

Preventing Hospital Readmissions

Kevin Sundbye, MD

- ### The Hospital's Job (DRG)
- Treat the acute illness
 - Discharge patients as soon as possible
 - There is no extra compensation for *safe* discharge/transfers, though penalties are coming for readmissions

Issue

Up to 45% of Hospital to SNF bounce-backs within 30 days of Hospital discharge are **AVOIDABLE!**

Issue

The majority of 30-day SNF \longleftrightarrow Hospital bounce-backs have, as a root cause, an issue directly related to the Hospital discharge day process.

Critical Point

- "The most critical point-of-care for a geriatrician to be is at the time of Hospital discharge."

The Rapid City Experience

- A Transfer Process Designed for Convenience, Safety, and Quality
- Started in 1989 by medical directors as a way to streamline a cumbersome transfer process

The Rapid City Experience Members

- Rapid City Regional Hospital
- Seven SNF's in Rapid City and one in nearby community
- Various assisted living facilities and home health agencies
- Pharmacist
- Medical Directors

Critical Point

- 7 Criteria, if consistently met, lowered the 30-day bounce-back rate by approximately 60%.

7 Criteria

- 1 FAX entire medication list before the transfer to the NH (or the NH pharmacy) so that the patient's meds are at the NH when the patient arrives
- 2 Do NOT allow the patient to leave the hospital without written prescriptions for all controlled meds.
- 3 There must be Doctor-to-Doctor AND Nurse-to-Nurse communication before the patient leaves the hospital.
- 4 Call the NH doctor ahead of time and allow time to give him/her an opportunity to see the patient in the hospital prior to the transfer.

7 Criteria

- 5 NO late afternoon transfers (especially on Fridays); e.g.: patient must arrive at NH by 4:00p.m. No transfer should be carried-out on a "STAT" basis.
- 6 Anyone involved in the transfer process (docs, nurses, social workers, etc.) may delay the discharge if a problem is detected.
- 7 Use a Checklist.

Team

- This will require educating hospitalists, hospital social workers/case managers, nursing facility intake personnel, nursing facility and hospital nurses, nursing facility pharmacists, and nursing facility administrators.
- Hospital pharmacists may also need to be "in the loop," in case meds are sent with the patient from the hospital pharmacy to be administered in the nursing facility.

Leaving the hospital is not just a discharge

- In the American medical system, for patients too frail to participate in therapies three hours per day in an inpatient rehabilitation hospital, the pathway to higher independence leads through the skilled nursing facility.

Solutions

- Information should transfer electronically between Hospital and SNFs.

Discussion

- LTC versus Subacute/Medicare A/"Skilled"

Subacute Success:

- Accurate patient screening/assessment
- Lab and X-Ray access
- Facility personnel
- IV access
- Frequency of Doctor/Mid-level presence

Questions???

