Linking Stakeholders to Reduce Readmissions: California and Florida

Bruce Spurlock, M.D.
Convergence Health Consulting, Inc.
June 2011

Florida

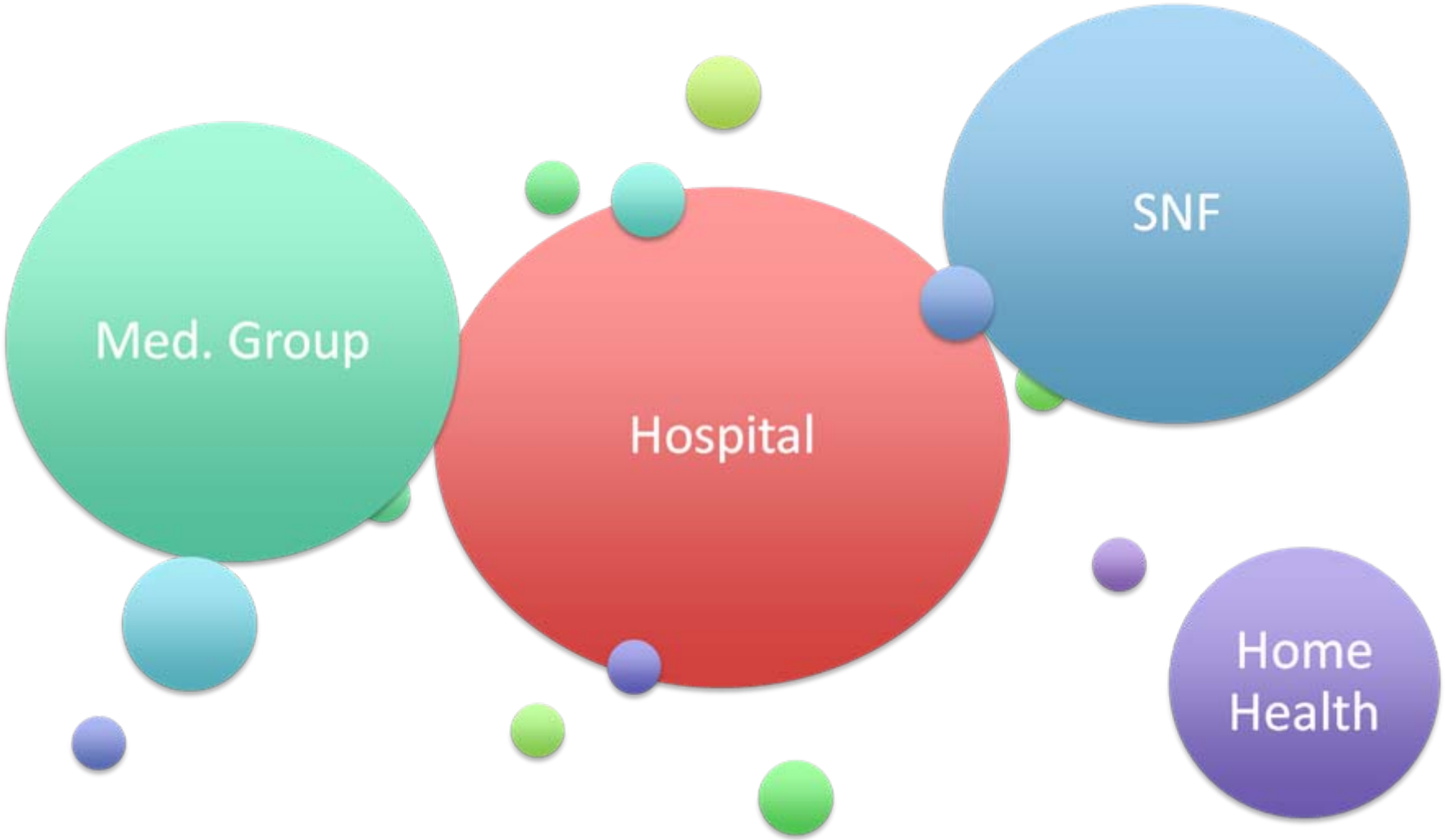
California

Differences?

