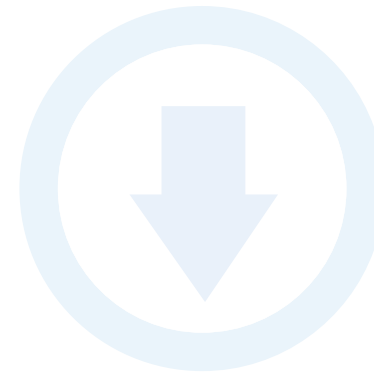


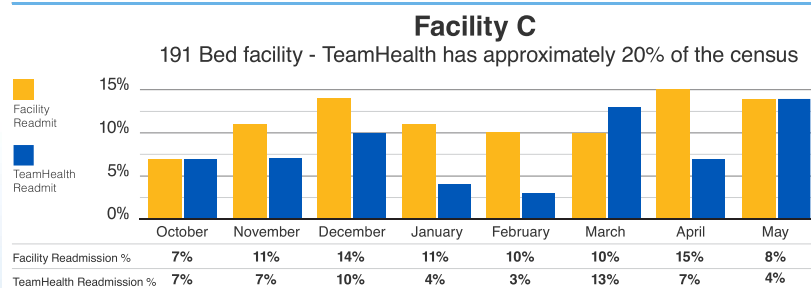
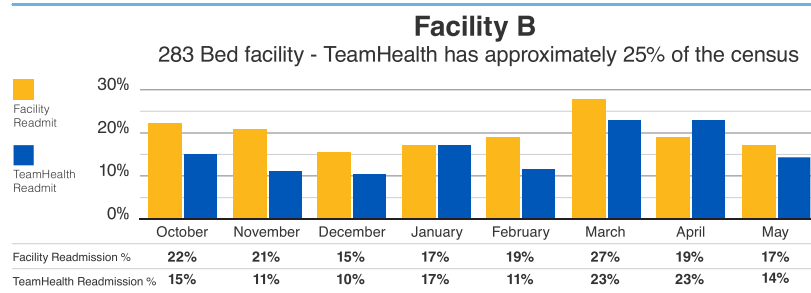
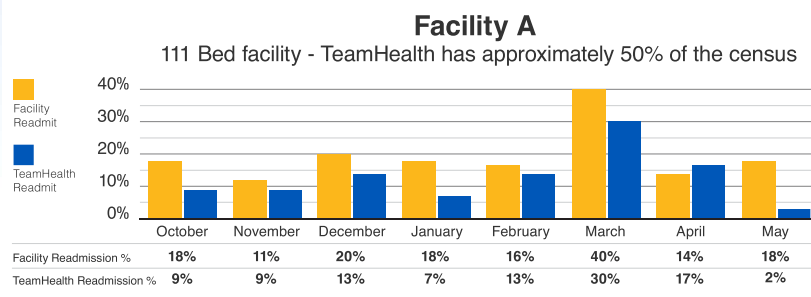
# CASE STUDY #3

## Leveraging Data to Reduce Hospitalizations: Minimizing Polypharmacy



TeamHealth partnered with a facility to lower hospital readmissions from the skilled nursing setting.

### Results of our model: Readmit performance of TeamHealth



These impressive reductions in hospitalizations were achieved in part by more effectively managing medication administration and enabling the nursing staff to serve as part of the multidisciplinary care team under the leadership of the physician. This emphasis on multidisciplinary care allows nursing staff more time to participate in patient behavior management protocols and monitoring prior to medication administration. These improvements in efficiency also optimize the time spent by nurses collaborating and communicating with physicians around issues central to quality care. The benefits of a more empowered nursing staff improve patient satisfaction and outcomes, as well as contributing to reduced cost of care. Further, multidisciplinary care specifically contributes to fewer readmissions through improved depression screening, enhanced diabetic blood glucose control and hypertension management.



**TeamHealth 'assigned' panel of patients has a lower return-to-hospital (RTH) rate than the rest of the facility.**

Inside this community, data suggests the following:

- TeamHealth's model of scheduled presence is more aligned with the clinical needs of this population regarding early detection and intervention when medical needs change.
- Side-by-side in the same facility, TeamHealth providers outperform others in avoiding unplanned transfers.