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Hospital heightens emphasis on reducing readmissions

Strong Memorial sets sights on becoming a star performer

PATIENTS PINE FOR THE COMFORTS OF HOME. HEALTH REFORMERS PLEAD FOR OVERHAULING SYSTEM INEFFICIENCIES. AND IN THE FACE OF EMERGENCY DEPARTMENT “CODE REDS,” HOSPITALS ARE EAGER TO MAKE BEDS AVAILABLE TO THOSE WHO NEED THEM MOST.

Still, despite these pressures to decrease length of stay, there’s good clinical data and compelling financial reasons to make sure patient discharges are done methodically, so as to head off readmissions.

“We always want to ensure that each patient’s recovery continues smoothly once they leave our doors,” said Robert Panzer, M.D., Strong Memorial’s chief quality officer. “In fact, for many years, our readmission rates have been one of the key core measures we use to gauge performance.”

Recently, a three-year review (July 2005 through June 2008) published by the Centers for Medicaid & Medicare Services (CMS) has put hospitals’ performance on this particular quality measure under a more public microscope. The report analyzed hospitals’ readmission rates for three high-risk conditions: heart disease, heart failure, and pneumonia.

“We scored well on the recent review—in fact, we slightly beat each of the targets,” Panzer said. “Even so, there’s always room for improvement, especially when you consider the toll readmissions take on both our patients and the hospital.”

Readmissions not only place undue physical, emotional and financial stress on patients—they also can reflect badly on clinicians’ decision-making, and can even cost the hospital potential revenue. Currently, when patients are readmitted less than 30 days after discharge for any condition or complication related to their initial visit, CMS may lump the two hospital stays together, reimbursing for just one. In the future, there could even be more pervasive penalties—such as reduced



Robert Panzer, M.D.

reimbursements across the board for hospitals that are considered “outliers” (those with unusually high readmission rates).

“Currently, for all hospitals reporting to the University HealthSystem Consortium (UHC), we’re about in the middle of the pack,” Panzer said. “Across all conditions, we’re hovering around a 5.5 percent readmission rate—meaning that about one in 20 patients returns to the hospital for a condition or complication linked to their initial stay.”

Panzer said that the hospital is taking steps to whittle that rate by 15 percent by next June, and become a “top 10” performer (out of the nearly 100 academic medical centers reporting to UHC) over the course of two years.

To get there, “readmission teams” are forming to focus on heart attack, heart failure, pneumonia, sickle cell anemia, and renal failure.

These readmissions teams will:

- *Begin plans for a safe discharge at the time of admission.* Often the patient will need new services or a change in the environment before they can go home. Planning for these

changes needs to begin right away.

- *Carefully evaluate patients’ readiness prior to discharge,* such as making sure the patient doesn’t have a fever, or any other newly surfacing condition.

- *Encourage patients to make prompt follow-up appointments with a primary care physician or specialist.* Since national statistics show that half of all readmitted patients fail to get to a clinical follow-up visit, Strong Memorial is working hard to ① book appointments for the patient (whenever possible) before they leave, and ② educate patients about the importance of keeping these appointments.

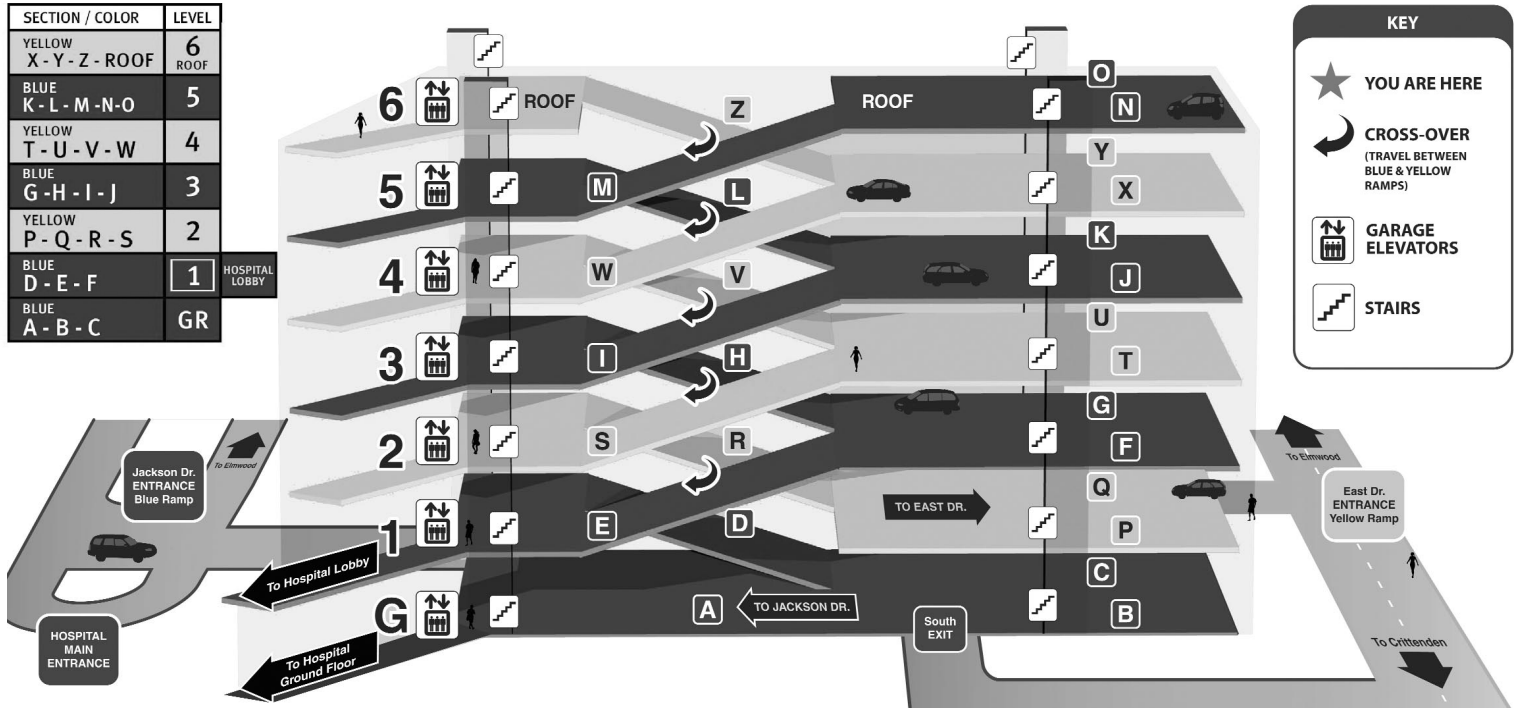
- *Whenever possible, schedule this appointment within seven days.* Our affiliated primary care networks and some specialties have stepped up to the challenge of making these follow-up visits a priority, promising to try to see patients within a week.

