

Creating a Culture of Quality  
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# Hospital Readmissions University Hospitals

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# Hospital Readmissions

## Agenda

- Health care reform/readmissions
- UH System analysis
- Organization-wide approach
- System trends/improvements
- Heart failure/cardiorenal syndrome
- UH System outcomes

# Health Care Reform/Readmissions

- Increasing interest in readmissions – health care reform
- Approximately 18 percent of Medicare patients readmitted within 30 days
- Readmission cost the Medicare program approximately \$15 billion a year

# Health Care Reform/Readmissions

- Accountable Care Act
- Identifies 3 DRG's/core measures
  - Heart failure
  - Myocardial infarction
  - Pneumonia
  - DRG's will expand annually
- Expected re-admission rates
- Hospitals above expected rate
  - Adjustment of Medicare reimbursement by 1%
  - Fiscal year 2013

# UH System Analysis

## UH/CMC – Adult M/S

### University Health System Consortium

#### 2008

<b>Top DRG – Re-admits</b>	
<b>DRG</b>	<b>% 30 Day Re-admit</b>
395 Red blood cell disease	43.86%
127 Heart failure and shock	24.7%*
383 Antipartem Dx	33.9%
430 Psychosis	14.11%
316 Renal failure	20.9%*
144 Other circulatory Dx w/cc	27.08%

# Framework for Categorizing Readmissions

Classification of Readmissions		
	Related to Initial Admission	Unrelated to Initial Admission
Planned Readmission	A planned readmission for which the reason for readmission is related to the reason for the initial admission.	A planned readmission for which the reason for readmission is <b>not related</b> to the reason for the initial admission.
Unplanned Readmission	An unplanned readmission for which the reason for readmission is <b>related</b> to the reason for the initial admission.	An unplanned readmission for which the reason for readmission is <b>not related</b> to the reason for the initial admission.

Public policy efforts aimed at reducing readmissions should begin by identifying and focusing on the group of **unplanned, related** readmissions for which the greatest opportunity exists for hospitals to take actions that may prevent the occurrence of readmissions.

# AHA Box Analysis

## Heart Failure Readmissions

### UH Wholly-Owned Hospitals

	<b>Related to Initial Admission</b>	<b>Unrelated to Initial Admission</b>
<b>Planned Readmission</b>	2009 Q1-Q2: 6.5% of cases (9 / 138) 2008: 3.1% of cases (10 / 319) 2007: 2.1% of cases (7 / 331) 2006: 3.5% of cases (12 / 341)	2009 Q1-Q2: 4.4% of cases (6 / 138) 2008: 3.5% of cases (11 / 319) 2007: 2.7% of cases (9 / 331) 2006: 2.6% of cases (9 / 341)
<b>Unplanned Readmission</b>	2009 Q1-Q2: 44.9% of cases (62 / 138) 2008: 50.8% of cases (162 / 319) 2007: 47.1% of cases (156 / 331) 2006: 44.6% of cases (152 / 341)	2009 Q1-Q2: 44.2% of cases (61 / 138) 2008: 42.6% of cases (136 / 319) 2007: 48.1% of cases (159 / 331) 2006: 49.3% of cases (168 / 341)

# UH System Analysis 2009

- Box classification – CMC/all community hospitals - 2008
- Top 5 DRG re-admissions
- System trends
  - Heart failure
  - Pneumonia
  - Chronic obstruction pulmonary disease
  - Psychosis
- Hospital specific



# Organization-wide Approach

- System-wide retreat
- Three-month period – analysis
  - Retrospective review
  - Concurrent data collection
- Follow-up system-wide retreat
  - Trends specific to DRG group
  - Trends across all patient groups
- AHA – interventions suggested to decrease re-admits

