Readmissions and Health Disparities Cohort

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Readmissions Subject Matter Expert

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Hospital Quality Improvement Contractors
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Welcome from all of us!

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Readmission Cohort

Melody "Mel" Brown, MSM
Patient Safety Manager
Melody has over 40 years of health care experience, including varied roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network-Quality Improvement Organization (QIN-QIO). As the patient safety manager, her focus has been on coaching hospitals and nursing homes on all facets of health care quality improvement.

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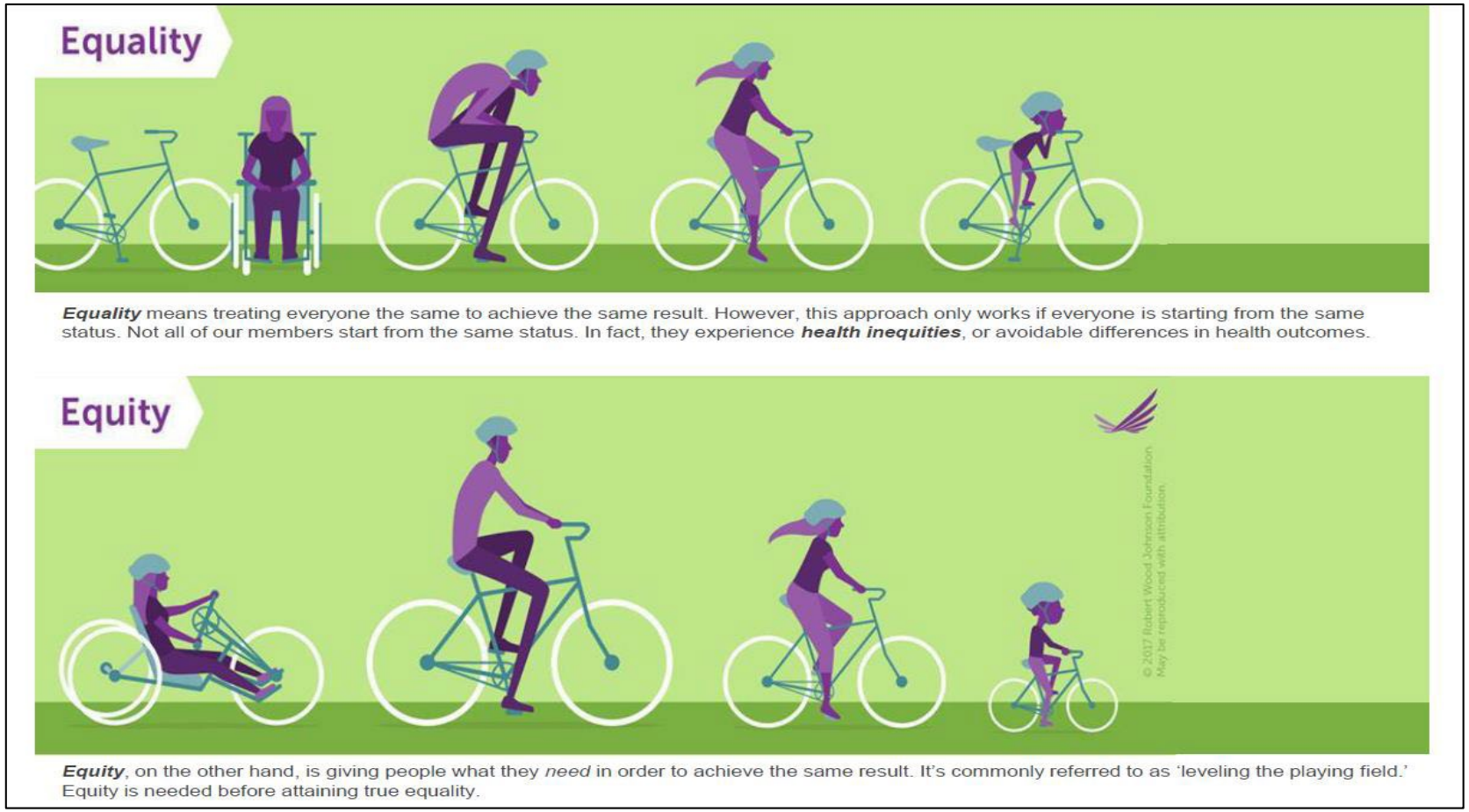
Learning Objectives

- Learn Today:
  - Introduction to Readmission and Health Disparities Cohort structure
  - Understanding of expectations
    - From subject matter experts
    - From QI coach
    - From hospitals
- Use Tomorrow:
  - Access available tools and resources to implement targeted interventions

