

Tools to Facilitate Assessment of 30-Day Readmissions at Your VA Medical Center

**Thomas Rector, PharmD, PhD
Minneapolis VA Medical Center**

**DO YOU KNOW WHY PATIENTS
WITH HEART FAILURE
DISCHARGED FROM YOUR HOSPITAL
ARE BEING READMITTED
WITHIN 30 DAYS?**

CHF QUERI #1 Goal

Reduce Admission Rates

- ✓ Hospital to Home (H2H)
 - ✓ Institute for Healthcare Improvement
 - ✓ Efforts to improve use of proven therapies
 - ✓ Local (VISN, VA health care system) initiatives
- The goal of this project is to help you learn what else, if anything, you might do to reduce readmissions at your facility

30-DAY READMISSION REPORTS

VSSC

| Past Year Starting FY11Q4 | Patients* with HF Diagnosis | VA Admission for HF | 30-Day Readmissions (all cause) | Annual Mortality |
|---------------------------|-----------------------------|---------------------|---------------------------------|------------------|
| VHA | 228,134 | 33,270 (14.6%) | 7,916 (23.8%) | 18,413 (8.1%) |
| VISN 23 | 12,803 | 1,276 (10%) | 274 (21.5%) | 987 (7.7%) |
| Station 618 | 3,019 | 404 (13.4%) | 82 (20.3%)** | 190 (6.3%) |

* Includes those who received palliative care

** 82/52 weeks ~ 1.6/week excluding those readmitted more than once

INVITATION TO PARTICIPATE

RRP 11-367: Systematic Assessment
of Readmissions of Veterans with
Heart Failure

To Participate

- Ask your IRM staff to install a VISTA program we have developed and prepared for instillation. The program will search yesterday's admissions to your facility and list those that were discharged from a stay with a primary diagnosis of heart failure within the previous 30 days
 - Expert Minneapolis programmer will be available to help.
 - Provide list of individual(s) to receive readmission alerts via VISTA mailman

To Participate

- Interview readmitted patients
 - main reason came to hospital or ER
 - changes in signs, symptoms, other medical problems prior to admission
 - health care prior to admission
 - problems with self/home-care, adherence
 - what, if anything, patient, VA or non-VA providers could have done to avoid current admission

To Participate

➤ Chart Review

- source, discharge status
- planned or scheduled
- primary medical reasons
- admission vitals, labs
- heart failure care prior to & changes during current admission
- how might admission have been prevented?

To Participate

➤ Track and report

1. number of readmissions at your facility
2. completion of interviews
3. completion of chart reviews
4. problems you encounter & suggestions to improve processes

To Participate

- Review your information periodically to gain insights into readmissions at your hospital
- Share your insights with the HF network
- Submit de-identified forms & tracking records to project office for analysis to try to gain broader insights

Exempted by Minneapolis IRB

- Office for Human Research Protections guidance: human research subjects protections do not apply to quality improvement activities including collecting data for clinical, practical or administrative purposes.

<http://answers.hhs.gov/ohrp/categories/1569>

To Participate

- Send email to thomas.rector@va.gov with subject “assessment of HF readmissions” identifying your station (medical center) and the staff who will be involved.

If you decide not to participate

- Please send email to thomas.rector@va.gov with subject “assessment of readmissions” identifying your station and the main reason(s) for deciding not to participate
- This information will be kept confidential and only reported in de-identified aggregate form

QUESTIONS?