



New York State Partnership for Patients



Preventable Readmissions Initiative

PREVENTABLE READMISSIONS INITIATIVE GOAL, OBJECTIVES & IMPLEMENTATION

GOAL

The Centers for Medicare & Medicaid Services' Partnership for Patients goal is to reduce hospital readmissions by **20%** by **December 2013**. NYSPFP seeks to achieve this goal through aggregate improvement that will be tracked beginning with December 2010 Potentially Preventable Readmission (PPR) data.

OBJECTIVES

To achieve its stated goals, NYSPFP will work with hospitals toward the following objectives:

- Provide hospitals with the data, tools, and information necessary to quantify potentially preventable readmission rates
- Identify organizational challenges that can be addressed with targeted readmission reduction strategies and interventions
- Provide hospitals with education that can be applied to effectively implement those strategies

THE NYSPFP APPROACH

The Preventable Readmissions Initiative is designed to assist hospitals in developing a targeted intervention for patients identified as being at risk for readmission by:

- 1 Supporting hospitals in **identifying the underlying causes of their readmissions**
- 2 Facilitating the **design of a hospital-specific work plan** to target the underlying causes with effective strategies
- 3 Providing **education on successful strategies**



1 Identifying the Causes of Readmissions

The first part of this initiative will include a hospital-specific analysis to identify the significant causes of readmission among certain patient cohorts, and opportunities for improvement. The hospital analysis could include the following:

- An assessment of current hospital practices to reduce preventable readmissions
- Patient and family caregiver interviews on a sample or targeted group of readmitted patients
- Retrospective record reviews on a sample or targeted group of readmitted patients
- Discussions with community-based providers to ascertain their perspectives on the causes of preventable readmissions

2 Designing a Hospital-specific Action Plan

Based on the results of the hospital-specific analysis, a hospital with NYSPFP support will develop and implement an action plan including patient-centered and evidence-based strategies focused on some or all of the following:

- Interventions for patients at risk for readmission
- Strengthening patient/family self-management skills through education, technology, and equipment supports
- Coordinating care with the next provider through overall enhancements to the discharge process including communication and outreach to community providers

3 Educational Programming on Successful Strategies

NYSPFP will conduct regularly scheduled Webconferences and other educational programs that feature national/local experts and examples of successful strategies. Please see timeline on reverse for more details about each of these activities.

PREVENTABLE READMISSIONS INITIATIVE WORK PLAN AND IMPLEMENTATION TIMELINE

HOSPITAL-SPECIFIC ANALYSIS

August 2012 – September 2012

- Hospital undertakes organizational assessment of its current practices to reduce preventable readmissions by:
 - Completing a readmission prevention assessment survey
 - Reviewing and analyzing hospital readmissions diagnostic reports provided by NYSPFP

September 2012 – November 2012

- Further internal analysis to identify significant and preventable causes of readmissions
- Hospital develops targeted plan of action based on results of internal assessments

EDUCATIONAL PROGRAMMING

September 19, 2012, 1p.m.

- **NYSPFP Preventable Readmissions Initiative Kickoff Webconference** – Introduction of strategies to reduce readmissions, including overview of the NYSPFP readmissions reduction curriculum and measurement strategy

October 2012 - November 2013

- **Statewide NYSPFP monthly Webconferences** featuring leaders in proven readmissions reduction initiatives
 - Webconferences will take place on the third Tuesday of each month at 1p.m.

More information can be found on the Preventable Readmissions Initiative calendar at www.nyspfp.org.

HOSPITAL IMPLEMENTATION OF READMISSION REDUCTION INTERVENTIONS

Hospital implements work plan incorporating evidence-based and other strategies to prevent readmissions, which may include:

- Patient risk assessment on admission
- Interdisciplinary discharge planning and patient-centered discharge preparation
- Palliative care planning
- Medication education and reconciliation with patient and family caregiver during hospitalization and reinforced at discharge using Teach Back or other tool
- Coordination of timely implementation of post-hospital care services
- Facilitation of effective communication with nursing homes, home care, or other next providers by ensuring oral and/or written discharge summary and care plans are transmitted within prescribed timeframes
- Telephone follow-up with patient/family caregiver within prescribed time frames
- Tracking of progress through monthly data collection

MEASUREMENT

MONTHLY DATA COLLECTION

- Number of potentially preventable readmissions in 30 days
- Number of patients with documentation of medications reconciled on discharge per The Joint Commission (NPSG.03.06.01) via monthly review of a sample of medical records

As always, please contact your hospital's NYSPFP Project Manager, or Zeynep Sumer at zsumer@nyspfp.org or Nancy Landor at mlandor@nyspfp.org with any questions or concerns.