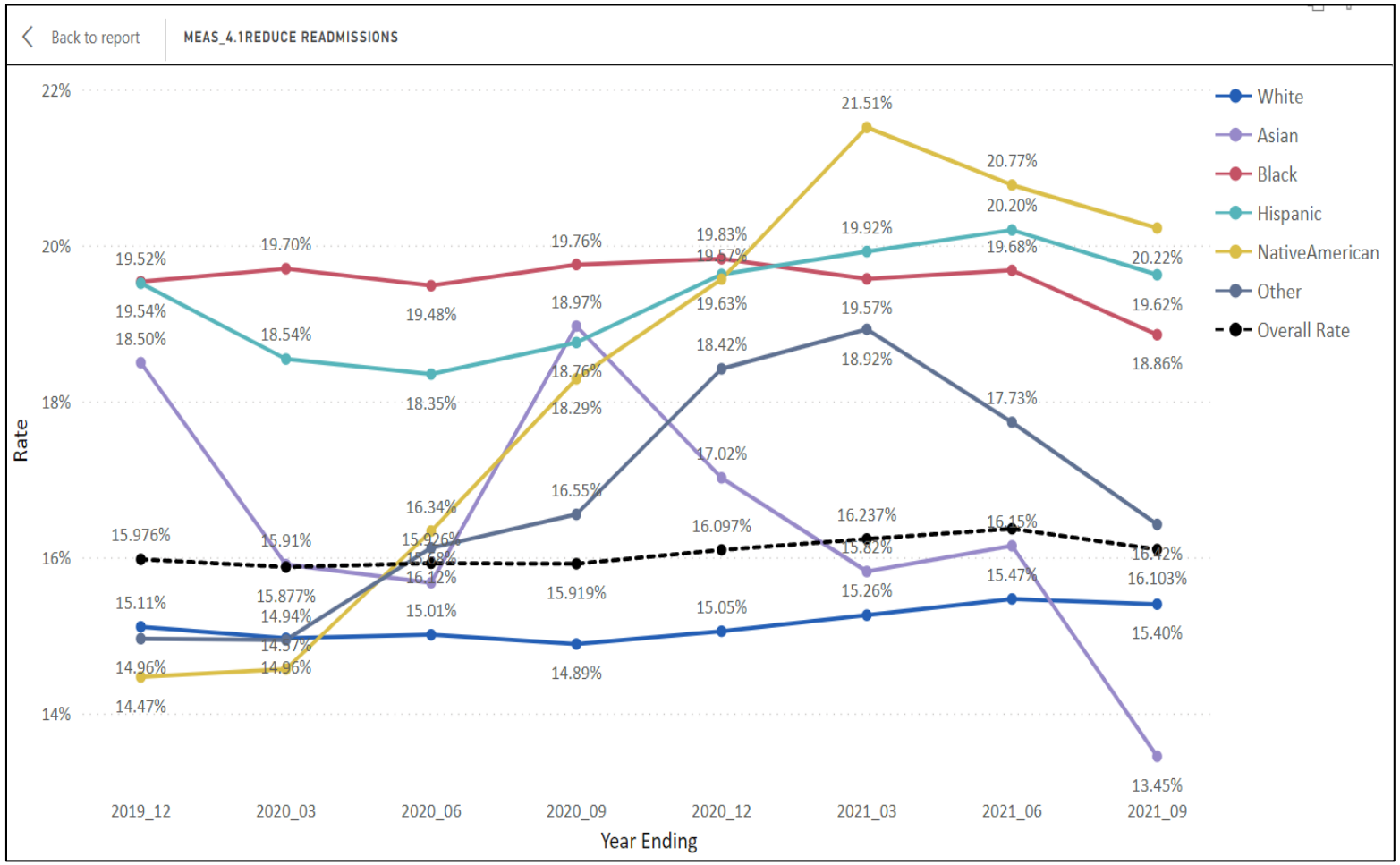
Health Equity Is Getting Rid of Inequalities or Unfair Differences in How People Are Given Health Care



Equality means treating everyone the same to achieve the same result. However, this approach only works if everyone is starting from the same status. Not all of our members start from the same status. In fact, they experience ***health inequities***, or avoidable differences in health outcomes.

Equity, on the other hand, is giving people what they *need* in order to achieve the same result. It's commonly referred to as 'leveling the playing field.' Equity is needed before attaining true equality.

