Understanding Readmissions and Planning Changes

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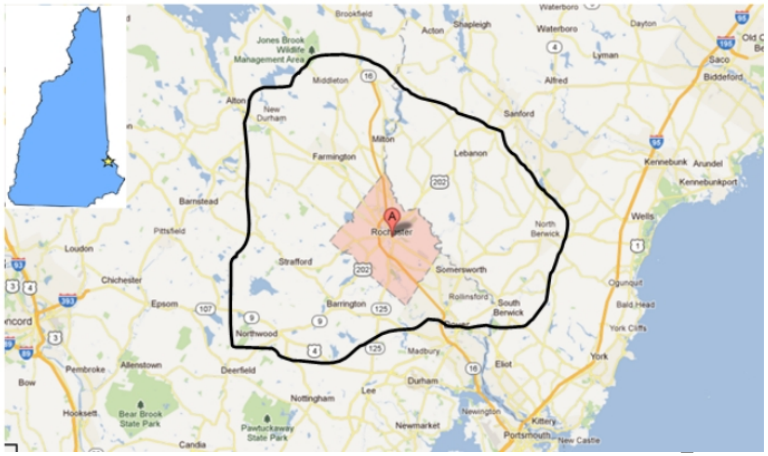
Objectives & About Us

- Overview of assessment and planning
- Share tools used in assessment & planning

Frisbie Memorial Hospital is located on the eastern side of NH near the Maine border and above Portsmouth.

- Average Daily Census = 41
- ED visits annually = 32,000/ yr
- Heavy Medicaid & Self Pay



We use FOCUS-PDSA as our model for improvement

- **F**ind Opportunity – Reduce Readmissions
- **O**rganize Effort – Develop Readmissions Team
- **C**larify current knowledge – Data Analysis and Investigations with FMEA
- **U**nderstand process variation – FMEA; Case Review; Trending; Flowcharting
- **S**elect Processes to change and test -
  - Developed Charter and Plan
  - Developed implementation timeline
  - Developed Micro and Macro Metrics

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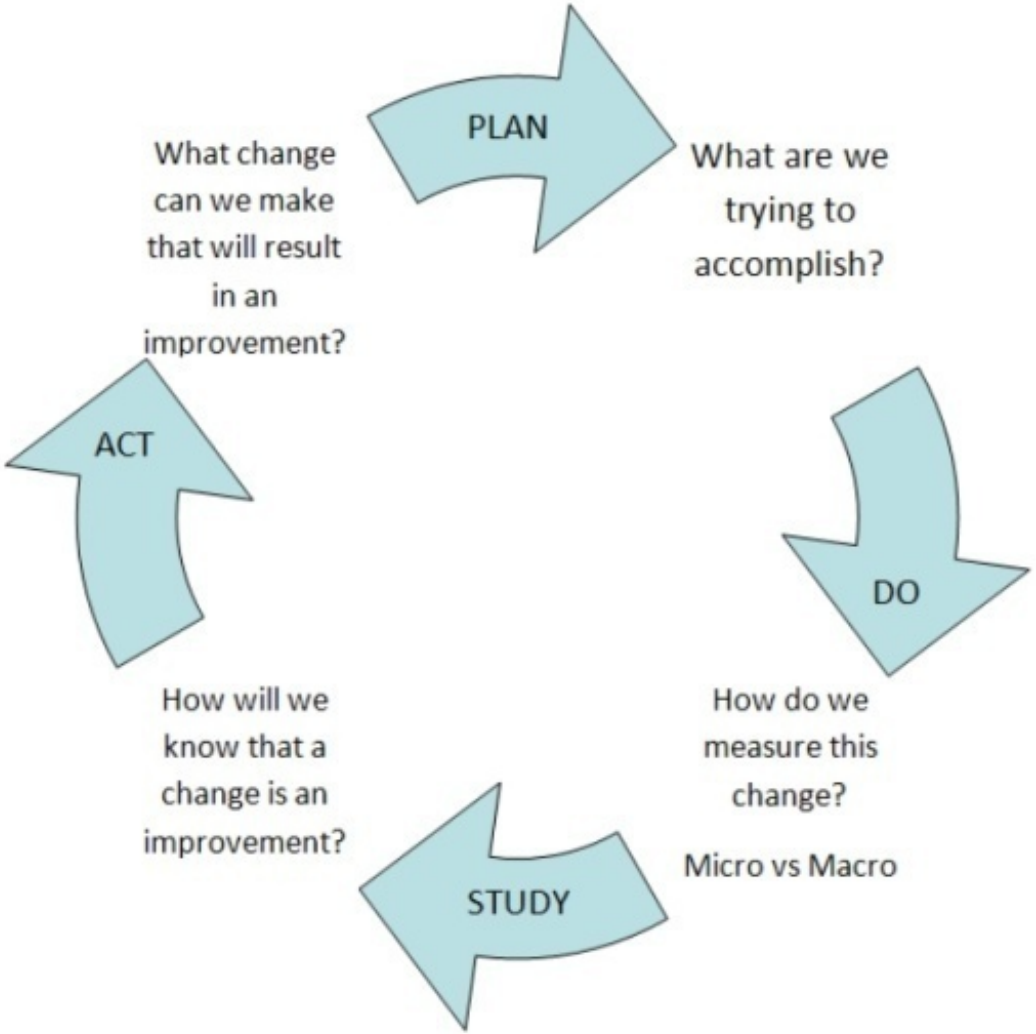