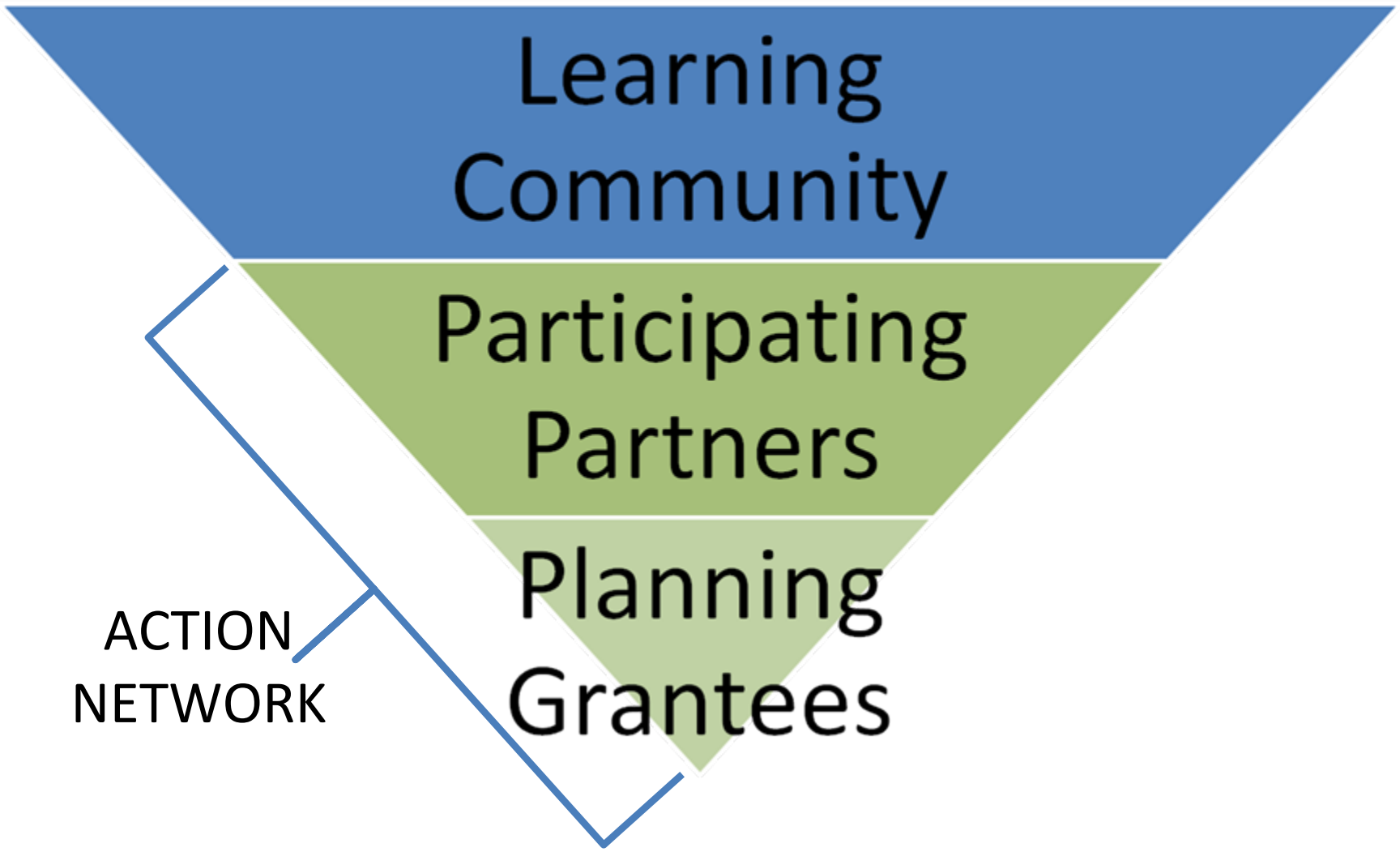
- Consolidation
- Delegation of Risk
- Political landscape
- Demographics


ARC
AVOID READMISSIONS
THROUGH COLLABORATION

Working with Partners



Collaboration Community



HOSPITAL LOGIN

ARC

AVOID READMISSIONS through COLLABORATION

SEARCH

Home
Main Page

Resources
Models at a glance

Events
Registration

About Us
What is ARC?

Contact Us
Email or Phone

Message Board
Discuss Topics

Be the first to know about events and updates from ARC!

Name:

Email:

SIGN UP

Top Resources:

- Models and Resources
- Readmissions Reduction Strategies Guide
- AHRQ Discharge Planning Tools
- Participating Hospitals
- Care Transitions Search Widget

Upcoming Events:

- ARC Learning Session 3- June 8th Oakland Airport Hilton

Our Partners:

GORDON AND BETTY MOORE FOUNDATION

Convergence Health Consulting, Inc.

