Reduce the occurrence of 30-Day All-Cause Readmission Rate by 20% by Dec. 31, 2013. (from 7.7 to 6.2).

Why is this project important?
To improve patient outcomes, ensure understanding of post-hospital care, increase patient satisfaction, create efficient processes while improving collaboration of healthcare team, and aligning with the Value-Based Incentive Payments.

Changes being Tested, Implemented or Spread
- Complete chart reviews on readmitted patients to identify causes of readmissions, especially within the MediCare population. (Implemented)
- Revise the Discharge Checklist to better clarify of roles & responsibilities. (Implemented)
- Institute a “Time-Out” prior to discharge to ensure all patient teaching is completed. (Implemented)
- Redefine process for discharge phone calls and implement for larger patient group. (Spread)
- Utilized InterAct SNF readmission abstraction tool to determine readmission causes. (Spread)

Lessons Learned
- By utilizing small tests of change to refine the Discharge Time-Out process (physician orders, instructions, post-care, etc.), we were able to eliminate the inconsistency in performance of Discharge “Time Out”.
- We learned that post-discharge phone calls must provide higher concentration on actual discharge instructions and assist patient with follow-through. This was accomplished by scripting the calls.
- Every member of the team must work in concert to ensure good outcomes.

Recommendations and Next Steps
- Continue to review/analyze data and identify opportunities to reduce failures.
- Beginning to work with community partner’s to reduce all-cause readmission to same hospital and elsewhere.

Team Members
- Marilouise Salsiccia, RN, CPHQ, HACP, Director, Quality Resource, Team Leader
- Lois E. Owens RN, MBA, VP Patient Care Services, Clinical Director
- Case Management, Physicians, Nursing Staff, Pharmacy