

## **HealthSouth Rehabilitation Hospital of Toms River – Toms River, New Jersey Interdisciplinary Acute Care Transfer Process/Review**

**Overview:** Serving the Jersey Shore community, HealthSouth Rehabilitation Hospital of Toms River is a 92-bed inpatient rehabilitation hospital with more than 2,500 admissions per year. In an effort to reduce its acute care readmission rate, HealthSouth leaders developed initiatives for reducing readmissions to the acute care setting.

This initiative represents a significant revamping of the hospital's longstanding efforts to reduce acute care transfers. The changes in the process are as follows:

- The medical director now coordinates the initiative.
- In accordance with new CMS regulations, a rehabilitation physician now reviews the pre-admission screening information for all potential admissions. A physician identifies the patient's admitting rehabilitation diagnosis and determines whether further tests are needed before the patient is appropriate and medically stable for admission. If the patient requires further testing, this is communicated to the screening liaison and the acute care hospital. In the event of a referral from the emergency department, the ED physician is contacted and informed as to the recommendation. In addition, when a patient is sent from the rehab hospital to the ED for necessary immediate testing/ evaluation, the ED physician is contacted to communicate the clinical scenario in the interest of preventing an acute care admission.
- Although a charge nurse completes an Acute Care Discharge Review Form, the form is immediately sent to the medical director, who in turn reviews the acute care record to identify more accurately the diagnosis necessitating readmission. The process no longer relies on the verbal diagnosis given by the ED staff. The reason or symptoms that necessitated the transfer to the acute care hospital is documented and contrasted with the actual admitting diagnosis. The Review Form is then passed on for nursing review, and the specific admitting diagnosis guides this review.
- The Review Form includes a checklist of "red flags," such as cognitive changes and hypo/hypertension, which is used to identify significant warning signs that could cause problems during the patient's rehabilitation stay. These warning signs might contribute to—or prevent—an acute care transfer.
- An interdisciplinary team meets weekly to conduct medical record reviews of the previous week's transfers. Medical direction for further or more focused review is provided by the medical director. Additionally, a trending report that tracks sending symptoms, true acute admitting diagnosis, day of week and time/shift of transfer, red flags, time frame from admission 24 hours, 48 hours, 72 hours, and greater is reviewed. Issues of concern are distributed to other physicians and clinical staff as needed for further review.

HealthSouth staff currently shares a list of all emergent transfers that occur within 72 hours of rehab admission with the hospital's largest referring acute care hospital. The acute care vice president of Medical Affairs reviews this data to identify whether or not there were clinical issues prior to rehab admission that could have been contributory to the need for acute care readmission.

**Impact:** In March/April 2010, HealthSouth Rehabilitation Hospital of Toms River reduced its acute care readmission rate by 44 percent.

**Challenges/success factors:** Initially, staff had to get used to filling out the form and sharing it on a timely basis. Further, ensuring that everyone reviewed and reported on the form in a consistent format took some time and training.

**Future direction/sustainability:** The Acute Care Discharge Review Form is currently in paper form. As the organization's clinical information system is rolled out, the goal is to be able to share the form electronically. HealthSouth clinical leaders are also reinforcing the use of evidence-based protocols for surveillance of congestive heart failure and chronic obstructive pulmonary disease; they believe participation in clinical protocols across the healthcare continuum should be encouraged.

**Advice to others:** The process of reduction of acute care transfers should be under the direction of a medical leader with access to acute care information. Overall, physicians must be more involved in the pre-admission screening process. Clinical protocols should be reinforced for uniformity of implementation. In addition, senior nursing leadership should conduct chart reviews within a standard investigative manner with physician direction. Finally, effective working relationships with acute care ED physicians should be cultivated to keep the lines of communication open.

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