What we Learned

- Data Analysis
  - Internal Metric of monitoring the number of readmissions/qtr on Hospital Dashboard
  - Leading conditions associated with readmission
    - CHF
    - COPD
    - Pneumonia
    - Diabetes
  - CMS PEPPER report – compares you to state and national
    - Hospital to Hospital (Frisbie to Frisbie)
    - Hospital to other hospital
- Failure Mode and Effects Analysis
  - Transition in care from Hospital to PCP done in 2011
    - Medication Management a HUGE challenge
    - Timing of appointments and ability of patients to get to appointments
    - Engagement of Patients into their own health care and wellness

FMEA Example

Failure Mode and Effects Analysis of Care Processes: **PCP Office Assessment Process**

Process Step	Potential Failure or Error (discuss how this failure could be detected also)	Possible Causes of Failure or Error	Likelihood of Occurrence Rating Scale: None to Very Likely 1----2----3----4----5	Severity of Occurrence Rating Scale: No impact to Profound 1----2----3----4----5	Risk Priority Number Likelihood X Severity = RPN
Obtain full health history from patient and or care givers: Initial Appointment	Limitations in pt. Cognitive Ability to provide information	Conditions such as Dementia, or Stroke Literacy Level Anxiety/Stress	2	2	4
	Limited or no previous access to care	New onset condition Financial Challenges Transient/Homeless	3	3	9
	No Access to old records from previous provider	No Record Consent obtained & requested Records Lost/Destroyed Failure of other provider to send	1	1	1
	Illegible Handwriting	No electronic records Pt handwritten notes	2	2	4

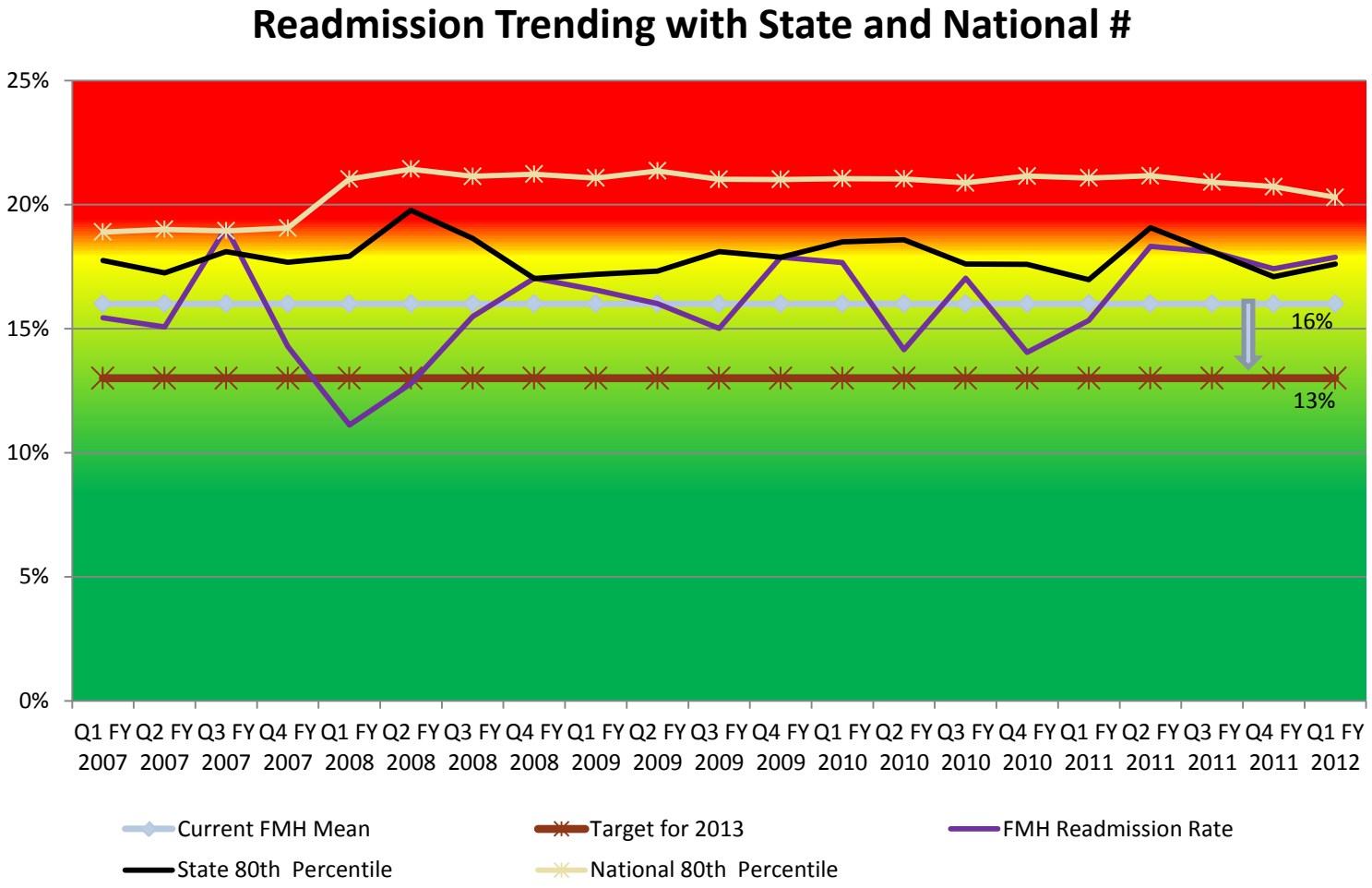
All Cause Readmissions within 30 days (PEPPER)