CQC California Quality Collaborative
Breakthroughs for Better Healthcare

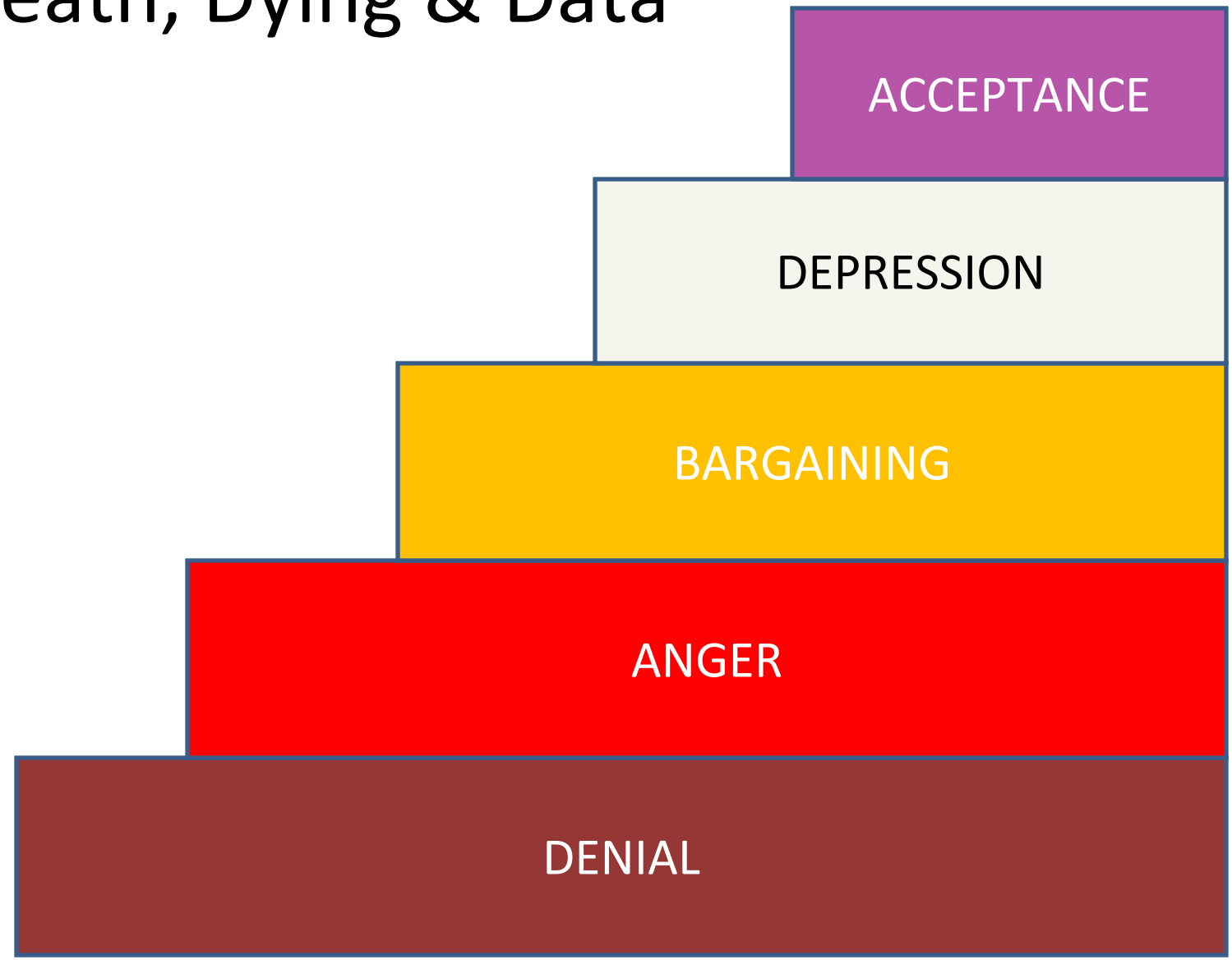
CALIFORNIA HEALTHCARE FOUNDATION

CALIFORNIA HOSPITAL ASSOCIATION

Julie France | 714-735-8754 | jfrance@pbgh.org |

The Measurement Conundrum

On Death, Dying & Data



Why Measure?

- How else will you know that the change(s) you made resulted in improvement?

