Reducing Readmissions Through Improving Care Transitions (RRTICT): Using a Tailored Approach to Improve Post-Discharge Outcomes

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Objective:

Reducing 30-day hospital readmissions is a national priority for the Veterans Health Administration (VHA). Our team addressed this concern by targeting improvement of the current inpatient work stream and post-discharge continuous care process. To this end, we developed and implemented a novel, comprehensive care coordination program, Reducing Readmissions Through Improving Care Transitions (RRTICT), to better utilize in-patient beds, increase access to care, and advance interdisciplinary team work while reducing unnecessary hospital readmissions. The RRTICT program was piloted at six Veterans Affairs Medical Centers (VAMC) over a six month period and targeted a 5% reduction in the 30-day readmission rates in piloted medical units by Federal Fiscal Year 2016.

Methods:

In partnership with the Office of Patient Care Services (PCS), the Veterans Engineering Resource Center (VERC) identified 30-day hospital readmissions as an opportunity for improvement across VAMCs, through a review of Strategic Analytics for Improvement and Learning (SAIL) data. Care strategies selected from 1) literature-derived evidence-based best practices and 2) submissions of self-identified best practices from 32 VAMC site directors, which were successfully piloted at the VA Pittsburgh Health System, informed the development of the RRTICT bundle as an intervention to reduce 30-day hospital readmissions. In partnership with the University of Pittsburgh’s Joseph M. Katz Graduate School of Business, a predictive model was developed that allowed the tailoring of this bundle based on the predicted readmission risks of inpatient Veterans.

Following a national invitation for VAMCs to participate in the RRTICT program, the VERC selected six sites based upon their organizational readiness. The VERC supported the sites in the formation of a local team of clinicians to implement RRTICT. With the Katz Graduate School of Business, the VERC reported Veteran readmission risk stratification predictions to the project site teams daily. The Office of PCS and the VERC held regular information and training sessions to facilitate cross-site communication and motivation. A midpoint review was performed to assess team engagement. At the conclusion of the six-month implementation, the VERC calculated the 30-day hospital readmission rate of the intervened population at individual sites, according to the VA Inpatient Evaluation Center (IPEC) all-cause readmission rate definition. Our team then compared those rates to rates from the same six month time period in Federal Fiscal Year 2014 using the Two Proportion Z-Test, with significance accepted at p < 0.05.

Results:

The RRTICT program demonstrated an overall decrease of 28% in the 30-day hospital readmission rate, with individual site results ranging from a 9% to 48% reduction in 30-day readmission rate. Qualitative data collected during the pilot identified high levels of team engagement within and across facilities. As a next step, the VERC and the Office of PCS are facilitating multiple VAMCs in the expansion of RRTICT throughout their inpatient units. This expansion will enable the use of targeted care strategies to ensure that high-quality care is provided to the Veteran.