

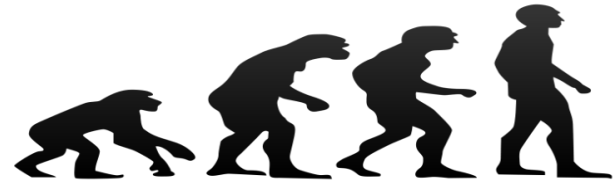
TAYLOR REGIONAL HOSPITAL

READMISSIONS: OUR STORY



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EVOLUTION



- In the beginning, Taylor Regional Hospital committed to the Kentucky Hospital Association the time and necessary resources to become one of the original participants in the Kentucky Health Engagement Network (K-HEN).

- Our participation with K-HEN, now KHIIN includes:
 1. A commitment to readmission reduction.
 2. A commitment to reduce adverse drug events.
 3. Sharing of Infection Control data, via NHSN.

WE CONTINUE TO EVOLVE



- We recognized our commitment would require change, not only to reduce readmissions, decrease adverse drug events and infection rates, but to assure we accomplish this with a patient centered focus. A few of our “Steps Forward:”
 1. Multidisciplinary, daily “Bed Huddles.” Initially, we included: All Nursing Directors, Medical Director of Quality, Respiratory Care, Pharmacy, Care Management, Patient Safety Office/Nursing Services Administrator, Physical Rehabilitation. Our “Huddle” continue to evolve, both in scope and participation.
 2. Our hospital opted to open an Outpatient Pharmacy. We offer 340B pricing to our patients and our community. Our rural setting and payor mix allows us to provide this service and we continue to specialize the customer service we provide.
 3. We revitalized and improved our patient follow-up telephone call process.

AND EVOLVE.....



4. Implemented a 2nd daily multidisciplinary “Bed Huddle.” This huddle revolves around our Hospitalist Program.
5. Early on, the Care Managers educated our post-hospital care partners to the goals of the HEN and our participation. Their updates are ongoing.....
6. It has become Standard Operating Procedure for Care Mgmt. to perform a “Drill Down” with all readmissions. We have a conversation with any and all external caregivers to discuss patients readmitted to our hospital within 30 days.
7. We chose the LACE tool to provide us with more information we need to predict readmissions. **L** = Length of Stay; **A** = Acuity on Admission; **C** = Comorbidity; **E** = Emergency Department visits.

This evolution has taken us further, we'll build the suspense for later..




LACE(LENGTH OF STAY/ACUITY ON ADMISSION/CO-MORBIDITY/ EMERGENCY DEPARTMENT VISIT



We modified the **LACE** tool to better define patient population.

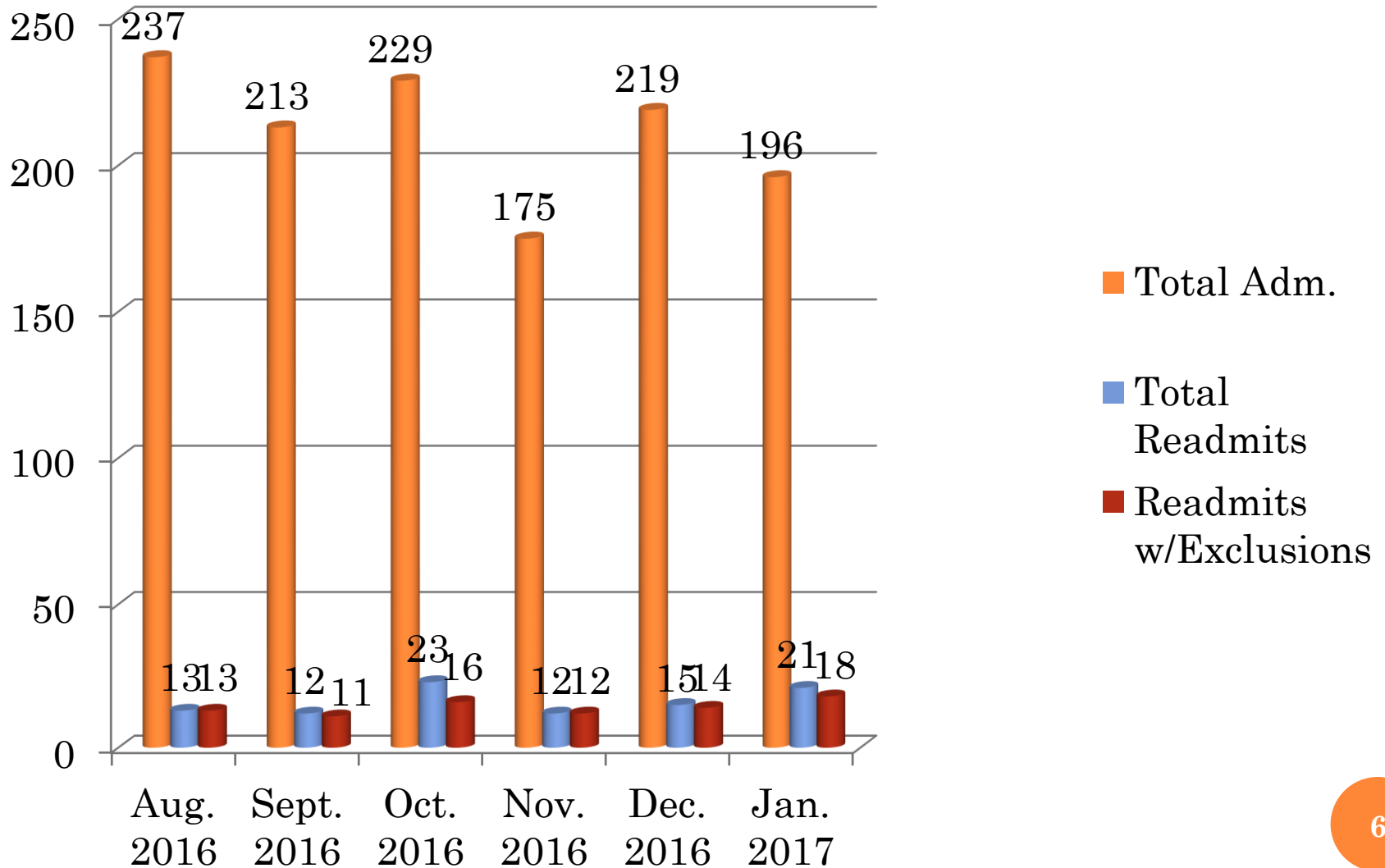
This tool HAS confirmed itself as a predictor for readmission in our patient population.