Alliant HQIC Trends – Quality Implications (Sample)



Reduce 30-day Readmissions:

- Increase in Native American
- Followed by Hispanic population

Alliant HQIC:

- 150 hospitals in 13 states

Source:

- CMS Medicare Claims

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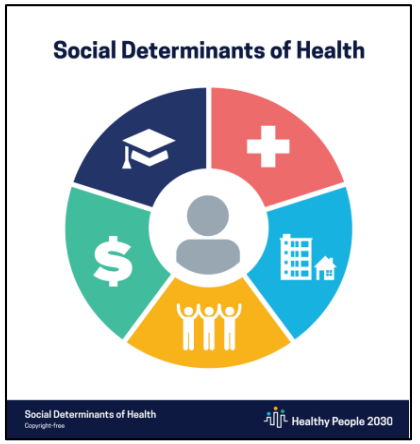
National Trends – Social Determinants of Health

- One in 10 Americans live in poverty with the inability to afford health care, healthy food and housing
- Social determinants of health (SDOH) include: Safe housing, transportation and neighborhoods
- Income, education level, job opportunities
- Access to nutritious foods and physical activity
- Language and literacy skills



Healthy People 2030

O'Neill, Hayes (2018) Understanding Social Determinants of Health

Active Community Engagement

Targeted Interventions: Readmissions and Health Disparities

- Complete the Health Equity Organizational Assessment (HEOA)
- Locate and review your hospital's Community Health Needs Assessment (CHNA)
- Risk assessment conducted properly upon admission
- Assess social determinants of health (SDOH) upon admission
- Utilizes a Health Equity Leadership approach to drive awareness and change

Cohort Structure

- Targeted cohort members have been identified based on data
- Alliant supplies quantitative data
- Hospital supplies qualitative data – make it your program
  - What is happening in your building
  - What are your pain points around these topics
- Use quantitative and qualitative data to identify interventions
- Apply interventions in 1:1 dialogue based on barriers
- 30-day focus plans – small, fast tests of change

Expectations of QI Coach/Alliant SMEs

- Monthly 1:1 focus call with the QI coach for cohort intervention only
  - SME will attend as invited
- **Monthly review of data – portal access**
- PDSA review and implementation with each coaching call
- Provide timely resources for specified interventions

