Organization: Mercy Medical Center

Solution Title: Reducing 30 day Hospital Readmissions

Program/Project Description, including Goals: What was the problem to be solved? How was it identified? What baseline data existed? What were the goals—how would you know if you were successful?

In order to meet and uphold new national and state standards, the Quality Improvement Department at Mercy Medical Center was tasked with reducing 30 day hospital readmissions. In reviewing baseline data, we determined that the majority of readmissions at Mercy were department of medicine patients. We developed a program at Mercy to better transition our medicine patients from the hospital to home. We are able to track our readmission rate and review how specific interventions have helped the rate. Since the start of the program, Mercy has been an 18.1 % decrease in the readmission rate.

Process: What methodology or process was used to develop the Solution?

Organization of the Readmission Reduction Program involved a comprehensive look at Mercy's population, our specific needs as an organization, and reviewing what other hospitals had done. Using an approach that looked at the 3 various stages of hospitalization- admission, discharge, post-discharge, and the willingness to implement and adapt several interventions at the same time has allowed us to see improvements in our readmission rate.

Interventions on admission include:
- Verifying patient contact information
- Verifying PCP information
- Referring patients to a PCP if they do not have one
- Sending PCP notification that patient has been admitted
- Patient education on floors: including ordering educational videos and spending time with patients on their diagnosis and treatment
- Attending morning report and rounds to notify the medical teams of readmits/potential readmits to help facilitate a quick discharge is possible
- Emails and pages to hospitalists and Case Management to notify them of readmits/potential readmits to help facilitate a quick discharge if possible

Interventions on discharge include:
- Seeing potential discharges before release to offer assistance
- Scheduling PCP appointments
- Scheduling appointment with the Mercy Discharge Clinic
- Faxing discharge summaries and instructions to PCPs
• Medication Delivery
• Offering charity medications
• Coordinating home health referrals

Interventions post-discharge include:
• Follow-up phone call to check on status of pt
  ○ Phone Call 1: one day after discharge
  ○ Phone Call 2: 5 days after discharge (Diagnosis Specific-CHF, COPD, Sickle Cell, Asthma, Acute Renal Failure)
  ○ Phone Call 3: 8 days after discharge (Diagnosis Specific-CHF, COPD, Sickle Cell, Asthma, Acute Renal Failure)
  ○ Phone Call 4: 12 days after discharge (Diagnosis Specific-CHF, COPD, Sickle Cell, Asthma, Acute Renal Failure)
  ○ Phone Call 5: 20 days after discharge (Diagnosis Specific-CHF, COPD, Sickle Cell, Asthma, Acute Renal Failure)
• Assistance with scheduling follow-up appointments with PCP if not done prior to discharge
• Clinical question referrals to clinician
• Offering charity medications
• Assistance with locating pharmacies who deliver prescriptions

Solution: What Solution was developed? How was it implemented?

A comprehensive program was developed to help prevent readmissions. The program involves a 3 tier approach, following the patient on admission, at discharge, and post discharge. We have developed specific interventions for each step of the tier that allows the opportunity for many interactions with the patient and his/her caregivers. Through the development of determining interventions for each tier, we were able to determine the staff and resources needed to implement the interventions.
Measurable Outcomes:
What are the results of implementing the Solution? Provide qualitative and/or quantitative results to data. (Please include graphs, charts, or tools).

![Graph of MMC Total Readmits](image)

Sustainability: What measures are being taken to ensure that results can be sustained and spread?

Measurement has been key to the success of the program. Through the use of analysis, the team has been able to determine what interventions work and what does not. The team continuously strives to improve coordination of care and enhance the program to further our reductions in the readmission rate.

Role of Collaboration and Leadership: What role did teamwork and collaboration play in the Solution? What partners and participants were involved? Was the organization’s leadership engaged and did they share the vision for success? How was leadership support demonstrated?

Teamwork plays a major role in the success of reducing readmissions from the time the patient is admitted in to the hospital up until post discharge. Our team includes clinicians and non-clinicians working together to coordinate care for the patient at every stage of their hospitalization. The organization's leadership has been very engaged and supportive of the program providing the necessary resources to help decrease the readmission rate. Leadership has embraced new techniques and ideas and has been integral in new ideas to further develop the program.

Innovation: What makes this Solution innovative? What are its unique attributes?

Due to the reimbursement constraints placed on hospital readmissions, the need for hospitals to develop a program to combat readmissions is strong. Using a comprehensive, multi-disciplinary approach has allowed Mercy to see measurable results. The program's main players are members of the Quality Improvement department, but really the work of the program involves coordination with many, many departments throughout the hospital, and even those in the
community. The unique approach of tackling hospital readmissions at the time of admission, during discharge and post discharge allows for a comprehensive approach and encourages many points of contact with patient. Patients leave the organization better prepared for discharge and post hospital care at home, ultimately increasing their well-being.

**Related Tools and Resources**

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The Solutions selected to receive the Minogue Award for Patient Safety Innovation will reflect the following award criteria:  
- Be innovative  
- Demonstrate measurable change  
- Exhibit strong collaboration  
- Exhibit strong leadership  
- Advance the culture of patient safety  
- Constitute a best practice with the ability to spread