# UH System Analysis

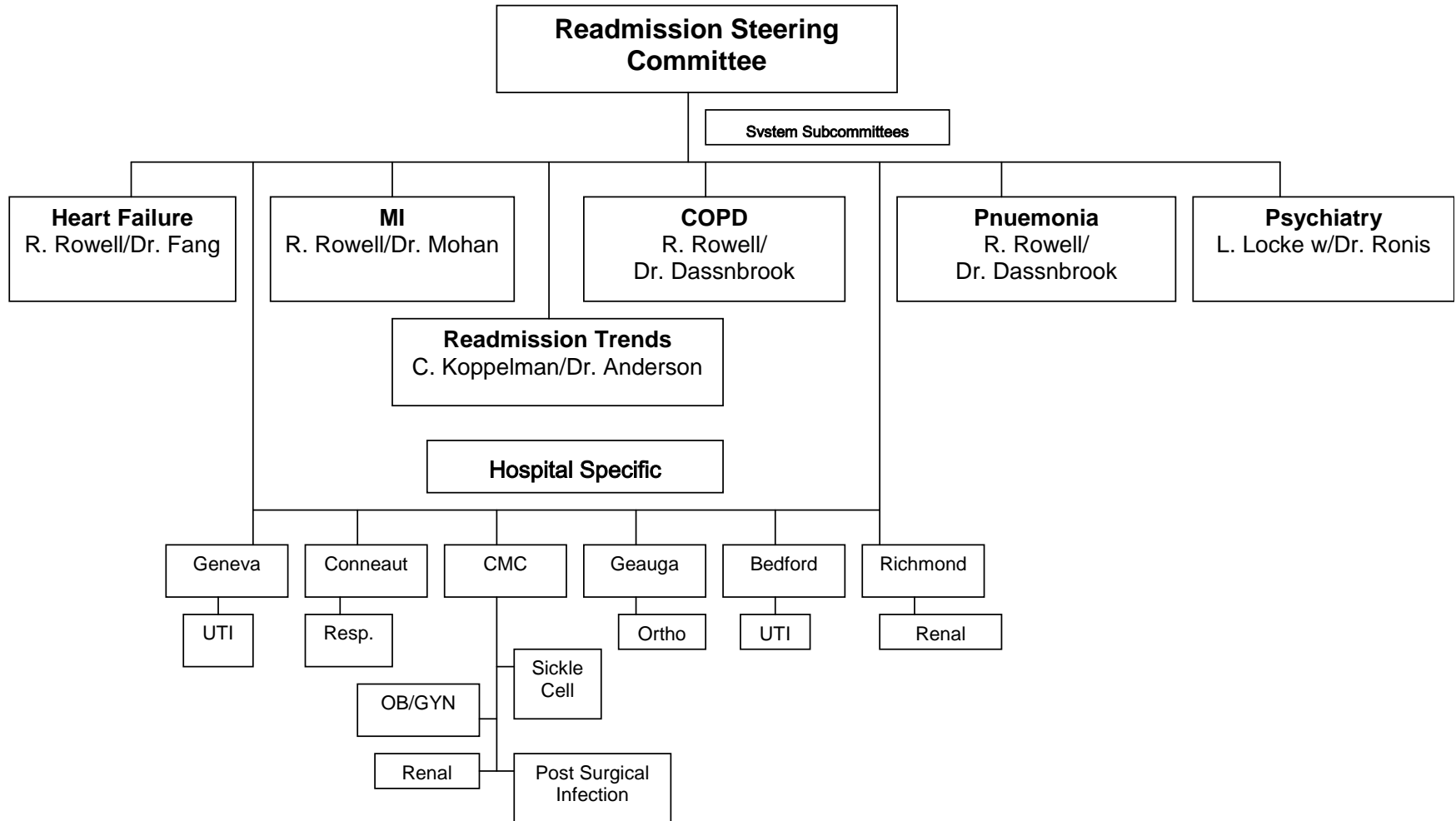
## Nationally Reported Readmission Outcomes

3<sup>rd</sup> Qtr 2005 – 2<sup>nd</sup> Qtr 2008 Discharges

	UH GEauga MEDICAL CENTER CHARDON, OH <u>Acute Care</u>	UHHS BEDFORD MEDICAL CENTER BEDFORD, OH <u>Acute Care</u>	UHHS MEMORIAL HOSPITAL OF GENEVA GENEVA, OH <u>Critical Access</u>	UHHS RICHMOND HEIGHTS HOSPITAL RICHMOND HEIGHTS, OH <u>Acute Care</u>	UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER CONNEAUT, OH <u>Critical Access</u>	UNIVERSITY HOSPITALS OF CLEVELAND CLEVELAND, OH <u>Acute Care</u>
<input type="checkbox"/> Rate of Readmission for Heart Attack Patients	No Different than the U.S. National Rate	No Different than the U.S. National Rate	Number of Cases Too Small <sup>i</sup>	No Different than the U.S. National Rate	Number of Cases Too Small <sup>i</sup>	No Different than the U.S. National Rate
<input type="checkbox"/> Rate of Readmission for Heart Failure Patients	No Different than the U.S. National Rate	Worse than the U.S. National Rate	No Different than the U.S. National Rate	No Different than the U.S. National Rate	No Different than the U.S. National Rate	Worse than the U.S. National Rate
<input type="checkbox"/> Rate of Readmission for Pneumonia Patients	No Different than the U.S. National Rate	Worse than the U.S. National Rate	Worse than the U.S. National Rate	No Different than the U.S. National Rate	No Different than the U.S. National Rate	No Different than the U.S. National Rate