Drop into chat what you expect or need from the QI Coach/SME

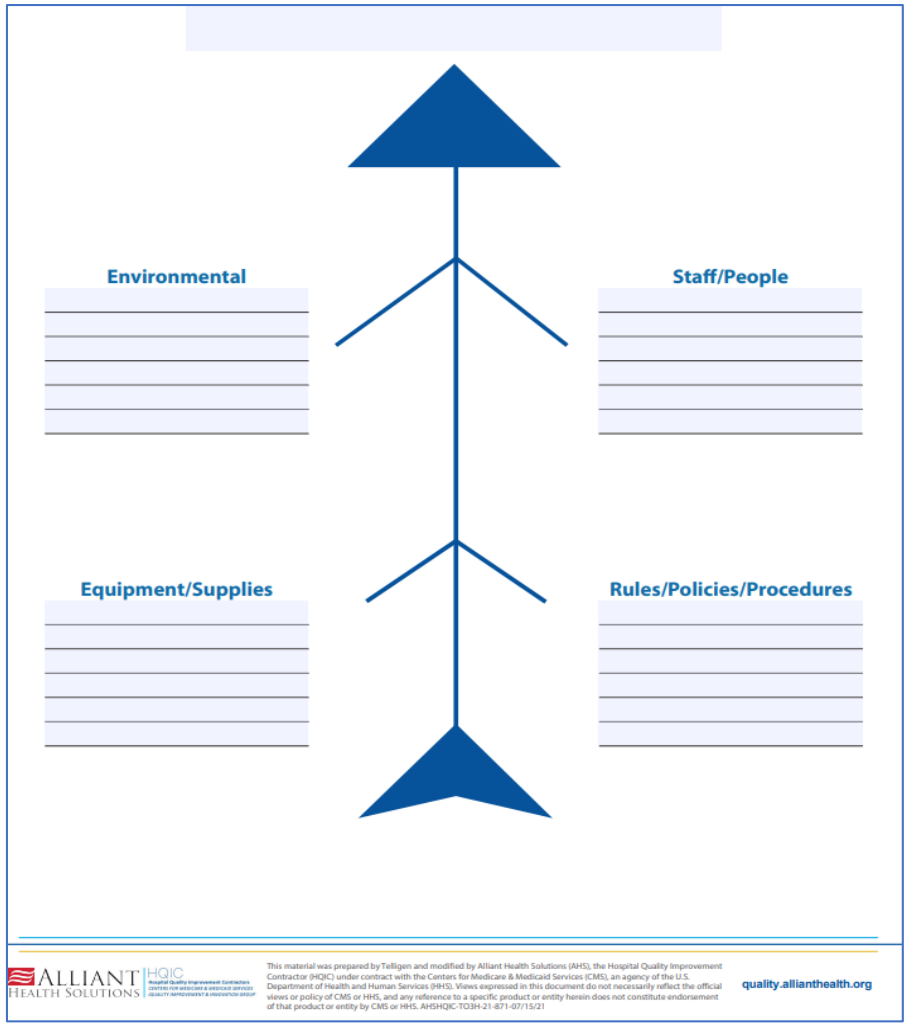
Expectations for Hospitals

- Attend monthly 1:1 coaching calls for specific cohort topics
- **Access portal data during coaching calls**
- Brainstorm barriers for deficiencies based on available data (Fishbone)
- With the QI coach, use barriers to determine a potentially successful intervention
- Implement intervention using the rapid cycle (30-day) PDSA
- Continue rapid cycle improvement until the change is embedded and implement additional interventions to amplify success

What's in Our Toolbox?

- Fishbone diagram
- PDSA template/examples/recordings
- QI Boot Camp series
- Coaching package
- HQIC website resources
- Portal access
- Monthly newsletter
- 1:1 coaching
- Access to subject matter experts

Fishbone Diagram



- Problem = Head of the Fish
  - Determined based on quantitative data
- Bones = major categories of contributors to the problem
  - Determined based on qualitative data

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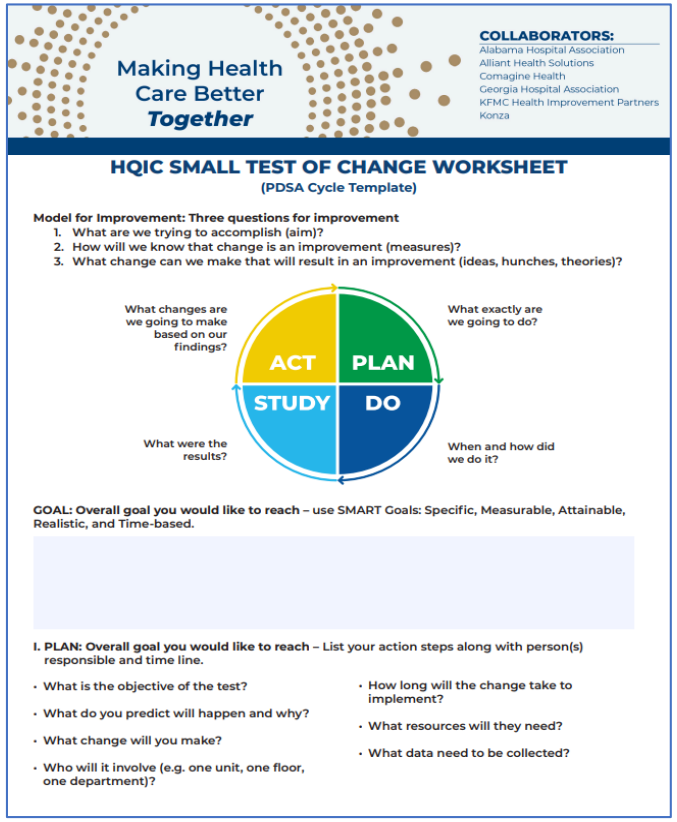
PDSA Template



