




Reducing Readmission rates in ASU: what are the barriers?

Sacha Cowell ASU CNS




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- 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

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- 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



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

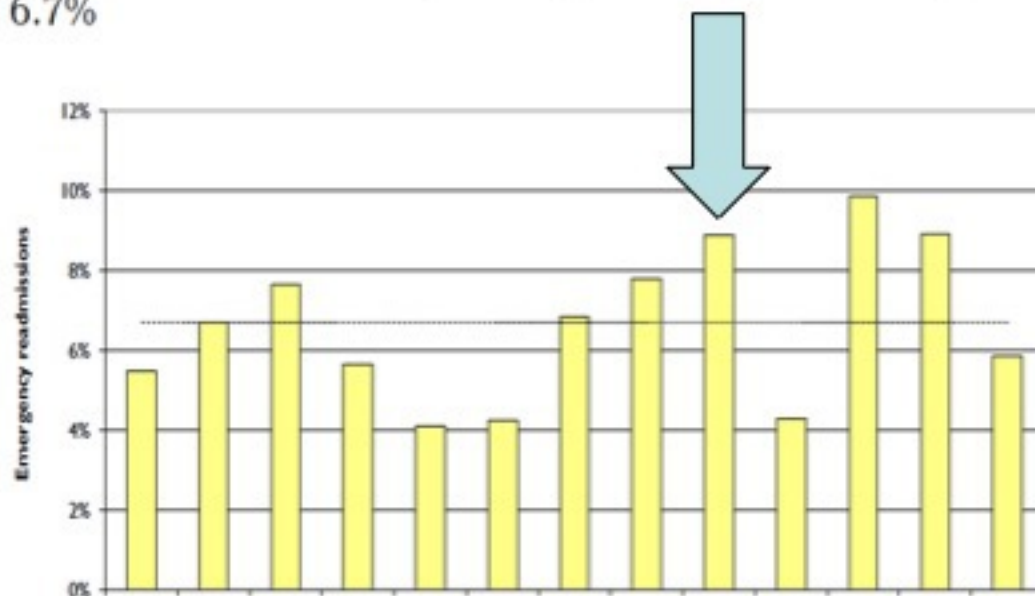
Reasons for research

- 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%

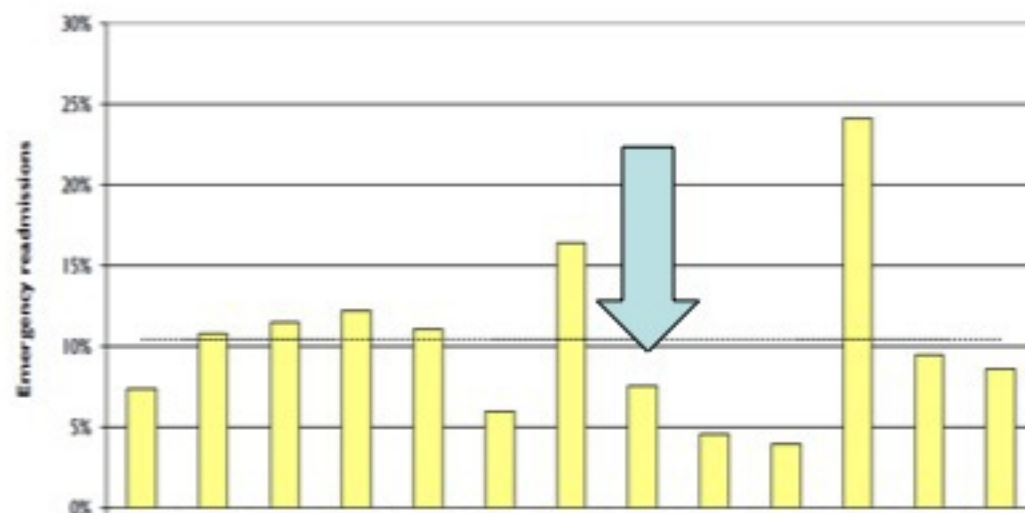


* Emergency readmission rate is the percentage of episodes that have an unplanned admission to your hospital within 28 days after discharge, for any reason

