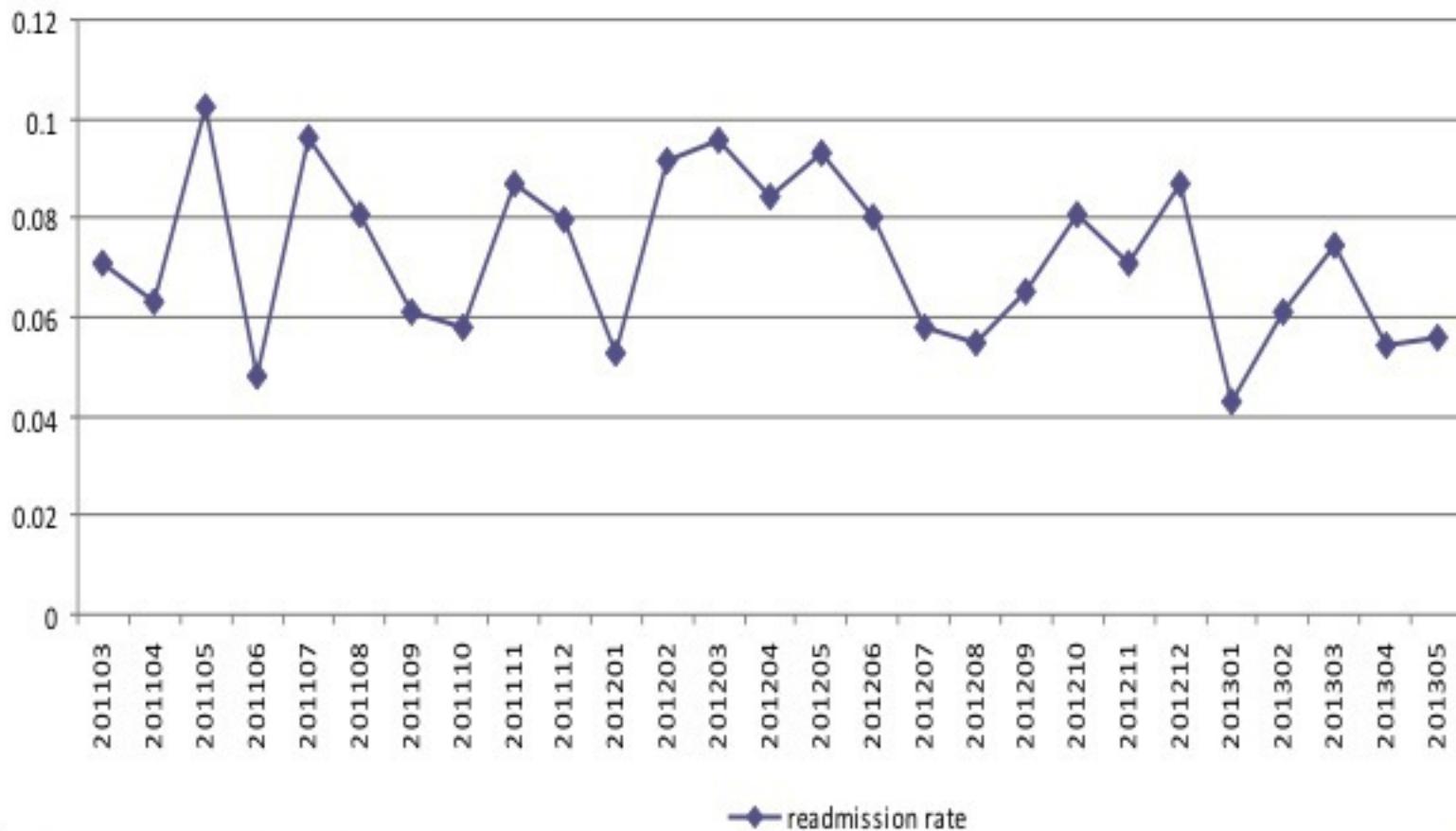
Does Risk Factors for 30-Day Hospital Readmission among General Surgery Patients; January 23, 2012

