



Case Study:

Reducing Readmissions Among Congestive Heart Failure (CHF) Patients

Hospital Information

Arrowhead Regional Medical Center
Colton, California

456-bed university-affiliated teaching hospital operated by San Bernadino County

TeamHealth Services

Hospital Medicine (HM)

Results

- CHF readmissions declined from 16.39% to 5.26% in less than one year



Our physicians, case managers and social workers teamed up to make sure patients received their necessary medications. However, we often didn't know when something didn't go as planned. That's where the TeamHealth CHF readmission reduction pilot and staff were so helpful. By making follow-up phone calls directly to CHF patients within seven days post-discharge, many of the issues about which we were not aware became evident and we were able to address them before patients were readmitted. This pilot has demonstrated that if you strive to understand the reasons for readmission in your patient population, you can develop better tools to lower your organization's readmission rate.

Raoufi Kambiz, MD

*Facility Medical Director,
Arrowhead Regional Medical Center*

For more information call **800.818.1498**, email business_development@teamhealth.com or visit teamhealth.com.

TEAMHealth

Challenge

In 2012, the Centers for Medicare and Medicaid Services (CMS) launched the Readmissions Reduction Program (RRP). The initiative, part of the Affordable Care Act, targeted specific diagnoses that were costing the agency billions of dollars for care related to unplanned readmissions within 30 days of discharge. Congestive heart failure (CHF) was included in the RRP.

For TeamHealth, reducing CHF readmissions at its client hospitals has long been a quality improvement goal. A pilot program developed by TeamHealth's chief medical officer and chief clinical officer included two primary goals: improve quality of life for CHF patients, and decrease avoidable hospital readmissions (thus decreasing payer denials and lowering readmission penalties). As part of the pilot, TeamHealth's quality improvement team conducted an analysis of CHF readmissions across the company's client base and identified five organizations that had the highest CHF readmission rates.

Arrowhead Regional Medical Center (ARMC) in Colton, California, was one of those clients and its clinical leadership team quickly agreed to participate in the pilot program that focused on proactively managing the disease in the outpatient setting. The medical center had been tracking CHF readmissions, but lacked a structured approach to reduce them. When the pilot program began, ARMC's CHF readmission rate was 16.39%, a rate high enough to cost the medical center millions of dollars in lost reimbursement due to penalties levied by CMS.

Solution

The pilot program used an audit of approximately 500 CHF patient charts to identify common reasons for readmission to the hospital. The audit revealed such factors as patients' knowledge deficit about their medications, a lack of follow-through to assure that follow-up appointments were scheduled with their primary care physicians or heart specialists, the role and importance of tracking weight gain and reporting it to their caregivers and more. The chart audits also identified critical moments in the 30-day post-discharge timeline where specific proactive interventions could mean the difference between readmission and keeping the patient in their current care setting.

The key component of the pilot program was telephone follow-up with patients by nurses in TeamHealth's medical call center (MCC). The role of the MCC was critically important for the success of the pilot program at ARMC as rigid timelines were established for scripted follow-up with discharged CHF patients at 24 hours and seven days post-discharge.

A decision tree for the MCC nurses enabled them to intervene immediately with various actions including education around the importance of attending the follow-up appointment, reviewing medication instructions with the patient and answering other questions the patient or his/her family might have. Written education about CHF was provided to patients at discharge. The information also included advanced notice to the patient and his/her family that nurses would be calling to check on the patient.

Results

The CHF readmission reduction pilot staff tracked the overall impact on CHF readmissions for this specific patient population. Number of readmissions plus costs associated with readmissions were monitored and compared to the baseline.

The ARMC CHF readmission rate fell from 16.39% to 5.26% in less than a year.

Hospital medicine physicians and TeamHealth executive leadership believe the significant reduction in CHF readmissions was due, in large part, to the actions shaped by the pilot program.