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
30-Day Hospital Readmission Rates
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)

$1.875 Trillion (2009)

$3 out of every $4 of U.S. health care

THE DRIVERS

Chronic Disease

Cancer

Health care as share of GDP

13.7% of GDP

17.6% of GDP

25% of GDP

37% of GDP

Per Capita Spending

1999

2009

Projected 2025

Projected 2050

$8,100 (2009)

Aging Population

Physician Shortage

Nearly 1 in 5 patients readmitted within a month of discharge, costing Medicare $17.5 billion in additional bills.

FOCUS HEALTH CARE

Hospitals brace for payment cuts

Nearly 1 in 5 or 2 million Medicare patients return to the hospital within a month of discharge, costing Medicare $17.5 billion in additional bills.

Illinois penalties

Some hospitals are exempt from the new rules. For instance, certain cancer hospitals are immune, as are facilities with low heart failure or pneumonia rates that generate a statistically valid assessment. The majority of the Illinois hospitals that qualify for the new rules will be penalized beginning in October.

100% of the Medicare payment rate for each diagnosis

Medicare payment rate reduction

4% of the Medicare payment rate for each diagnosis

LOCATIONS

American Community Hospital

Chicago North Hospital

Chicago Park Hospital

Cook County Hospital

Elgin Community Memorial Hospital

Elmhurst Hospital

Greater St. Joseph Medical Center

Holy Cross Hospital

Kaiser Permanente Medical Center

Lakeview Hospital

Mount Vernon Hospital

Mount Sinai Hospital

Northwestern University Medical Center

Northwestern Memorial

Northwestern University School of Medicine

Olive Hospital

Paul Hospital

Providence Medical Center

St. Bernard Hospital

St. Joseph Hospital

St. Luke's Hospital

St. Luke's Regional Medical Center

St. Mary's Hospital

St. Louis Hospital

St. Mary's Hospital

St. Vincent's Hospital

St. Vincent's Community Hospital

St. Vincent's Regional Medical Center

Tompkins Healthcare

UCLA Health System

University of Chicago Hospital

University of Illinois Medical Center

University of Iowa Hospitals and Clinics

University of Minnesota Medical Center

University of Nebraska Medical Center

University of Pittsburgh Medical Center

University of Rhode Island Hospital

University of Southern California Keck School of Medicine

University of Washington School of Medicine

University of Wisconsin Hospital

Veterans Affairs Medical Center

Wheaton Franciscan Healthcare

Widener Hospital

Wright-Patterson Air Force Base Hospital

Yale University School of Medicine

Zzz.

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Zzz.
Reasons for research

- Readmission rate 7-10%
- Comparison data is lower
- Cost $$ $$
- Used as a quality measure
- Patient satisfaction
- Identifying patient vulnerability
The emergency readmission rate at ACH is 8.9%, 33% greater than the 4 exemplar hospitals’ weighted average at 6.7%.
The emergency readmission rate at ACH is 7.6%, 27% lower than the 4 exemplar hospitals' weighted average at 10.5%.
The emergency readmission rate **ACH** is 5.4%, 7% lower than the 4 exemplar hospitals’ weighted average at 5.9%.
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, Vjolica 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 MS†; Ettner, Susan L. PhD†; Zingmond, David S. MD, PhD†; Han, Lein PhD∥; Rapp, Michael MD, JD∥,*†; Ko, Clifford Y. MD, MS, MSHS*†‡§
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

- 15 - 24: 9.0%
- 25 - 34: 7.0%
- 35 - 44: 6.0%
- 45 - 54: 5.0%
- 55 - 64: 7.0%
- >=65: 9.0%

Readmission Rate
Number of readmission 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...

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