Michael T Kassin, MD, Rachel M Owen, MD, Sebastian D Perez, MSPH, Ira Leeds, BS, James C Cox, PhD, Kurt Schnier, PhD, Vjollca Sadiraj, PhD, John F Sweeney, MD, FACS

Association Between Occurrence of a Postoperative Complication and Readmission: Implications for Quality Improvement and Cost Savings; 2013

Lawson, Elise H. MD, MSHS\*‡§; Hall, Bruce Lee MD, PhD, MBA‡¶; Louie, Rachel MST†; Ettner, Susan L. PhD†; Zingmond, David S. MD, PhD†; Han, Lein PhD¶; Rapp, Michael MD, JD¶,\*\*; Ko, Clifford Y. MD, MS, MSHS\*‡§

## ASU 28-day Readmission Rate



◆ readmission rate

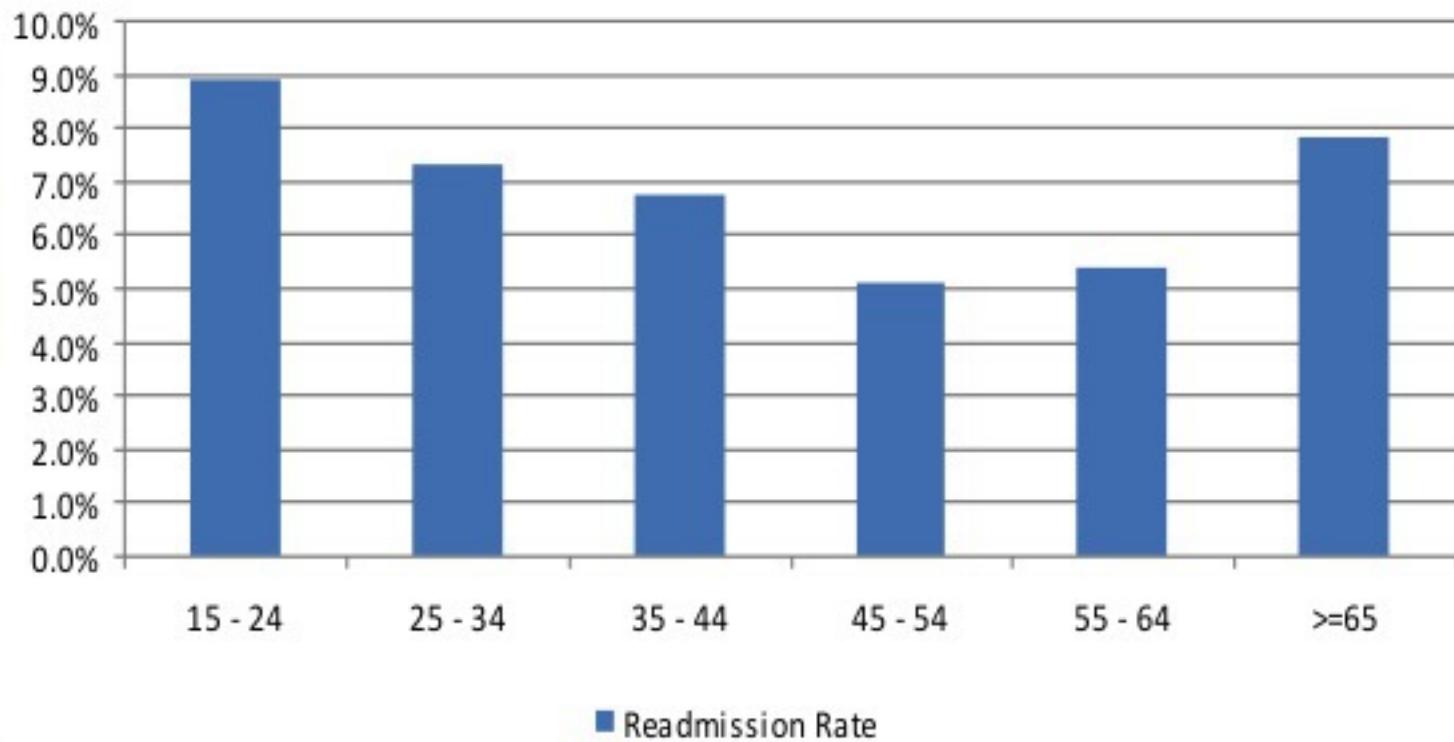
# The ADHB data warehouse!