# Organization-wide Approach

## UH System Readmission Structure



# System Trends/Improvements

- Trends for all hospitals
- 3 categories
  - Discharge planning
  - Insurance/financial
  - Physician-related

# System Trends/Improvements

- Discharge planning
  - Interdisciplinary team effectiveness
  - Under utilization of home care
  - End of life care needs
  - Re-admits from extended care facilities
- Improvements
  - Team evaluations and improvement goals
  - Home care algorithm
  - Structured patient/family meetings
  - Palliative care program
  - Senior services/post-acute involvement
  - STARR Initiative

# System Trends/Improvements

- Insurance/financial
  - Cost of medication
  - Different payors/methods
  - Access to post-acute
- Improvements
  - Issues with commercial payors → corporate contracting
  - Readmission report by payor source
  - Medication resource guide/education
    - Grand rounds
    - Education of MD's – ordering meds

# System Trends/Improvements

- Physician issues
  - Lack of Primary Care Physicians (PCP)
  - Infection post-procedure
  - Specific MD pattern
  - MD approval – pre-authorized meds
- Improvements
  - Beginning discussion with UHMP
  - Expand Home Care Pilot – surgical population
  - Best practice physician interviews – low re-admits rates

# Hospital Readmission Heart Failure

## Risk screen for re-admits

- Non-adherence to meds
- Low ejection fraction
- Advanced heart failure – not keeping appointment
- New diagnosis of heart failure
- Lack of social supports



# Hospital Readmission Heart Failure

## Home Care Pilot

- Readmission – not home care eligible
- Home care nurse visit
- Abstract presentation – American Heart Association
- IRB research protocol approval

# Hospital Readmission Heart Failure

## Results

- Baseline readmission 16.7%
- Pilot group 8.9%
- Reduction rate 47%

# Hospital Readmission Pneumonia and COPD

- Home Care Pilot – October 2011
- Pulmonary Rehab Program – certification
- RN office visit – post discharge
- Risk screen implemented
- Hand off tool – ICU transfers

# Hospital Readmission Psychosis

- Care Coordination conference pilot
  - In-patient team
  - Community/managed care provider
  - 80% reduction in readmissions
- Enhanced transition care – nursing homes
- Next day follow-up care – phone contact

# Nationally Reported Readmission Outcomes

## HQA Report/CMS Hospital Compare

### 3Q 2007 – 2Q 2010 Discharges

	Geauga Medical Center	Bedford Medical Center	Geneva Medical Center	Richmond Medical Center	Conneaut Medical Center	Case Medical Center
<b>Heart Attack</b>	Equals National	No Different than U.S. National Rate	Number of Cases Too Small	No Different than U.S. National Rate	Number of Cases Too Small	No Different than U.S. National Rate
<b>Heart Failure</b>	No Different than U.S. National Rate	No Different than U.S. National Rate	No Different than U.S. National Rate	No Different than U.S. National Rate	No Different than U.S. National Rate	No Different than U.S. National Rate
<b>Pneumonia</b>	No Different than U.S. National Rate	<b>Worse than National</b>	No Different than U.S. National Rate	No Different than U.S. National Rate	No Different than U.S. National Rate	No Different than U.S. National Rate

# Hospital Readmission

## All Patients – Care Coordination

### Transformation Initiative

- Re-design of care coordination model
- Core teams
  - RN Care coordinator
  - Case manager
  - Social worker
- Education/team development/accountability
- Continuum based approach/program development
- Use of STARR Initiative core processes

# Hospital Readmission 2012 Plan Update

- Updated outcomes
  - 2 x 2 table analysis
  - Top 5 DRG's system-wide
  - Common co-morbid states - Diabetes
  - 3 main trends
    - PCP access  $\leq$  7 days of D/C
    - Patient/family refusal of D/C plan
    - Patient adherence to D/C plan

# Hospital Readmission 2012 Plan

- Processes not sufficient
- Need programmatic infrastructure
- Specific roles/care maps
- Continuum based management
- Community partnerships



# Hospital Readmission Heart Failure

## Grant Application

- CMS Innovation Center
- Prevention of readmissions
  - Partnership – Hospital and Community Agency
  - New program or initiative
  - Root cause analysis and plan
  - Project savings

# Hospital Readmission Heart Failure

## Grant Application

- CMS Innovation Center
- Prevention of Readmissions
  - UH/CMC – Partnership with CDC
  - UH/BMC – Partnership with WRAA & SNFs
- Both applications – not accepted
  - CMS → Regional Grant Partnerships
  - WRAA, UH/CMC, CCF, Metro
  - CDC will partner with UH/CMC without grant

