In 2013, the Centers for Medicare and Medicaid Services (CMS) began assessing financial penalties to hospitals for the readmission of Congestive Heart Failure (CHF), Pneumonia, and Myocardial Infarction (MI) patients.

A 102-bed hospital in Northern California needed to improve their current 30-day readmission rates to help avoid penalties. They wanted to reach patients post-discharge and provide a clinical check-in, thereby improving the continuum of care. The hospital leadership determined that an in-house program to call patients was not feasible because the nursing staff was already at capacity with their current duties for in-house patient care.

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THE SOLUTION

TeamHealth Medical Call Center offered a Readmission Reduction Program for all discharged patients that would provide special assistance and monitoring for patients in high-risk categories.

The program includes the following:

- A registered nurse calls each patient within 24 to 32 hours of discharge from the hospital.
- All patients are asked about their compliance with medications, whether they have scheduled a follow-up appointment, and whether they understand or have any questions about their discharge instructions.
- Real-time intervention is provided by TeamHealth nurses to clarify medication and discharge instructions, address questions or concerns, and reiterate the importance of keeping follow-up appointments.
- Real-time feedback is provided regarding any potential risks and patient experiences.
- High-risk patients are asked condition-specific questions in order to uncover potential areas of concern and to provide education that will help them manage their conditions.
- Dashboard reporting highlights trend areas that call for hospital improvement.
- A monthly “Shining Star” report is provided to staff who are recognized by patients.

THE RESULTS

The Readmission Reduction Program exceeded the anticipated results.

- $1 Million in savings from 14% decrease in 30-day readmits (per patient cost of preventable readmission is $7,200)
- 14% increase in patient understanding prescriptions
- 4.4% patient satisfaction increase in all physician measures
- 21% cost savings from outsourcing the program, plus the intangible value of keeping nurses on the floor caring for patients
- 34% increase in patients understanding discharge instructions
- 12% improvement in follow-up appointment compliance

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<thead>
<tr>
<th>METRIC</th>
<th>BEFORE</th>
<th>AFTER</th>
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<tbody>
<tr>
<td>30-Day Readmission Rate</td>
<td>14.0%</td>
<td>11.5%</td>
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<td>Savings of $1mm in preventable readmissions</td>
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