Improvement	Reporting
• Used for learning	• Used to judge

Simplify

30/30/13

Reducing 30 Day Readmissions

By 30%

By 2013

11% → 8%

~5,300 fewer readmissions

17 hospitals 2010 data

Collaborative on Reducing Readmissions in Florida

- Heart Failure patients < 8%
- Heart Attack patients < 6.5%
- Pneumonia patients < 4%
- Bypass Surgery < 8%
- Hip Replacement < 2.5%

Patient Name: _____ DOB: mm/dd/yyyy

A. PATIENT INFORMATION:

Gender: ☐Male ☐Female
Race:

Language: ☐ English
☐ Other:

Admit date: / /
Time: : :

Discharge Date: / /
Time: : :

B. TRANSFERRED FROM: *(Facility Name)*

Date: / /

Unit:

Phone:

Fax:

Discharge Nurse:

Phone:

C. FAMILY/CAREGIVER CONTACT :

Name:

Phone:

Cell:

Decision making capacity:
☐Self ☐ POA ☐ Guardian ☐ HC Surrogate

D. TRANSFERRED TO: *(Skilled Nursing Facility)*

Facility Name:

Address:

Phone:

Fax:

E. PHYSICIAN CONTACTS:

Primary Care:

Phone:

Hospitalist:

Phone:

F. FOLLOWING REPORTS ATTACHED:

☐ Physician Orders
☐ Discharge Summary
☐ Medication Reconciliation
☐ Discharge Medication List
☐ Treatment Orders
☐ Lab reports
☐ X ray ☐ CT ☐ MRI
☐ EKG

G. RECENT HOSPITAL STAY:

Reason for Transfer: *(Brief Summary)*

Primary Dx at Discharge:

Surgical Procedures Performed During Stay: ☐None

1.
2.
3.

H. CURRENT MEDICAL DIAGNOSES:

Other Diagnoses: *(Please list all current diagnoses)*

I. VITAL SIGNS:

Date: / / / **Time Taken:** : :

HT: WT:

Temp: BP:

HR: RR: SpO2:

Treatment Orders & Frequency:

☐ **PT** - *Frequency*: _____

☐**OT** - *Frequency*: _____

☐ **Speech** - *Frequency*: _____

☐ **Dialysis** - *Frequency*: _____

J. TREATMENT DEVICES:

☐ Heparin Lock - Date changed: / /
☐ IV/PICC/Portacath Access - Date inserted: / /
Type: _____
☐ Internal Cardiac Defibrillator ☐ Pacemaker
☐ Other:

K. PAIN ASSESSMENT:

Pain Level (between 0 - 10):

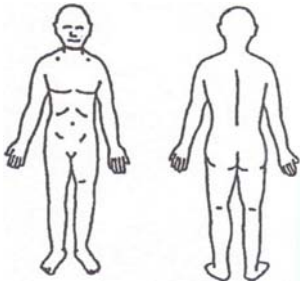
Script Sent ☐Yes ☐No

Location(s):

Pain Medication(s) list :

L. SKIN CARE – STAGE & ASSESSMENT:

Pressure Ulcers: (stage, location, appearance, treatments)
Indicate location(s) of lesions using corresponding number:



1.
2.
3.

OTHER WOUNDS:
☐ Yes ☐ No
If yes, please describe:

Wound care instructions:

M. PATIENT HEALTH STATUS:

Bladder: ☐ Continent ☐ Incontinent ☐ Ostomy
Foley Catheter - Date inserted: / /
Indications for use:
Urinary retention due to:_____
Monitoring intake and output:
Skin condition: _____
Other: _____
Was an attempt to remove catheter made in hospital? ☐Yes ☐No

Bowel:☐ Continent ☐ Incontinent ☐ Ostomy
Date of Last BM: / /
Comments:

Respiratory-Delivery Device: ☐ CPAP ☐ BPAP ☐ Nebulizer
☐ Other: _____ ☐ Nasal Cannula mask: type
☐ Oxygen – Liters:_____% ☐ PRN ☐ Continuous
☐ Trach size:_____ Type: _____
Ventilator Settings: ☐ Suction

Allergies: ☐ None Know ☐ Yes, List below:
_____
_____
Latex Allergy: ☐ Yes ☐ No
Dye Allergy/Reaction: ☐ Yes ☐ No