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%

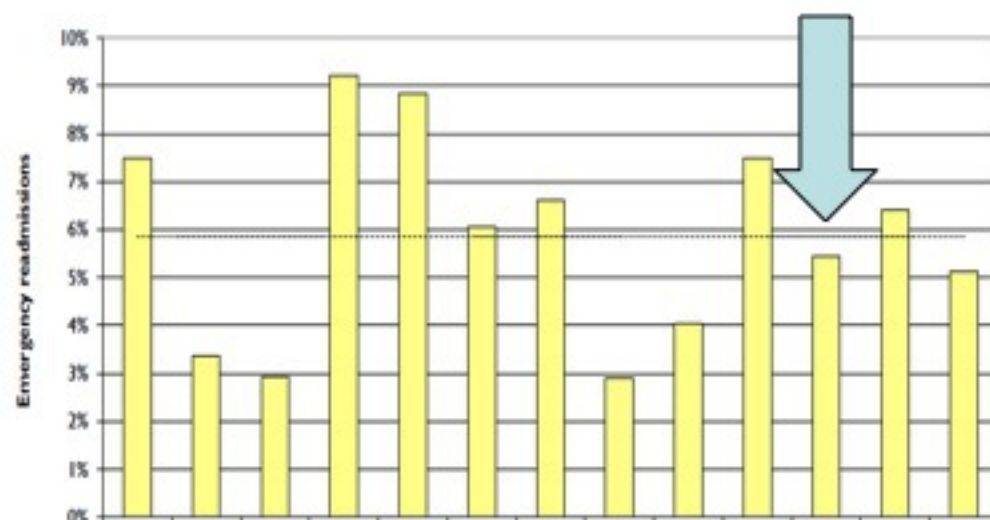


* Emergency readmission rate is the percentage of episodes that have an unplanned admission to your hospital within 28 days after discharge, for any reason

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**

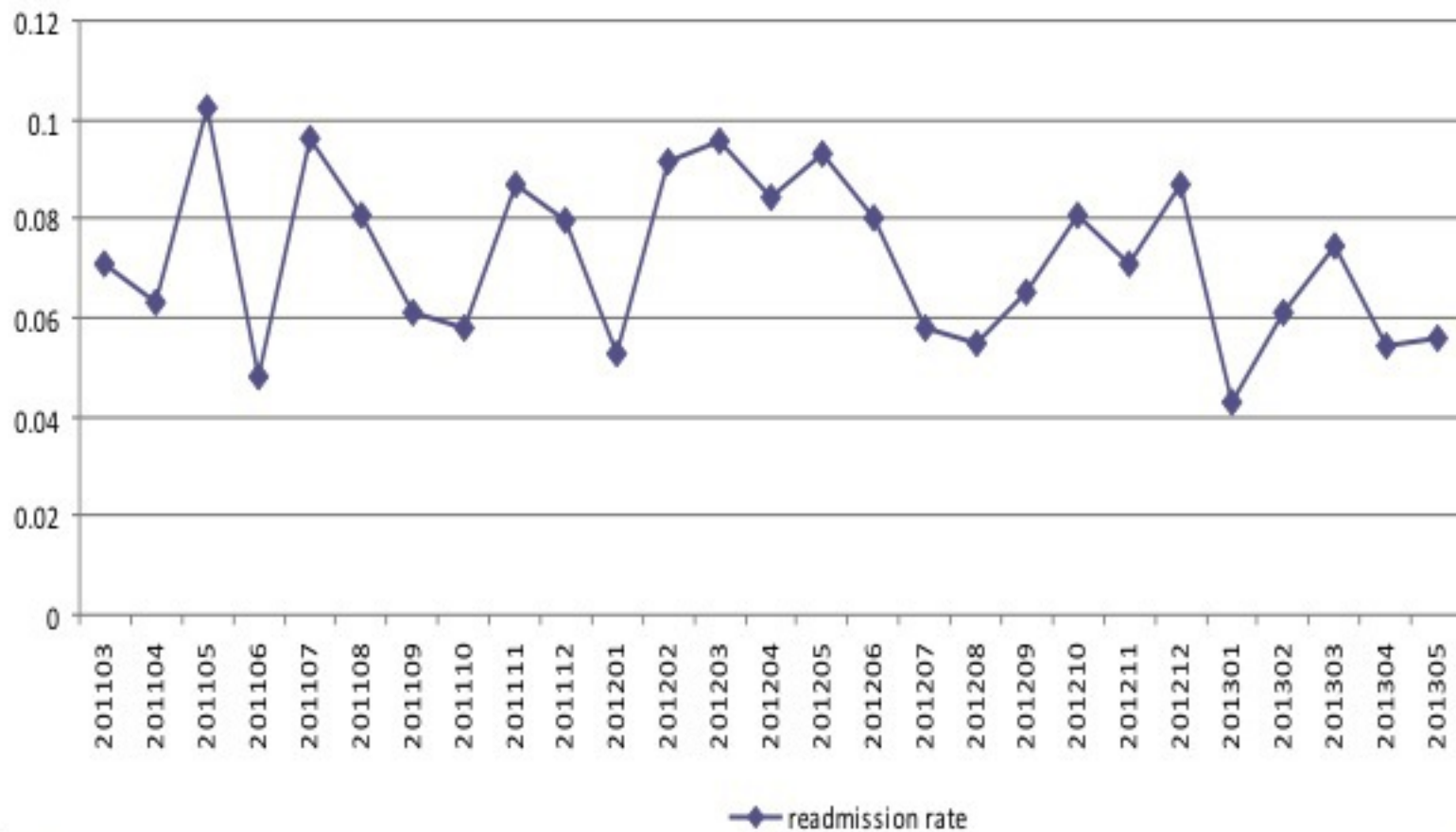
Does Risk Factors for 30-Day Hospital Readmission among General Surgery Patients: January 23, 2012