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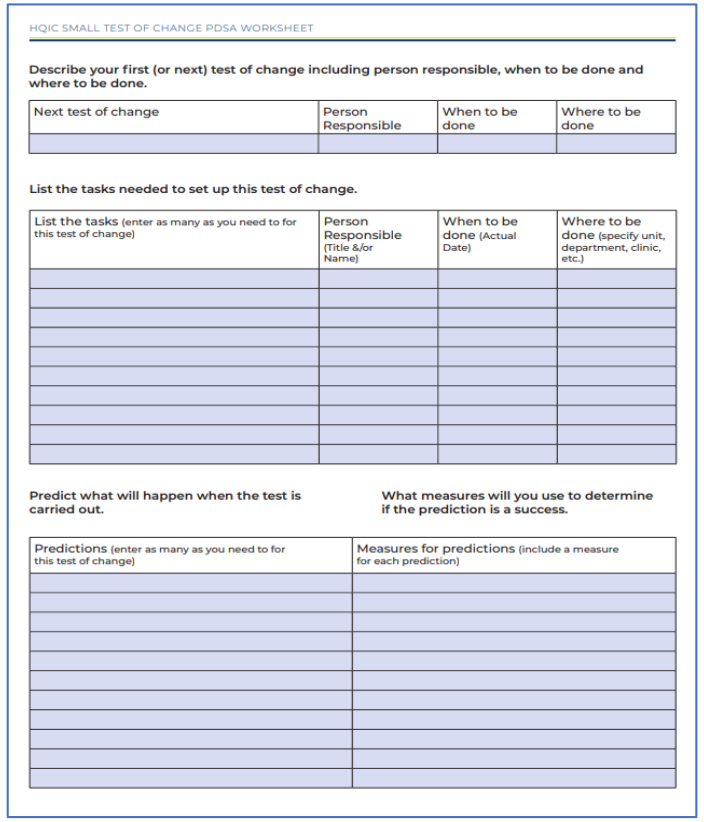
HQIC SMALL TEST OF CHANGE WORKSHEET
(PDSA Cycle Template)

Model for Improvement: Three questions for improvement
1. What are we trying to accomplish (aim)?
2. How will we know that change is an improvement (measures)?
3. What change can we make that will result in an improvement (ideas, hunches, theories)?

GOAL: Overall goal you would like to reach – use SMART Goals: Specific, Measurable, Attainable, Realistic, and Time-based.

I. PLAN: Overall goal you would like to reach – List your action steps along with person(s) responsible and time line.

- What is the objective of the test?
- What do you predict will happen and why?
- What change will you make?
- Who will it involve (e.g. one unit, one floor, one department)?
- How long will the change take to implement?
- What resources will they need?
- What data need to be collected?



HQIC SMALL TEST OF CHANGE PDSA WORKSHEET

Describe your first (or next) test of change including person responsible, when to be done and where to be done.

Next test of change	Person Responsible	When to be done	Where to be done

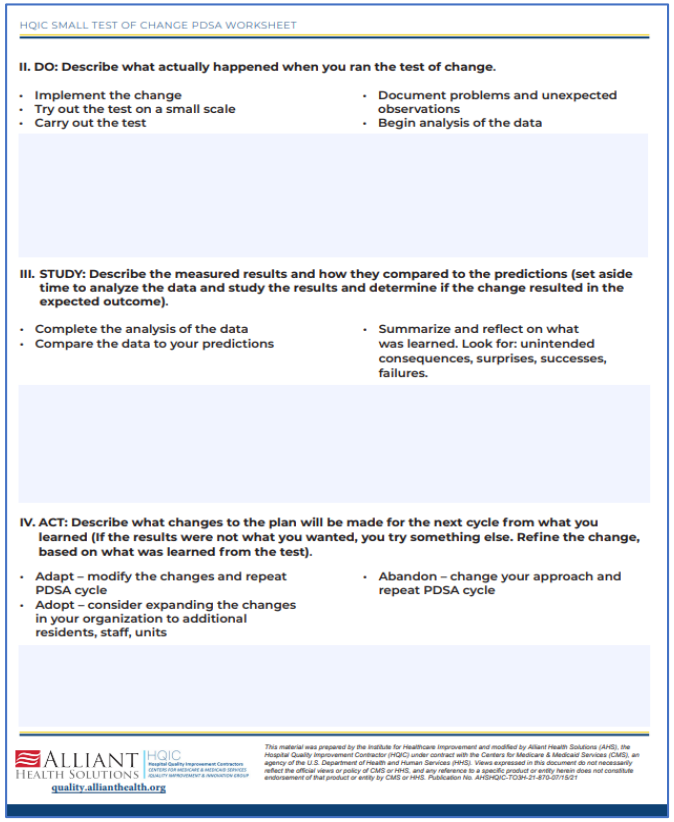
List the tasks needed to set up this test of change.

List the tasks (enter as many as you need to for this test of change)	Person Responsible (Title &/or Name)	When to be done (Actual Date)	Where to be done (specify unit, department, clinic, etc.)

Predict what will happen when the test is carried out.

What measures will you use to determine if the prediction is a success.

Predictions (enter as many as you need to for this test of change)	Measures for predictions (include a measure for each prediction)



HQIC SMALL TEST OF CHANGE PDSA WORKSHEET

II. DO: Describe what actually happened when you ran the test of change.

- Implement the change
- Try out the test on a small scale
- Carry out the test
- Document problems and unexpected observations
- Begin analysis of the data

III. STUDY: Describe the measured results and how they compared to the predictions (set aside time to analyze the data and study the results and determine if the change resulted in the expected outcome).

