

Recommendations From the Field Related To Reducing Unplanned And/Or Preventable Hospitalizations

Question: Given the new pressures that will be hitting home care as a result of pay-for-performance, we are very interested in improving our quality results, particularly with unplanned and/or preventable hospitalizations. As part of the **Briggs Hospitalization Reduction Project**, we understand that many suggestions were made as to best practices for reducing hospitalizations. These recommendations came from agencies throughout the country. Is there a summary of the results of these recommendations?

Answer: Yes! Even though we were well aware of how agencies throughout the country are aggressively trying to prepare for "pay-for-performance", we couldn't help but to be impressed by the number and quality of suggestions that were made by professionals throughout the country. We received nearly 400 responses to the following question:

What practices, processes, strategies, etc. do you believe positively impact (reduce) unplanned or preventable hospitalizations of home care patients throughout the United States?

What was fascinating about the responses was that they tended to group around a number of major strategies or practices that respondents believe (if used appropriately) would help agencies reduce the number of unplanned or preventable hospitalization. What was even more fascinating was that many of the top recommendations (four out of the first five) did not call for major outlays of money. Instead, they called for agencies to focus on improving their clinical practices as preferred strategy for reducing unplanned or preventable hospitalizations.

The following is a listing of all of the major responses. They are presented in a prioritized manner with the first item (**Better Patient and Family Member Education**) representing the item that had the most recommendations (50) from the field. The parenthesis at the end of each statement refers to the number of respondents who had listed the item.

1. **Better Patient and Family Member Education:** Provide patients and family members with better education on services and what to do and who to call in case of a "perceived" emergency. (50)
2. **Physician Relationships:** Work more closely with physicians. Develop more positive, mutually supportive relationships so physicians are more aware and supportive of your efforts. (35)

3. **Telehealth:** Use telehealth for more patients and for specific diseases. (32)
4. **Strong 24 Hour Immediate Response System:** Have a response system that is proactive and responds quickly to emergencies. (29)
5. **Hospital and LTC:** Work closely with those making discharges. (28)
6. **Disease Management Programs:** Establish disease management programs for major diseases, i.e. COPD, CHF, asthma, diabetes, wounds, etc. (22)
7. **Appropriate Team and Clinician Approach to Service Delivery:** Use the right disciplines and a team model to approach service delivery. (20)
8. **Early Intensive Support:** Provide more intensive services early in the process. (19)
9. **Medication Management:** Improve medication management for patients. (17)
10. **OASIS/Clinical Assessment and Care Plan:** Ensure that you are doing an accurate assessment using the right tools and develop an optimal care plan. Identify patients at risk at the front in of the service. (17)
11. **Telephone Calls Between Visits:** Have on going contact with patients at risk using phone calls between visits. (13)
12. **Caregivers in Home:** Involve more. Support more. (12)
13. **Patient Behavior:** Identifying high risk patients. Identify unique needs and develop individual strategies to monitor and address the needs.(10)
14. **Continuity of Caregivers:** Reduce the number of different professionals from the same discipline who provide services. (6)
15. **Fall Prevention:** Establish a fall prevention program for patients. (4)
16. **Quicker Referral to Hospice:** Work more closely with hospice programs. Make referrals more quickly. (3)
17. **MSW:** Make referrals to MSWs for social support and assessment. (2)
18. **Management Attitude and Support:** Management must provide the right goals, support and accountability. (1)

- 19. Other:** Recommendations that were either environmental or did not fit into another category.
(30 – No one theme emerged. Many developed with changing national regulations.)

The National Hospitalization Reduction Steering Committee reviewed all of the items as part of their Phase II planning efforts and has developed the first draft of a survey that will be submitted to home care's top performing agencies. Agencies in the study hospitalization rates are 19% or lower while the national average is 28%. Even before the findings of Phase II are complete, the categories listed above clearly provide agencies with insights into areas you may wish to focus on as they strive to improve their quality scores.

For more information on this study or on Fazzi Associates New Quality Improvement Program, please feel free to contact Molly LePage at **800-379-0361** or by email at **mlepage@fazzi.com**.