Hospitals, LTC and State Collaborate

Hospitals and Health Plans Collaborate

Operational Efficiencies

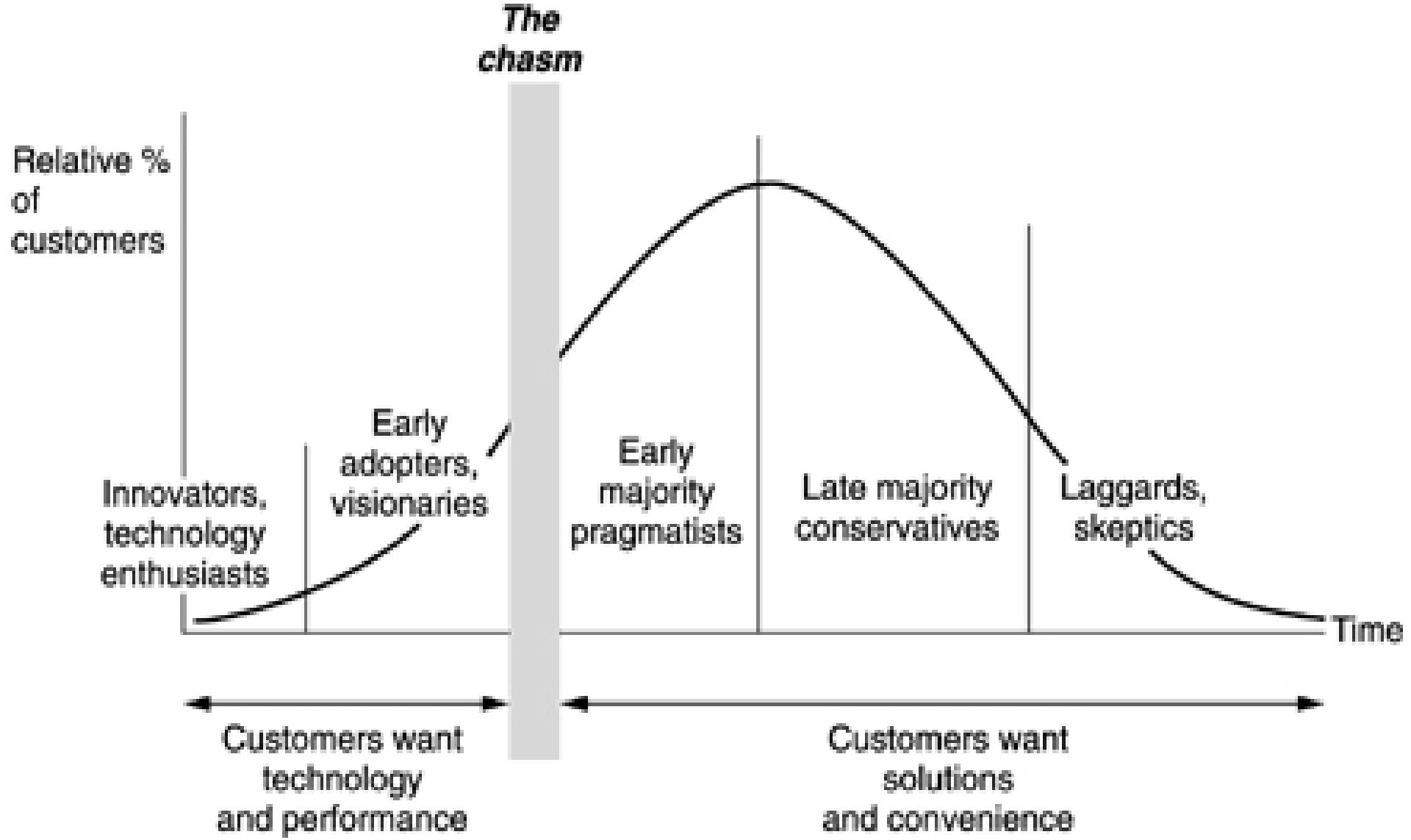
Measurement Standards

Working with Orthopods (FOS)