- Complete the analysis of the data
- Compare the data to your predictions
- Summarize and reflect on what was learned. Look for: unintended consequences, surprises, successes, failures.

IV. ACT: Describe what changes to the plan will be made for the next cycle from what you learned (If the results were not what you wanted, you try something else. Refine the change, based on what was learned from the test).

- Adapt – modify the changes and repeat PDSA cycle
- Adopt – consider expanding the changes in your organization to additional residents, staff, units
- Abandon – change your approach and repeat PDSA cycle

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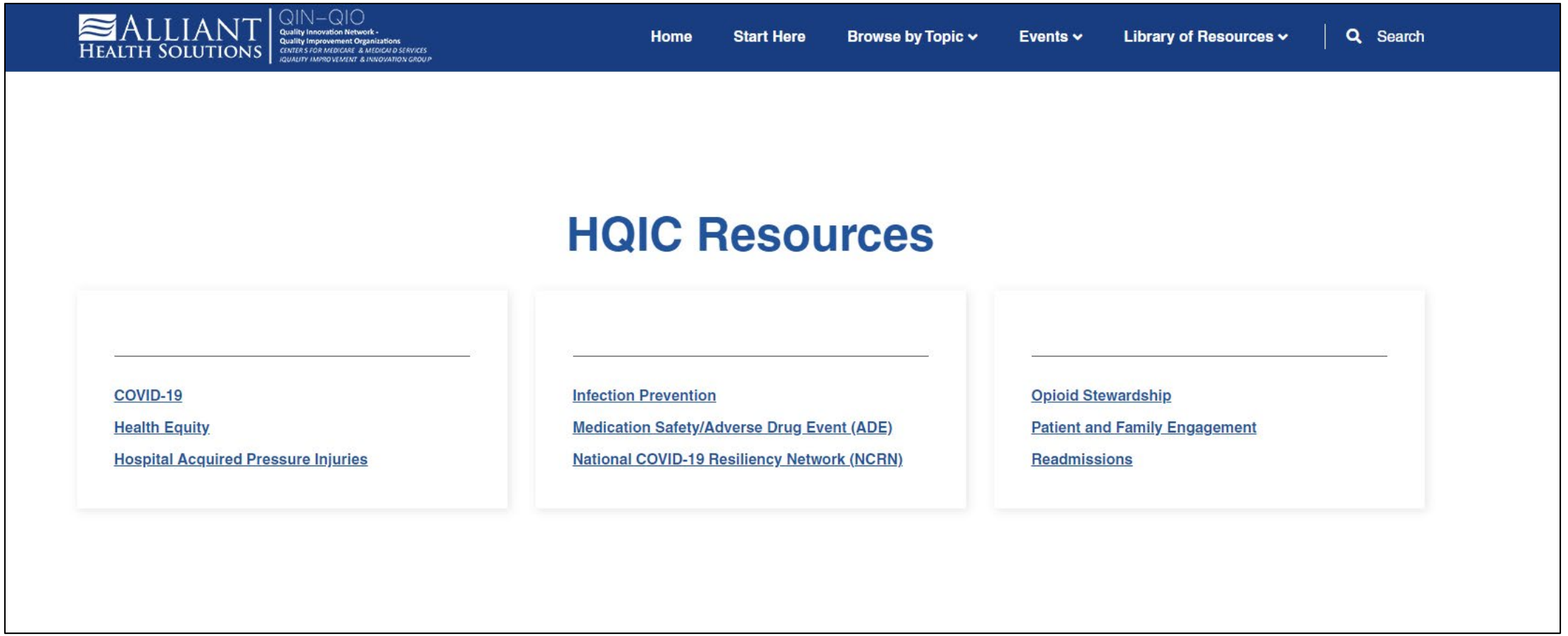
Quality Improvement Basics Boot Camp

- Three-part series
- Tools/recordings available on the Alliant HQIC website
- Series focus:
  - Quality improvement models and tools
  - Process improvement
  - Developing a quality improvement team/who should be at the table
  - Resources to be shared

