

Background

Reducing readmissions is an important way to improve quality of care and reduce health care spending. Unnecessary health care costs total \$765 billion annually.¹ Avoidable readmissions cost Medicare approximately \$17 billion a year.

Focusing on and reviewing patients discharged and readmitted within 7 days best captures hospital attributable readmissions and may be a better indicator of quality of care.² Hospital readmissions occurring within 7 days post-discharge may be more preventable than 30-day readmissions.³ Our facility focuses on reviewing patients discharged and readmitted within 7 days of index admission. Our 7-day readmission rate for 2021 was 5.45%. We identified and developed several processes to manage the patients presenting to the emergency department within 7 days of discharge.

Goals

- Decrease readmissions
- Assist throughput in ED(Emergency department)
- Improve overall care of patient
- Provide care in the correct setting

References:

- Ahmad, Faraz S, Joshua P. Metlay, Frances. K. Barg, Rebecca R. Henderson, Rachel M. Werner. "Identifying Hospital Organizational Strategies to Reduce Readmissions." *American Journal of Medical Quality* (2018) 28(No. 4278-85
- Chin, David, Bang, Heejung, Manickam, Raj N., Romano, Patrick. "Rethinking Thirty-Day Hospital Readmissions: Shorter Intervals Might Be Better Indicators Of Quality Of Care" *Health Affairs* (2016) Vol. 35, Issue 10,
- Nguyen, Evelyn, Kahrude, Deepthi S. (2018, May 2) Hospital readmissions occurring within 7 days post discharge may be more preventable than later readmissions. (Webpage). Retrieved from <http://www.2minutemedicine.com/Hospital-readmissions-occurring-within-7-days-post-discharge-may-be-more-preventable-than-later-readmissions>

ED Abyss-Identifying: 7-day Readmissions Strategies to Treat and Discharge from ED

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Methods: Development Phase

- Created a Red house icon on the banner bar of the electronic medical record which denotes patients discharged in the past 7 days.
- Identified a population of readmissions that could be readily managed upon return to ED (Hospitalist or general internal medicine patients).
- Team chosen which consists of inpatient hospitalists to monitor the electronic medical record on patient's returning to the ED within 7 days with a Red house icon.

Methods: Implementation Phase

- Upon identification of a patient returning to ED that was discharged from a hospitalist or general internal medicine service, with a Red house icon, MD presents to the ED to collaborate with the ED MD early in the patient's ED admission.
- MD will assess the patient and determine if patient requires hospital readmission or can be safely discharged from ED.
- Hospitalist can either write admission orders or expedite discharge plan, calling the PCP etc. This improves transition of care by streamlining hand offs.

ED Care Manager Engagement:

ED Care manager also monitors electronic record for Red house icon patients and reviews all cases. ED CM poses following questions to ED and hospitalist physicians:

- Primary reason for patient presenting to ED
- Does patient require readmission or can patient be discharged to alternative level of care
- What is required to safely discharge from ED (next day appointment, home care visit, equipment or prescriptions)

After collaboration with hospitalist team and patient determined not to require readmission, care manager will:

- Interview patient and/or caregiver to develop and implement safe discharge.
- Arrange direct admit to skilled nursing facility if appropriate. Engage in house physical therapy to evaluate for placement needs.
- Arrange home care, DME, IV antibiotics, next day follow-up MD visit. Utilizes in house pharmacy to secure needed medications.

Methods: Assessment Phase

Hospitalist provides daily debrief on Red house readmissions to the inpatient multidisciplinary team, identifies quality of care concerns, gaps in care, follow-up on patients.

Outcomes

There was an improvement in the 7-day readmission rate for the facility ED returns attended by the General Internal Medicine and the Hospitalist Service lines. Results show an improvement in 7-day readmission rate in the 3rd quarter of 2021.

| SHY ED Only Returns (Inpatients services provided by Shadyside Hospitalists and General Internal Medicine Phys. Excludes CTB patients) | | | | | | |
|---|------------------|-----------------|--------------------|------------------|---------------------------|-----------------------|
| CY2021 | Total Discharges | Unique Patients | Total # 7d Returns | 7 Day Return (%) | Total # 7 day Readmission | 7 Day Readmission (%) |
| Q1 | 1110 | 994 | 58 | 5.2% | 43 | 3.9% |
| Q2 | 1171 | 1045 | 76 | 6.5% | 50 | 4.3% |
| Impact (Pilot (Q2) - Baseline (Q1)) | | | | 1.3% | | 0.4% |
| Q3 | 1158 | 1056 | 59 | 5.1% | 38 | 3.3% |
| Impact (Pilot (Q3) - Baseline (Q1)) | | | | -0.1% | | -0.6% |
| Q4* | 1183 | 1068 | 70 | 5.9% | 57 | 4.8% |

*study concluded in Q3

Conclusions

Process of hospitalists and care managers evaluating patients returning to ED within 7 days decreased readmission rates. Process provides patients returning to the ED with continuity of care with same service line MD's collaborating, identifying issues, gaps in care and follow-up on patient.

Next Steps

Continual review of process and engagement with multidisciplinary team to determine which part of the intervention was effective so resources can be directed appropriately.

Apply initiative to other service lines.