25% of readmissions – surgical procedure connection

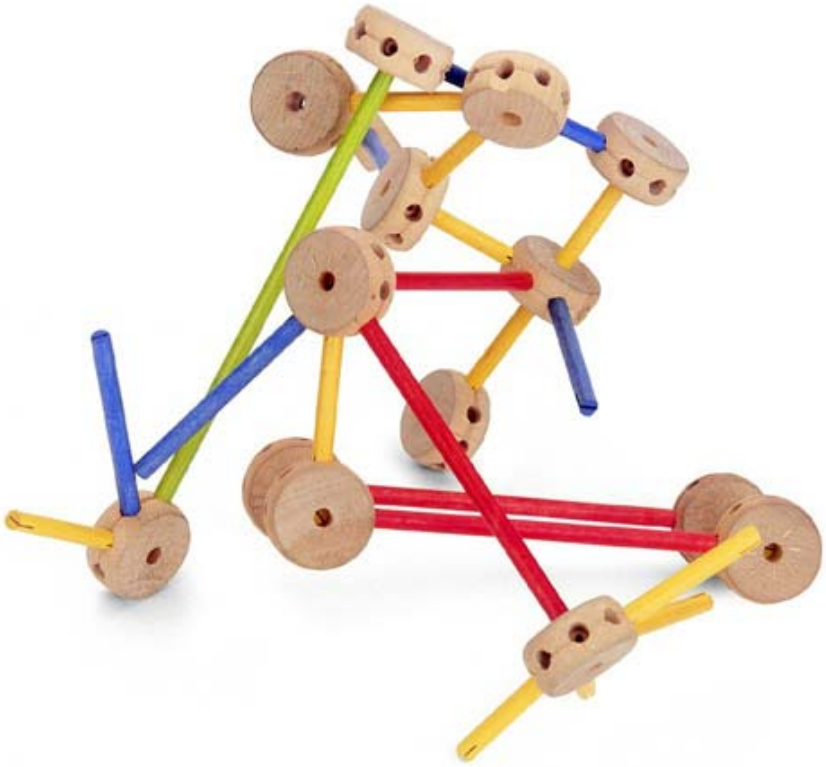
75% of readmissions – medical condition connection

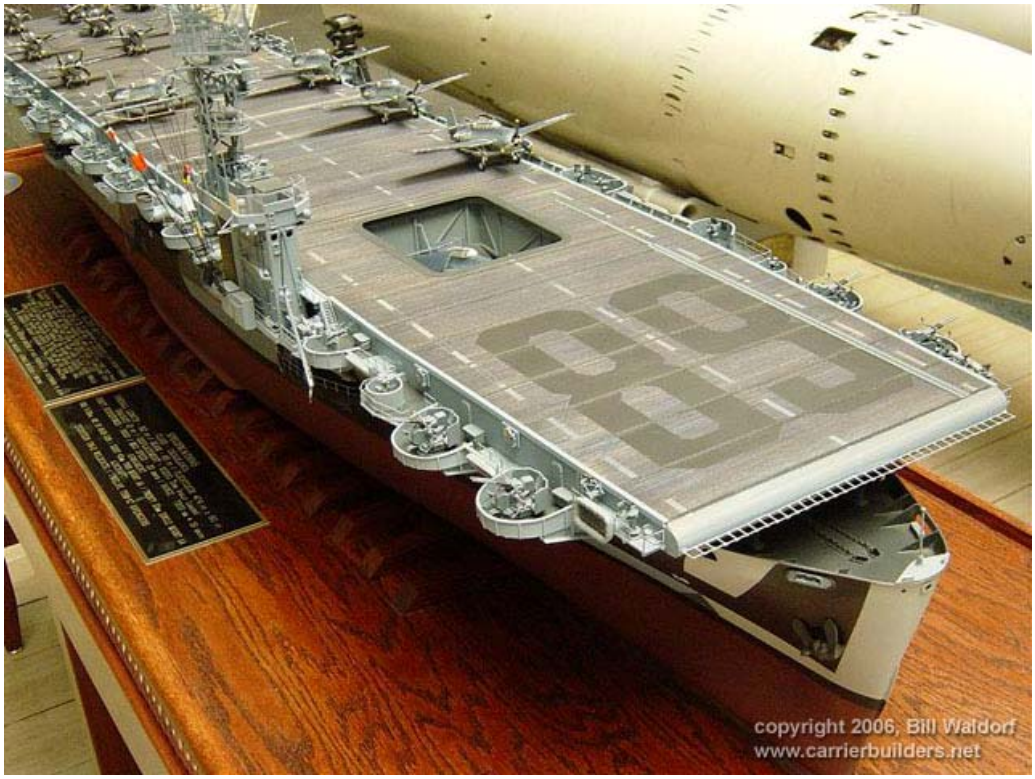
Rogers' Diffusion Categories



Category	Percent Engaged	Activities
Innovator	2-3%	Implemented model, connecting with partners, understanding social/support issues, thinking in terms of waste
Early Adopter	3-5%	Revising discharge processes, call back pilots, special clinics for high-risk patients
Early Majority	50-60%	Medication reconciliation, Teach back pilots, more advanced data analysis
Late Majority	15-20%	Determining how much financial risk, putting together teams, first pass at measurement
Laggards, Traditionalists	10-15%	Watching for the innovators to fall off the cliff

Feasibility a Major Issue



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