



Robert Wood Johnson Foundation

**Aligning Forces
for Quality**



Minnesota

THE VALUE OF A GOOD NIGHT'S SLEEP

HealthScores was developed by MN Community Measurement, an independent, nonprofit community organization. We are also the organization behind the D5, a website dedicated to high-quality diabetes care. Our goal is to communicate fair, usable, and reliable information about health care quality to providers, health care purchasers, and consumers.

MN Community Measurement is a collaborative effort in our community among those who believe that you cannot improve what you don't measure. Our collaborative includes medical groups, clinics, physicians, hospitals, health plans, employers, consumer representatives, and quality improvement organizations. These stakeholders support the idea that greater transparency (sharing of information) in our health care system will lead to better health outcomes for the people of Minnesota.



The Value of a Good Night's Sleep

What is the value of a good night's sleep in your own bed? Hospital readmissions are costly for the health care system and stressful for patients and their families. Currently, nearly one in five Medicare patients discharged from hospitals in Minnesota wind up being readmitted within 30 days. The worst part? Many readmissions are avoidable. A coalition in Minnesota is aiming to help patients spend more nights out of the hospital and avoid potentially preventable readmissions.

The RARE (Reducing Avoidable Readmissions Effectively) Campaign was launched in 2011 to address the fragmentation of the health care system that often leads to preventable hospital readmissions. The RARE Campaign is coordinated by its Operating Partners: Institute for Clinical Systems Improvement, Minnesota Hospital Association and Stratis Health, with contribution by the campaign's supporting partners, Minnesota Medical Association, MN Community Measurement, and VHA Upper Midwest.

“... readmission wasn't the care we wanted to give our patients.”

The partners in the RARE Campaign decided to focus on five key areas of improvement: comprehensive discharge planning, medication management, patient and family engagement, transition care support, and transition communications. Guided by the RARE Advisory Committee, campaign activities address contributing factors to readmissions, such as patients or caregivers not having adequate information for self-care at home, uncoordinated post-hospital care, poor transmission of hospital records, and preventable medical complications. At a basic level, RARE is about managing change.



The campaign offers participating hospitals a variety of tools to help them reach their goals, including a RARE resource consultant, webinars, and three optional learning collaboratives. Each hospital can choose from a diverse set of tools to best suit its unique needs. “Providers appreciate that RARE allows them to tailor an intervention to their needs and capacity,” said Kathy Cummings, RN, project manager at the Institute for Clinical Systems Improvement.

Each participating hospital conducted an organizational assessment to identify causes of readmissions. One of the top areas for improvement across hospitals was discharge planning. Hospitals needed to standardize their discharge summaries and communicate them to primary care practices. Much work also was needed to improve communication with local community agencies. Kim McCoy, MPH, program manager at Stratis Health, noted, “Coordination between hospitals and other community providers during a care transition can make the difference between whether or not a patient returns to the hospital.” In addition, better patient education was recognized to be essential. Standardized materials written in plain language, using

teach-back techniques, and simpler medication management all fall under this umbrella. Simple process changes have a big overall impact on the “Triple Aim” of improving patient experience of care, improving the health of populations, and reducing per capita costs of care. The triple aim framework, developed by the Institute for Healthcare Improvement, is an approach to optimizing health care performance.

Steve Bergeson, MD, medical director of quality for Allina Health, said the 11 hospitals under Allina Health started working on readmissions because “that wasn’t the care we wanted to give our patients.” Allina has put in place simple process changes that have had a big effect. “A transition conference between the patient, family, doctor, and nurses helps get the patient to the right care setting after the hospital. We’ve found that there’s a 15 percent lower rate of readmission than people who don’t get that conference,” said Bergeson.

More than 80 hospitals now participate in the RARE Campaign, representing more than 80 percent of the state’s readmissions. “RARE’s impact is truly being felt because of the large number of participating hospitals and the large number of community partners,” said Cummings.

Since 2011, the campaign has prevented 3,603 readmissions. This means 14,412 more nights of sleep out of the hospital for patients, less stress on them and their families, and better coordination of care across the continuum in Minnesota. This represents a 12 percent decrease from the baseline. The Minnesota Hospital Association sends participating hospitals data on their Potentially Preventable Readmissions (PPR) each quarter so they can track their progress. “This provides hospitals the opportunity to benchmark and identify

trends and further target their interventions to the needs of their patients,” said Tania Daniels, vice president of patient safety at the Minnesota Hospital Association.

Cara Broich is not a typical patient; she’s a registered nurse who manages quality improvement for a health insurer. But, after open-heart surgery, she found herself in a spiral of complications. She was readmitted to the hospital several times, initially because the hospital did not help set up follow-up appointments. Said Broich, “I was too sick to be assertive, so I was readmitted with heart failure. If it can happen to me, it can happen to anyone.” After a third re-hospitalization, the effects of the RARE campaign showed; she had three appointments with specialists lined up before her discharge. “The change was amazing,” she said.

Reducing hospital readmissions touches lives but also has real financial impacts in a time of escalating treatment costs. If the average cost of each readmission is, based on data, \$10,500, then the RARE Campaign has saved an estimated \$27.37 million. Hospitals have a financial incentive to reduce readmissions because of a change in Medicare payment policy. Under the Affordable Care Act, hospitals will lose out on Medicare reimbursements if they do not meet certain thresholds for reducing readmissions.

The ultimate RARE campaign goal is to reduce admissions by 20 percent over 2009 data. RARE’s success has recently drawn national attention. Four Quality Improvement Organizations, organizations funded by the Centers for Medicare and Medicaid services to improve quality of care across the country (California, Nevada, Arizona, and Florida), have asked and received permission to adopt and adapt the RARE campaign.

MINNESOTA COMMUNITY MEASUREMENT

Broadway Place East, #455
3433 Broadway Street NE
Minneapolis, MN 55413

Phone: 612.455.2911
info@mncm.org
<http://www.mnhealthscores.org>



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