

5) Readmission Reduction Initiative – FINALIST

Hebrew Senior Life

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PROJECT DESCRIPTION

Several years ago, the HOSPITAL GROUP (HG) focused on reducing their readmission rate on the Rehabilitation Service Unit (RSU) at the Boston campus. Initially, the RSU transfer rate was equal to or above the state and national benchmarks. Randi Berkowitz MD, our former RSU medical director and HG was awarded Center For Medicare and Medicaid Innovation (CMMI) grant that incorporated a communication forum called TIPS (Team Improvement Patient Safety) conference and the use of a Palliative care consults as ways to prevent readmission from the RSU.

The TIPS conference was a forum designed to pull together the floor team to discuss acute care transfers. Team members included the usual direct care team as well as the floor coordinator, housekeeping, and in many situations family or community stakeholders such as case managers from other facilities. The rules for a TIPS conference were simple yet sustainable. They could be no longer than 30 minutes and only 5 minutes are set aside to explain the situation. The remaining time was focused with an open discussion of what went wrong and what could we do to improve. The facilitator creates a safe environment for open dialogue with the final intent of the group identifying next steps and tangible takeaways to reduce or eliminate another similar situation.

In addition to the TIPS conference intervention, the clinical team added an “automatic” palliative care consult trigger to any patient who had been hospitalized more than 3 times in a 6 month period. Consults by a multidisciplinary team (trained professionals in palliative care: physician, social worker, chaplain, and clinical nurse specialist) facilitated ample discussion with the patient and families around goals of care and treatment which often resulted in the patient developing clear advance directives that avoided unnecessary hospitalizations. The focused discussion around goals of care often led to a desire for less invasive procedures and more focus on quality of life.

As part of this CMMI grant, a review of radiology, laboratory and pharmacy costs were monitored.. Though there were no changes in radiology costs, there were significant reductions in the laboratory costs (15%) and pharmacy costs (11%) for the patients on this floor.

The two components of TIPS conferences and automatic palliative care consults provided a strong model to support reduced readmissions from our Rehabilitative Service Unit that has continued to be sustained.

OUTCOMES ACHIEVED

The palliative care model and the Team Improvement Patient Safety (TIPS) conference demonstrated that this approach can lower readmissions and achieve the Triple Aim.

- Better Health- lowered readmission rates and less hospitalizations
- Better Care-TIPS conferences engage, staff, patients and families in care redesign
- Lower cost- reduction in potentially unnecessary laboratory and pharmacy costs.

LESSONS LEARNED

- Involving patient, family and community stake holders into TIPS conferences provide a unique learning experience for all involved. The leadership must create an open and safe environment for staff to share and willingness to support recommended action plans.
- The TIPS conference must be simple, quick, and relevant in order to maximize interest and encourage a culture of continuous improvement.
- Proactive palliative care consults provide guided discussions to fully inform patients and families of their options. These in depth discussions often result in the decision to change code status and opt for less invasive treatments.