



Contemporary Evidence About Hospital Strategies for Reducing 30-Day Readmissions: A National Study

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Synopsis

A majority of hospitals participating in a national campaign to reduce preventable hospital readmissions have taken preliminary steps to avoid readmissions of patients with heart failure or acute myocardial infarction, including monitoring readmission rates. But many important practices, such as alerting outpatient physicians of a patient's discharge within 48 hours, are only infrequently in place.

The Issue

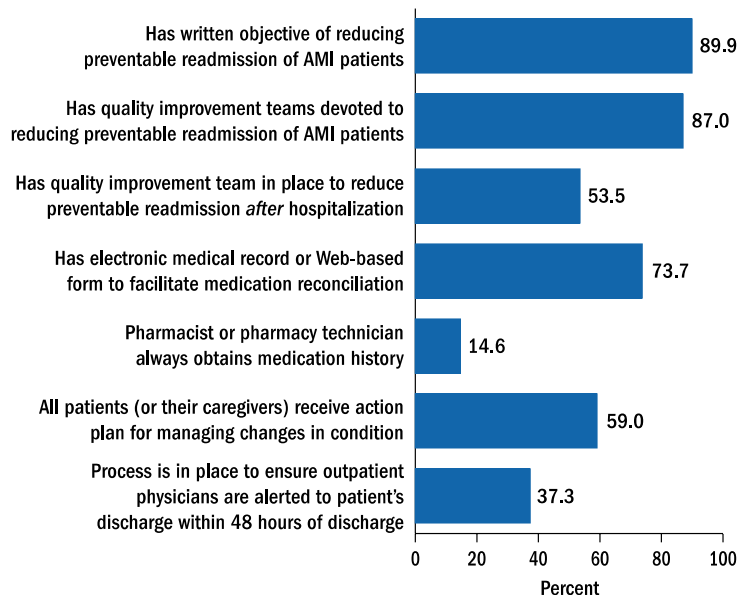
Nearly one-quarter of patients hospitalized with heart failure and one-third of patients hospitalized with acute myocardial infarction (AMI) are readmitted within 30 days of discharge, despite evidence that a

substantial portion of readmissions may be preventable. While these and other readmissions increase Medicare costs by an estimated \$17 billion per year, little is known about the extent to which hospitals have employed recommended strategies to reduce readmission risk. As part of a Commonwealth Fund-supported study, researchers surveyed more than 500 U.S. hospitals to determine their use of 10 practices associated with lower readmission rates.

Key Findings

- While nearly 90 percent of the hospitals surveyed had a written objective of reducing heart failure and AMI-related readmissions, the study found wide variation in the use of 10 practices

Hospitals' Reported Use of Practices to Reduce Readmissions for Patients with Heart Failure or AMI: Selected Findings



Adapted from E. H. Bradley, L. Curry, L. I. Horwitz et al., "Contemporary Evidence About Hospital Strategies for Reducing 30-Day Readmissions: A National Study," *Journal of the American College of Cardiology*, published online July 18, 2012.

recommended for reducing readmissions—with hospitals implementing, on average, only 4.8 of the 10 practices. Less than 3 percent of the hospitals had implemented all 10 practices.

- Using quality improvement teams to enhance care for AMI patients and monitoring 30-day readmission rates was relatively common (87.0% and 94.6%, respectively), as was partnering with home care agencies and nursing homes to reduce readmissions (67.9%), but fewer than half of the hospitals coordinated with community physicians or physician groups (49.3%) and other hospitals (23.5%) to reduce readmissions.
- The study found a high degree of variation in the use of medication management techniques, suggesting that medication reconciliation practices are not standardized at most hospitals. In nearly half of the hospitals, a pharmacist or pharmacy technician was never involved in obtaining medication history (46.4%). Educating patients or their caregivers about medications was more common (77.2%).
- While 65.3 percent of hospitals provided patients or their caregivers with some type of emergency plan should symptoms change, several recommended discharge and follow-up practices were not implemented by a majority of hospitals. These included having a process in place to alert outpatient physicians within 48 hours of a patient’s discharge (37.3%) and assigning someone to follow up on test results after a patient was discharged (35.8%).

Addressing the Problem

Infrequent use of practices shown to reduce the rate of hospital readmission for heart failure may be attributable to a number of factors, including insufficient resources and constraints on staff time. It may also reflect the complexity of coordinating efforts among physicians, pharmacists, nurses, and many of the ancillary staff to achieve a smooth discharge. Standardizing systems for reducing readmissions may address some of these challenges.

About the Study

The authors surveyed 537 hospitals enrolled in the American College of Cardiology and the Institute for Healthcare Improvement’s “Hospital to Home” quality improvement initiative, which strives to reduce preventable 30-day readmissions by 20 percent by the end of 2012.

The Bottom Line

Hospitals’ use of recommended practices to reduce readmission rates varies significantly, with the greatest variation in the use of medication management techniques and discharge and follow-up procedures. This suggests there is significant opportunity for continued improvement in communication and care coordination.

Citation

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