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 MS†; 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



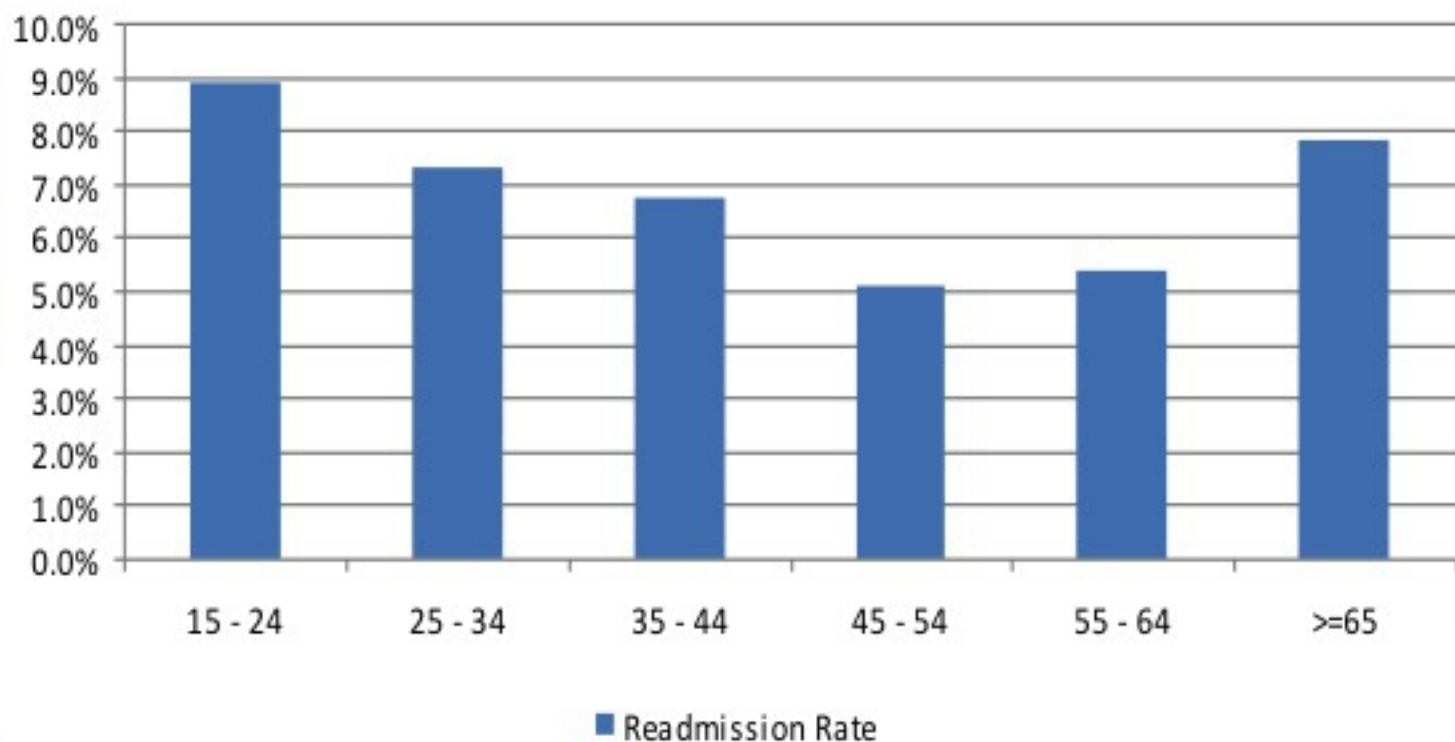
The ADHB data warehouse!