HQIC Website Resources/Tools



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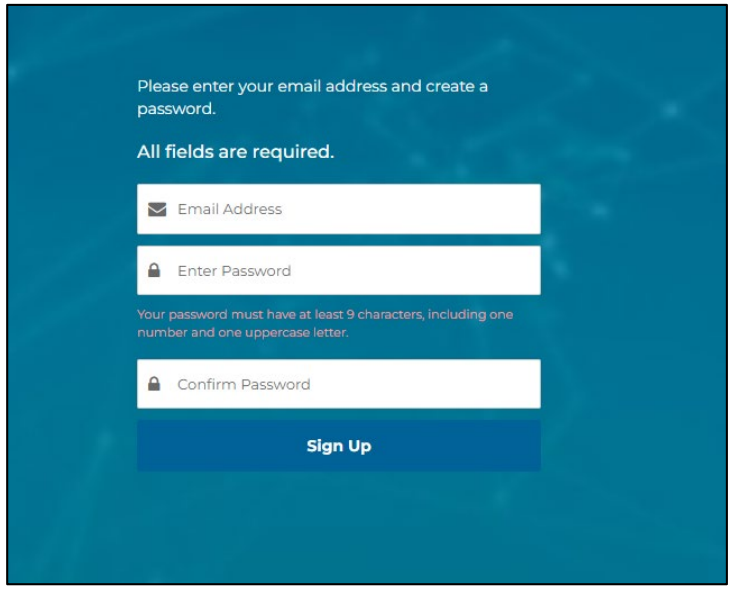
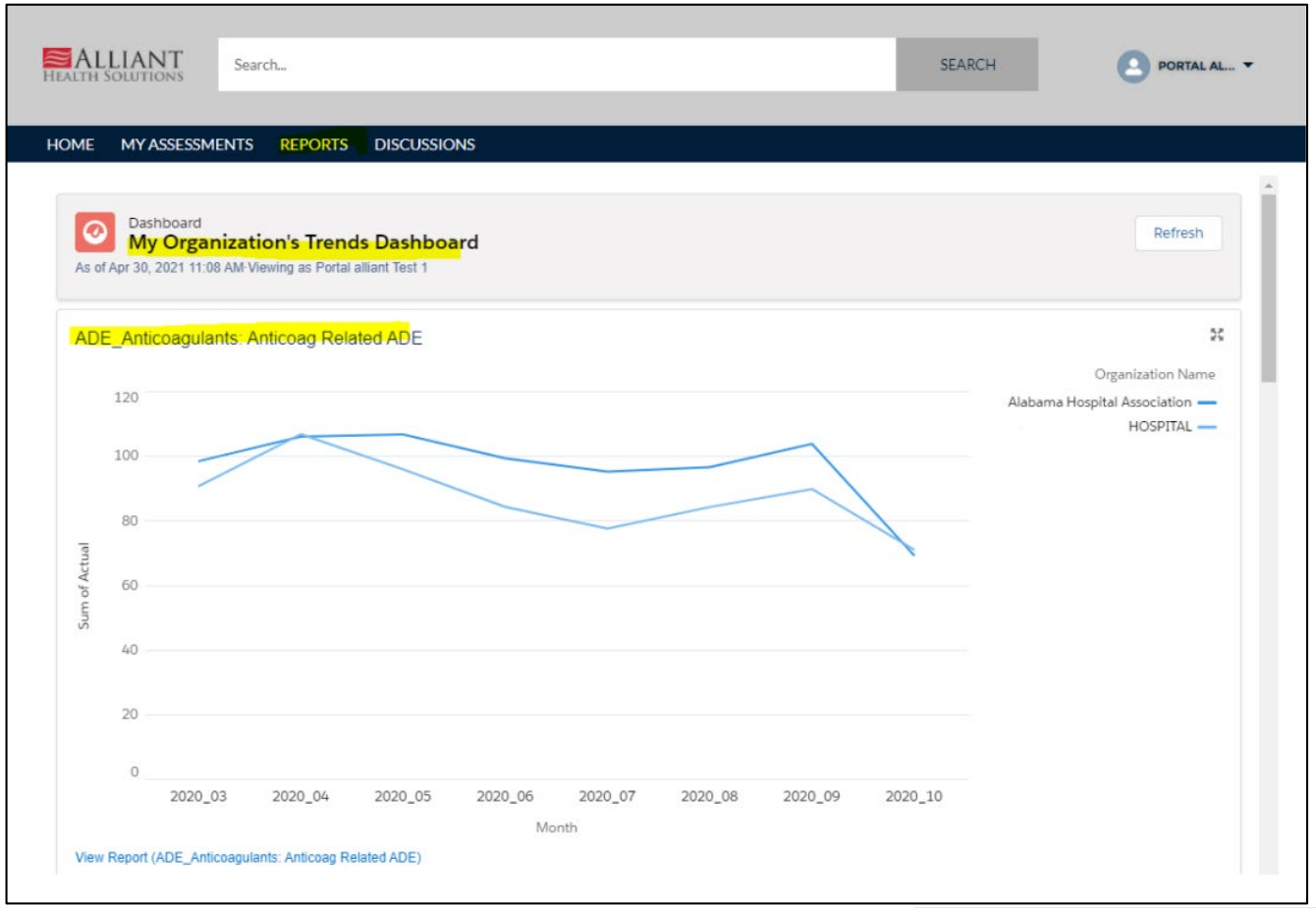
Portal Access





