



Quality
Insights

The healthcare improvement experts.

Best Care in the Best Setting

Reducing 30-Day Readmissions and Avoidable Emergency Department Trips

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QIN-QIO

Quality Innovation Network -
Quality Improvement Organizations

CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Per 1000 Resident Days	Long Stay 30 Day Readmission Rates	Short Stay 30 Day Readmission Rates	Long Stay Emergency Department Visits	Short Stay Emergency Department Visits
National	1.51%	22.1%	0.95%	11.4%
Pennsylvania	1.31%	20.8%	0.63%	9%
West Virginia	1.47%	22.1%	1.14%	13.2%

Value Based Purchasing Program August 2022 Updates

- Current Risk Adjustments for reporting year 2023
 - Age
 - Sex
 - Length of hospital stay
 - COVID-19 diagnoses
 - Time spent in ICU
 - ESRD
 - Number of Acute care hospitalizations in prior 90 days
 - Principal diagnosis
 - Multiple comorbidities

Accounting for COVID-19

- Performance Period for 2023 VBP program year uses 2021 data
- COVID-19 Impact
 - Extraordinary Circumstances Exception issued to reduce look back period to 90 days
 - Risk adjustment added for residents admitted with a current COVID dx or history of COVID dx

Where to Start?

- Consider a Performance Improvement Project
 - Create a team
 - Promote the project
 - Educate on QAPI process
 - Gather Data
 - Set a SMART goal
 - Create Prioritization List
 - Root Cause Analysis
 - Plan Do Study Act Cycles

Who is on the team?

- Choose people who can have impact
 - Admissions
 - Director Of Nursing
 - Charge Nurse
 - Nursing Assistant
 - Social Worker
 - Physician
 - Dietary
 - Resident/Family

Promote your Project?

- Posters
 - This can help the effort be at the forefront of everyone's mind
- Meetings
 - Everyone plays a part, meet to help others understand where they fit in the project
- Publicize a goal and a reward
 - “We will reduce rehospitalizations within 30 days of discharge by 5% over the 1st quarter of the year. We will celebrate with a Spring Fling in April.”
- Create a buzz

QAPI Brush Up

- Goal Setting
 - SMART
- Data Collection
 - What are we measuring
- Prioritizing
 - How will we choose what to work on first
- Root Cause Analysis
 - Practice
- Plan, Do, Study, Act Cycles
 - The heart of the matter
- Next!

Set Your Goal

- **S**MART- Make your goal **specific**
- **S****M**ART- Make your goal **measurable**
- **S**M**A**RT- Make your goal **achievable**
- **S**M**A**R**T**- Make your goal **relevant**
- **S**M**A**R**T**- Make your goal **time bound**

Starting and Ending with Data

- Data collection
 - Internal
 - Critical Element Pathway-Hospitalizations
 - QM Data
- Compare apples to apples
 - May not want to compare winter data to summer data
 - May wish to compare pre Covid data to current data
- Who will be responsible
 - Standardize approach
 - Create accountability

Prioritize

- How will you determine what to work on first
 - Score
 - Vote
 - Biggest impact

Root Cause Analysis

- 5 Whys
 - One sentence description of problem to be solved
 - Complete with more than one person, looking for various perspectives
 - NON PUNATIVE

Plan, Do, Study, Act

- Start with the root of a problem that has been chosen from the priority list
- Create a Plan
- Enact the Plan
- Study the Results
- Determine to Adopt, Adapt, or Abandon
- Rapid Cycle

What Comes Next

- Look at the project as a whole
 - From preadmission to 30 days post discharge
- Look at tools that may help
 - Pre-admit Risk Assessment
 - Admission Huddle
 - First 30 Days of Stay
 - Discharge Process
 - Discharge Follow Up
- Discuss work groups
- Data submission

Questions?

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