National Running 20%

NH running 17.5%

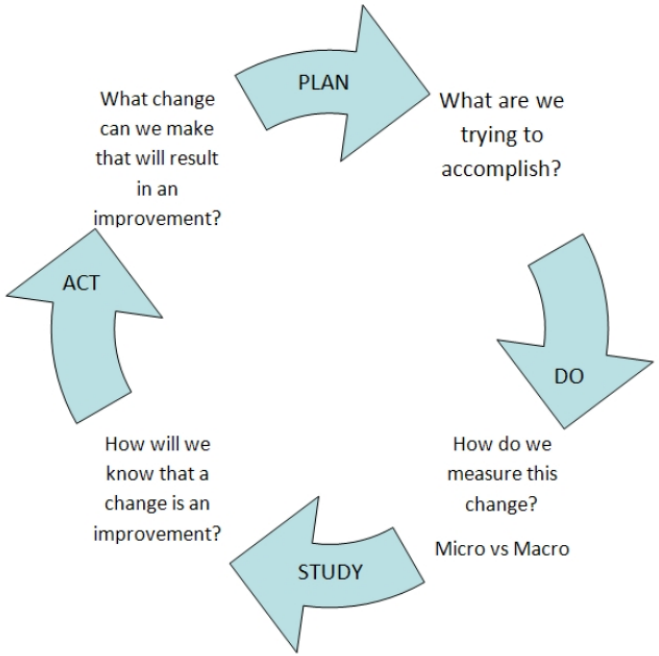
FMH Mean Running 16%

New Target to move mean to 13%



Measures – What & How

- Monitor all cause readmission rates using PEPPER report
- Opportunities identified during the FMEA are supported with Interventions in Project RED
  - Teach back – Medication Management
  - Follow-up calls – Timeliness of appointments
  - Risk Assessments during first encounters
    - Determine likelihood for readmission or hospitalization
    - Interrupt the readmission process or cycle patients may be in.



Every strategy tested for effect along the way.

Primary Drivers

MAJOR AIM: Reduce Readmissions from 16% to 13% by 12/2013

- Improve Patient and Family engagement with care and treatment plan
  - Medication Reconciliation and Teaching
  - Teachback & After Hospital Care Planning
  - After Hospital Care Plan that is Communicated with PCP and HHC
  - Follow up Phone Calls and Coordination of Further Care Support Services
- Improve Front Line Staff Engagement in readmission initiative
  - Meaningful information on Projects, AIMS and staff expectations
  - Means for 2 way feedback on status of Project
- Support of Leadership and Medical Staff
  - Demonstrate Impact on Bottom Line and Regulatory Demands
- Strategies tested demonstrate improvement toward goals and are fiscally responsible.
- Resource management and Competing Priorities
  - Develop means to demonstrate Return on Investment (ROI)

QUESTIONS?

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