- Refining the search
- Retrospective data extrapolation,  
random selection of 100 readmissions  
from July 2012-July 2013
- Limitations with this, time consuming,  
subjective info, documenter variations,  
only written information can be analyzed

# The ASU 'readmit'

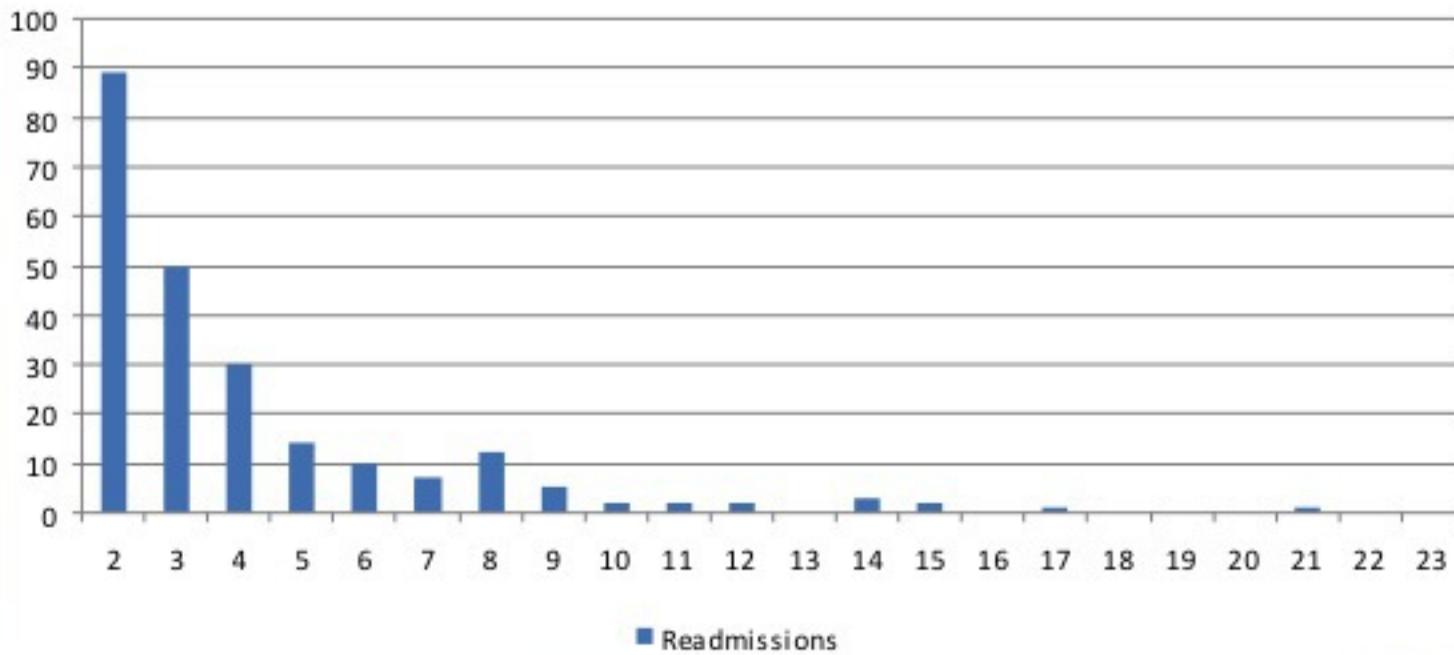
- Young aged 20-35yrs
- 2-3day LOS on index admission
- Zero co morbidities
- Documented GP
- High % readmitted with PAIN

## ASU Readmission Rate by Age



# Number of readmission by LOS of index admission

**Volume of ASU Readmissions  
by LOS of index admission**



# What next?

- Further analysis of retrospective data
- Ethics approval not required
- Patient surveying
- Extrapolation and collation of more data
- And finally results
- Intervention

# In conclusion...

- Its a work in progress.....
- Continuing research
- Patient survey
- Collation of results
- Evidence....→ interventions to reduce readmission rates