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Monthly HQIC Newsletter

Expert Insights & Resources

Alliant HQIC Online Portal
Access the Alliant HQIC portal to view your assessments and measurement data, and chat with other HQIC-enrolled hospitals to share best practices, barriers and solutions. Download Portal Instructions to Get Started

Check In: How Are We Doing?
Alliant HQIC wants to hear from you! Please click here to share feedback with us.

Behavioral Health/Opioid Stewardship

Risk Factors for Opioid-Related Adverse Drug Events Among Older Adults After Hospital Discharge
The Journal of the American Geriatrics Society published a retrospective cohort study of a national sample of Medicare beneficiaries aged 65 years and older, hospitalized for a medical reason, with at least one claim for an opioid within two days of hospital discharge. Hospice care and patients admitted from or discharged to a facility were excluded. Researchers used administrative billing codes and medication claims to define potential opioid-related ADEs within 30 days of hospital discharge and competing risks regression to identify risk factors for these events. Read the Study

Patient Safety

All-Cause Harm

All-Cause Harm Trigger Tool
We know that positive safety culture, engaged employees, and satisfying patient experiences reduce all-cause harm. We also know that harm is underreported and under-detected. The 2012 Office of Inspector General report noted hospital staff did not report 86% of events to incident reporting systems, partly because of staff misperceptions about what constitutes patient harm. How does your facility's safety plan define harm? What education does your staff receive on what constitutes an event that should be reported? How does your facility detect harm? Consider the use of a trigger tool. Triggers are screening tools that signal the need for a more intense record review to determine if harm occurred.
Resources:
Institute for Healthcare Improvement, Trigger Tools
AHRQ: Triggers and Trigger Tools
OIG report: Hospital Incident Reporting Systems Do Not Capture Most Patient Harm
Developing and Evaluating an Automated All-Cause Harm Trigger System

Adverse Drug Events

Early Prescribing Outcomes After Exporting the Equipped Medication Safety Improvement Program
Prescribing potentially inappropriate medications (such as antihistamines, benzodiazepines, and muscle relaxants) can lead to adverse health outcomes. The Enhancing Quality of Prescribing Practices for Older Adults in the Emergency Department (EQUIPPED) program is a multicomponent intervention intended to reduce potentially inappropriate prescribing among older adults who are discharged from the emergency department. Twelve months after implementation at three academic health systems, the EQUIPPED program significantly reduced overall potentially inappropriate prescribing at one site; the proportion of benzodiazepine prescriptions decreased across all sites. Read More

- Timely journal articles on all HQIC topics
- Links to registrations for our educational events
- Success stories from top-performing hospitals
- Latest news from CMS
- Linked on HQIC website

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Month Six Sharing

- What top five intervention was implemented at your hospital?
- PDSA examples
- Barriers faced
- How were barriers overcome
- Lessons learned
- Best practices

Resource Links

- QI Tools:
  - PDSA Template
  - Fishbone Template
- Coaching Packages
  - Readmissions
- HQIC Website:
  - Opioid Stewardship
  - Medication Safety/Adverse Drug Event
- Portal:
  - Portal Instructions
  - Portal Registration and Multifactor Authentication
  - Portal Navigation and Feature Overview
- QI Boot Camp Series:
  - Session 1
  - Session 2
  - Session 3

Key Takeaways

- Learn Today:
  - Understand Readmission and Health Disparities Cohort structure
  - Understand new HQIC Cohort structure
  - Understand expectations for SMEs, QI coaches and hospitals
- Use Tomorrow:
  - Use available resources to implement positive change in your hospital for readmissions

How will this change what you do? Please tell us in the poll…

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Questions?

Email us at HospitalQuality@allianthealth.org or call us 678-527-3681.

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HQIC Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ 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

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Upcoming Events

QI coaches will be scheduling 1:1 calls soon!

Readmissions SME:

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

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