# Hospital Readmission Heart Failure

## Grant Application

- Prevention of heart failure – readmissions
- Root cause analysis – Medicare patients
  - 357 patients with cardio renal syndrome
  - 230 readmission patients (64%) – 6 months
  - 115 readmission patients (50%) -  $\leq$  30 days
  - Fluid overload and medication management

# Hospital Readmission Heart Failure

## Grant Application

- Partnership with Community Dialysis Center
- New program/model of care
  - RED – Re-engineered discharge
  - TCM – Transitional care model
- UH/CMC – Discharge advocate
- CDC – Transition care coordinator
- Continuum based plan of care/database

# UH System Readmission Outcomes

- A hospital's qualifying discharges are risk adjusted to determine a predicted rate of readmission
- Nationwide results are also risk adjusted and according to the level of severity an expected rate of readmission is determined
- A hospital's risk adjusted rate is divided by the national risk adjusted expected rate to determine the excess readmission ratio
  - Ratio greater than 1.0 leads to a penalty
  - Ratio less than or equal to 1.0 means no penalty

# UH System Readmission Outcomes

- The goal is to have as low an excess readmission ratio as possible
- Only penalized if ratio is greater than 1.0, but the lower the number, the better a hospital is at preventing readmissions

# UH Case Results – FY 2013

Table 1: Your Hospital's 30-Day All-Cause Risk-Standardized Readmission Results for AMI, HF, and PN for the FY 2013 Hospital Readmissions Reduction Program  
Based on Discharges from July 2008 through June 2011  
UNIVERSITY HOSPITALS OF CLEVELAND

A	B	C	D	E	F	G
Measure	* Number of Eligible Discharges at Your Hospital**	* Number of Readmissions at Your Hospital	* Predicted Readmission Rate	* Expected Readmission Rate	* Excess Readmission Ratio	National Crude Readmission Rate
AMI	379	83	21.4%	20.3%	1.0506	19.2%
HF	754	190	25.4%	26.0%	0.9779	24.6%
PN	379	71	19.1%	19.5%	0.9768	18.5%

\* Starred items will be publicly reported on the *Hospital Compare* website in October 2012.

\*\* Results for hospitals with fewer than 25 eligible discharges will not be publicly reported nor used to calculate the readmission adjustment for FY 2013; your results are presented here for your information.

- Excess Readmission Ratio is  $> 1.0$  for AMI so Case will face a penalty for that measure
- Ratio  $< 1.0$  for HF and PN so those will not be penalized

# UH System Readmission Outcomes

Hospital	Payment Adjustment Factor
Case Medical Center	0.12%
Ahuja	0.00%
Bedford	1.00%
Geauga	0.12%
Richmond	1.00%
St. John	0.04%
Southwest	0.58%

- For example, Case Medical Center will lose 0.12% of it's overall 2013 Medicare inpatient revenue.
- To look at it another way, for each Medicare claim in 2013, CMC will only receive 99.88% of the expected reimbursement.



# Readmission Reduction Penalty

## U.S. News Honor Hospitals and select AMC's

Hospital Name	City, State	FY 2013 Readmission Penalty
Mayo Clinic	Rochester, MN	0.00%
Stanford Hospital	Stanford, CA	0.00%
Hospital of the University of Pennsylvania	Philadelphia, PA	0.02%
University of Pittsburgh Medical Center	Pittsburgh, PA	0.03%
Cedars-Sinai Medical Center	Los Angeles, CA	0.04%
NYU Langone Medical Center	New York, NY	0.09%
UCSF Medical Center	San Francisco, CA	0.09%
<b>University Hospitals of Cleveland</b>	<b>Cleveland, OH</b>	<b>0.12%</b>
University of Washington Medical Center	Seattle, WA	0.14%
Indiana University Health	Indianapolis, IN	0.16%
Ronald Reagan UCLA Medical Center	Los Angeles, CA	0.19%
Duke University Medical Center	Durham, NC	0.45%
Massachusetts General Hospital	Boston, MA	0.50%
Brigham and Women's Hospital	Boston, MA	0.53%
University of Chicago Medical Centers	Chicago, IL	0.55%
Vanderbilt University Hospital	Nashville, TN	0.62%
University of Michigan Hospitals	Ann Arbor, MI	0.64%
Ohio State University Hospitals	Columbus, OH	0.64%
Cleveland Clinic	Cleveland, OH	0.70%
Northwestern Memorial Hospital	Chicago, IL	0.70%
New York Presbyterian - Columbia and Cornell	New York, NY	0.71%
Mount Sinai Medical Center	New York, NY	0.89%
Yale-New Haven Hospital	New Haven, CT	0.89%
Barnes-Jewish Hospital	St. Louis, MO	1.00%