Preventable Hospital Readmissions

Goal: Reduce national hospital readmission rates by 25% in one year and 50% in two years

Clinical Workgroup Leader: Nancy A. McClure, J.D.

Outcome Metric: Hospital readmission rates used by Medicare and other payors

Best Practices / Initiatives	Identify high-risk patients across all settings of care	Provide clear, understandable information at discharge
Process Metrics or Goals to Evaluate Progress	• Percentage of all patients that are identified as being high-risk	• Percentage of patients that are provided with clear, understandable information at discharge
Discussion Highlights	• Assessment tool must be combined with other best practices and should not be limited to inpatient settings • Consider the review of 100% of patients discharged to long-term care	• Use the "teach-back" method • Include key things that patients should look for and specify the provider who should be contacted

Preventable Hospital Readmissions (cont.)

Goal: Reduce national hospital readmission rates by 25% in one year and 50% in two years

Clinical Workgroup Leader: Nancy A. McClure, J.D.

Outcome Metric: Hospital readmission rates used by Medicare and other payors

Best Practices / Initiatives	Follow up with high-risk patients after discharge	Create a common, unified care plan for all patients
Process Metrics or Goals to Evaluate Progress	• Percentage of high-risk patients that have had follow up contact after discharge	• Percentage of patients that have a common, unified care plan
Discussion Highlights	• How to avoid silos • Methods of follow-up • Scheduling follow-up before discharge • Utilization of care navigators	• Ease of use • A means for patient empowerment • Focuses on all care needs

Preventable Hospital Readmissions (cont.)

Goal: Reduce national hospital readmission rates by 25% in one year and 50% in two years

Clinical Workgroup Leader: Nancy A. McClure, J.D.

Outcome Metric: Hospital readmission rates used by Medicare and other payors

Best Practices / Initiatives	Leverage the role of the pharmacist in the hospital and the clinic, including medication reconciliation and medication therapy management	Focus on palliative care
Process Metrics or Goals to Evaluate Progress	• Percentage of patients that receive medication reconciliation and medication therapy management	• Percentage of patients that receive a palliative care consultation
Discussion Highlights	• Calling for pharmacists to attend discharge discussions • Role of clinic pharmacists and medication therapy management pharmacists in the ambulatory setting	• Criteria for providing palliative care consultations during inpatient stays • Documentation of prognosis discussion with patient and family •Education programs across the care system • Community-based discussions of end-of-life issues