- 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'

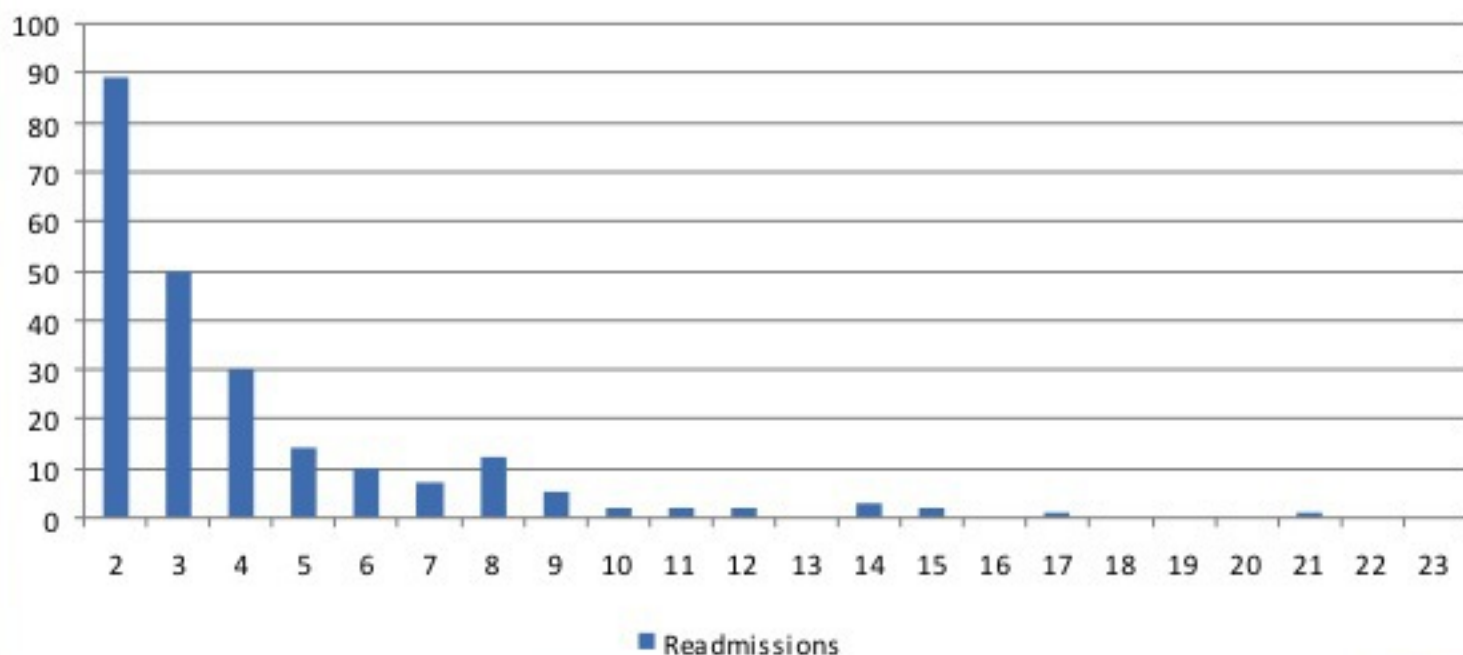
- Young aged 20-35yrs
- 2-3day LOS on index admission
- Zero co morbidities
- Documented GP
- High % readmitted with PAIN

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

