

I X I X Hospital Quality Improvement Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES QUALITY IMPROVEMENT & INNOVATION GROUP

# **HQIC Patient Safety Network: Readmissions**

#### Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please be aware that this event will be recorded

### We will get started shortly!

#### HQIC Readmissions: A Deep Dive Into Data Access



Melody Brown, MSM Sarah Irsik-Good, MHA



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#### **COLLABORATORS:**

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**Hospital Quality Improvement** 

# Welcome from all of us!













# **Readmission Co-Leads**



Melody "Mel" Brown, MSM

Melody has over 40 years of healthcare experience, including varied roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network–Quality Improvement Organization (QIN–QIO). Coaching hospitals and nursing homes on all facets of healthcare quality improvement has been her focus as the Patient Safety Manager.

Contact: Melody.Brown@AlliantHealth.org



Sarah Irsik-Good, MHA Sarah has over 20 years of healthcare experience and has worked in nearly every healthcare delivery setting including acute care (both PPS and CAH), long term care, behavioral health, and ambulatory care. At KFMC, Sarah has managed QIN-QIO projects including both readmission reduction and care coordination projects.

Contact: <a href="mailto:sgood@kfmc.org">sgood@kfmc.org</a>



## Learning Objectives

- Learn Today:
  - Availability of the Alliant Portal Information
  - How to identify data needed to initiate readmission interventions

#### • Use Tomorrow:

- Access the Alliant Portal
- Review data and identify appropriate source



### Vision

There are many characteristics and circumstances that place individual patients at a higher risk of being readmitted soon after a hospital discharge. Among the influences for rehospitalization are specific diagnoses, co-morbidities, emotional factors, personal issues, mental health factors, older age, multiple medications and associated reactions, level of caregiver and home support, history of readmissions, financial issues and deficient living conditions.

You must first identify which influences are at play in your community/patient population before you can enhance or add interventions to address those influences.

Only then can you identify patients at high risk for readmission **PRIOR** to discharge from their index admission, and connect them with the appropriate interventions to avoid a readmission.



# Hospital-wide, All Cause, Unplanned Hospital 30-day Readmissions (NQF 1789)

- Numerator:
  - All Medicare Patients having an unplanned Readmission within 30 days of discharge from an Acute Care Setting
- Denominator:
  - All eligible Medicare discharges
- Display: Num/Den as percentage
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 1%, Year 2 = 3%, Year 3 = 5%
- Measure Shorthand in Graphs: READM\_30D\_HW



# Data Access – Alliant/HQIC Partner Portal

Search.	**		SEARCH		
MENTS	HQIC MONTHLY MEASURES	HQIC COVID DATA	DISCUSSIONS		

#### WELCOME!

based application for NQIIC, HQIC AND ESRD networks. The Alliant Portal was created as a convenient way for partners to share data, access quality share resources with industry peers and communicate with Alliant representatives.

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ant Quality) asked a question.

rk with a large hospital using Cerner to identify opportunities with ADE, specifically around safety ale



### Data Access – Alliant/HQIC Partner Portal





View Report (ADE\_ANTICOAG)





## Data Access – Alliant/HQIC Partner Portal



View Report (READM\_30D\_HW)





Report: Organizations with Monthly Monitoring Measures  $READM\_30D\_HW$ 



Organization Name ↑	Month 🕈 💌	Description	Last Modified Date 💌	Numerator 💌	Denominator 💌	Rate 🕇 💌
All HQIC Hospitals	2019_12	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	13,727	85,923	0.16
	2020_09	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	949	5,721	0.17
	2020_10	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	968	5,763	0.17
	2020_11	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	1,008	6,068	0.17
	2020_12	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	930	5,688	0.16
	2021_01	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	1,009	6,284	0.16
	2021_02	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	954	5,850	0.16
	2021_03	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	841	4,992	0.17
	2021_04	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	864	5,538	0.16
	2021_05	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	872	5,294	0.16
	2021_06	READM_30D_HW: 30-Day All Cause Readmission Rate	8/17/2021	833	5,223	0.16
nc.	2019_12	READM_30D_HW: 30-Day All Cause Readmission Rate	7/23/2021	22	134	0.16
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	2020_10	READM_30D_HW: 30-Day All Cause Readmission Rate	7/23/2021	0	5	0.00
	2020_11	READM_30D_HW: 30-Day All Cause Readmission Rate	7/23/2021	1	5	0.20
	2020_12	READM_30D_HW: 30-Day All Cause Readmission Rate	7/23/2021	0	4	0.00



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Report: Organizations with Monthly Monitoring Measures **READM 30D HW** 



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## Measurement Data vs. Improvement Data

- Readmission data in the portal is Claims Data; 4-6 month data lag
  - Great for Monitoring, Evaluation, and validating local sources of data
- Need to identify and generate local, identifiable, real-time data source
  - Electronic Health Record
  - Health Information Exchange



## Challenge

- Identify what data you have access to
  - Numerator: Any admission for any cause, except certain planned readmission, within 30 days of discharge excluding:
    - Admitted to Prospective Payment System (PPS)-exempt cancer hospitals;
    - Without at least 30 days post-discharge enrollment in Medicare FFS
    - Discharged against medical advice;
    - Admitted for primary psychiatric diagnoses;
    - Admitted for rehabilitation; or
    - Admitted for medical treatment of cancer.
  - Denominator: Admissions for Medicare beneficiaries who are 65 years and older and are discharged and have a Medicare claims history for 12 months prior to admission.



# Goal

- 1. Replicate the data locally
- 2. Use the data to identify the causes of readmissions, or the populations most likely to be readmitted (Root Cause Analysis)
- 3. Use data to drive intervention selection
- 4. Use data to measure the success of intervention implementation
- 5. Adjust approach based on remeasurement data (PDSA Cycles)

Step 1: Accessing Data



## **Readmission Series**

Session 1: Deep Dive into Data Access

Session 2: Identify/Validate Local Readmission Data Sources

Session 3: Using Readmission Data to Conduct a Root Cause Analysis

Session 4: Intervention Exploration (Part 1)

Session 5: Intervention Exploration (Part 2)

Session 6: Remeasurement & Next Steps





Alliant/HQIC Portal Training Videos

- Registration and Multi-Factor Authentication: <u>http://youtu.be/qSDHMpcFbNc?hd=1</u>
- Portal Navigation and Feature Overview: <u>http://youtu.be/vEvpgaMIXRs?hd=1</u>

NQF Measure 1789: Hospital-Wide All-Cause Unplanned Readmission Measure Specifications



# Key Takeaways

- Learn Today:
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### Questions?



Email us at <u>HospitalQuality@allianthealth.org</u> or call us 678-527-3681.



## **HQIC** Goals



#### ✓ Promote opioid best practices

- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- $\checkmark$  Increase access to behavioral health services

#### **Patient Safety**

**Outcomes &** 

**Opioid Misuse** 

- Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings

- **Quality of Care Transitions**
- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events



**Upcoming Events** 



#### **December 1, 2021**

#### 2PM EST (Occurring the first Wednesday of each month)

#### HQIC Patient Safety Network Readmissions: Validating Local Data Sources

Melody Brown and Sarah Irsik-Good

www.quality.allianthealth.org





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#### Hospital Quality Improvement



#### Thank you for joining us! How did we do today?



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This material was prepared by Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS TO3-HQIC—1025 10/25/21



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