- *Increase the frequency of post-discharge phone calls.* Discharge service teams will strive to more consistently loop back with patients, especially to ensure that their medicines are available and being taken as planned, and that any lingering questions are answered.

- *Coordinate with follow-up physicians as they guide patients through recovery.* As much as possible, we’ll work with affiliated care networks to ensure that primary care and specialty physicians are helping the patient smoothly transition to home (e.g., properly adjusting, weaning, or stopping medicines).

- *When appropriate, avoid hospital readmission for problems that surface after discharge.* By communicating well with patients after discharge, often we can detect problems early and avoid readmission. We can sometimes even treat a worsening primary condition or complication in the office, in the emergency department, or via a short observation level stay (typically for less than a day).

This fall, garage signage project aims to improve wayfinding



A TRIP TO THE HOSPITAL CAN BE OVERWHELMING, EVEN WITHOUT THE ADDED CHALLENGE OF NAVIGATING THE RAMP GARAGE. THAT'S WHY URMC LEADERS FROM PARKING, SPACE PLANNING AND THE MEDICAL CENTER'S SIGNAGE COMMITTEE HAVE TEAMED UP TO RECONFIGURE SIGNAGE ON EACH OF THE RAMP GARAGE'S LEVELS, ASSOCIATED ELEVATORS AND STAIRWELLS.

"We know visitor parking can leave a lasting impression," said Jackie Beckerman, who directs the hospital's Strong Commitment service excellence program. "For many of our patients—and their family and friends—it's their first and last experience here. Yet

visitors keep telling us that our parking arrangements are problematic and confusing."

The new wayfinding scheme aims to simplify visitor parking, first by making it clear that the "double-helix" garage is actually composed of two separate intertwining ramps (the yellow ramp has its entrance and exit on East Drive; the blue ramp is accessed by the hospital's main loop on Thomas Jackson Drive). Each area of the garage will be denoted by a series of letters, which are never repeated. To further help people understand where they are, all letters on the same ramp share the same color (i.e., blue letters are on the Thomas Jackson ramp, and yellow ones are on the East Drive ramp).

Additionally, special signs have been designed for nearby staircases and elevators. For instance, let's say a visitor parked in the area with a blue "H." When he returns to find his car, the elevator keypad will be labeled to show that the third level of the garage will lead him to areas G through J. He can simply remember his letter. Should he forget his letter, but remember that he parked in the blue ramp, he'll still have a much easier time finding his car.

"The hospital's Patient Advisory Council approved the new signage design with only minor suggestions," Beckerman said. "We're hopeful that this will help patients and visitors come and go more easily."

"Strong Cares Award" debuts this month

Starting in October, hospital leadership will begin presenting a new monthly team honor—the "Strong Cares Award"—to units and areas whose staff excel in patient satisfaction.

Any unit/area that achieves a Press

Ganey patient satisfaction score in the 90th percentile—or who realizes a significant boost in their score—will receive a framed award acknowledgement to display on their unit, plus recognition URMC-wide via the medical center's intranet homepage.

October's award will reflect a unit's performance throughout September. It's anticipated that multiple units could win any given month.