We have not shown a “drastic” drop in readmissions, YET but this continues to be a **“Work In Progress.”**



Length of Stay	
Less 1 day	0
Acute Admissions	
Inpatient	3
Comorbidity <small>Comorbidity points are cumulative to a maximum of 6 points</small>	
Peripheral Vascular Disease	NO
Cerebrovascular Disease	YES
DM no Complications	NO
History of MI	NO
Peptic Ulcer Disease	YES
DM with End Organ Damage	NO
Comorbidity Total Score 6	
Emergency Room Visits in the Previous Six Months	
4 or more visits	4
Total Point : 13	

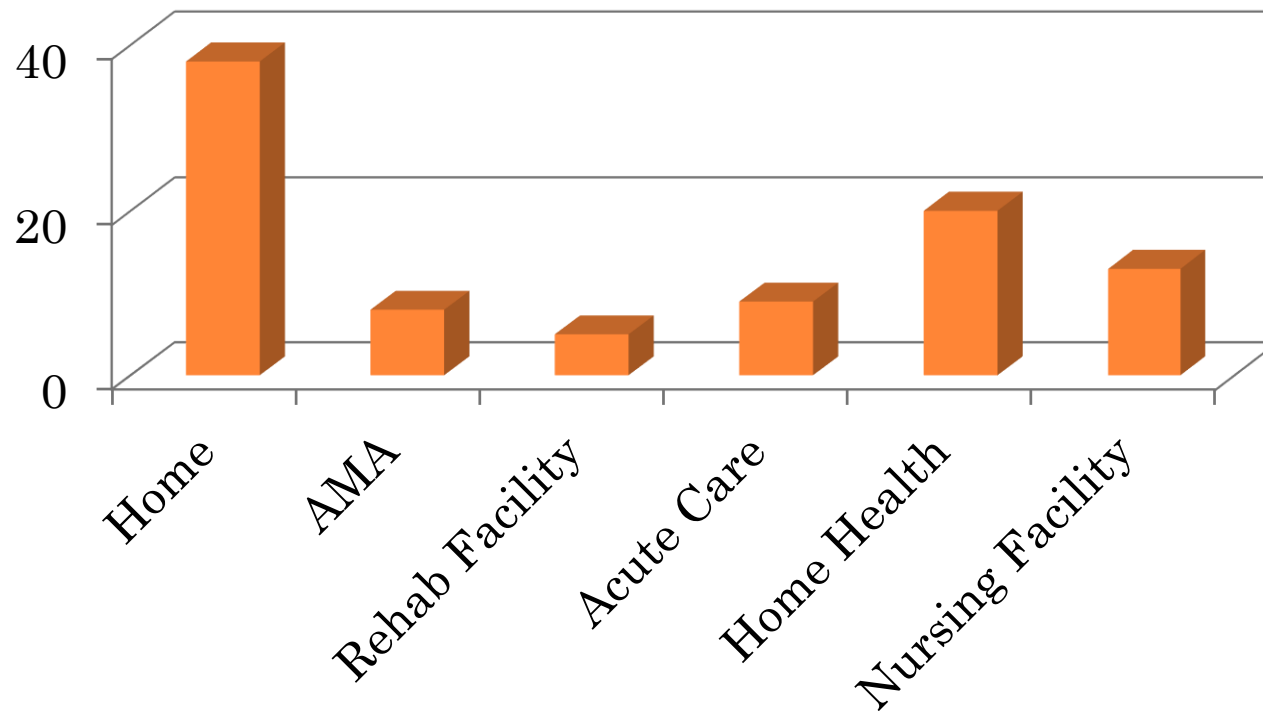
TAYLOR REGIONAL HOSPITAL'S READMISSION DATA: AUG. 2016 – JAN. 2017



WHERE DO OUR READMITTED PATIENTS GO? (1ST DISCHARGE)

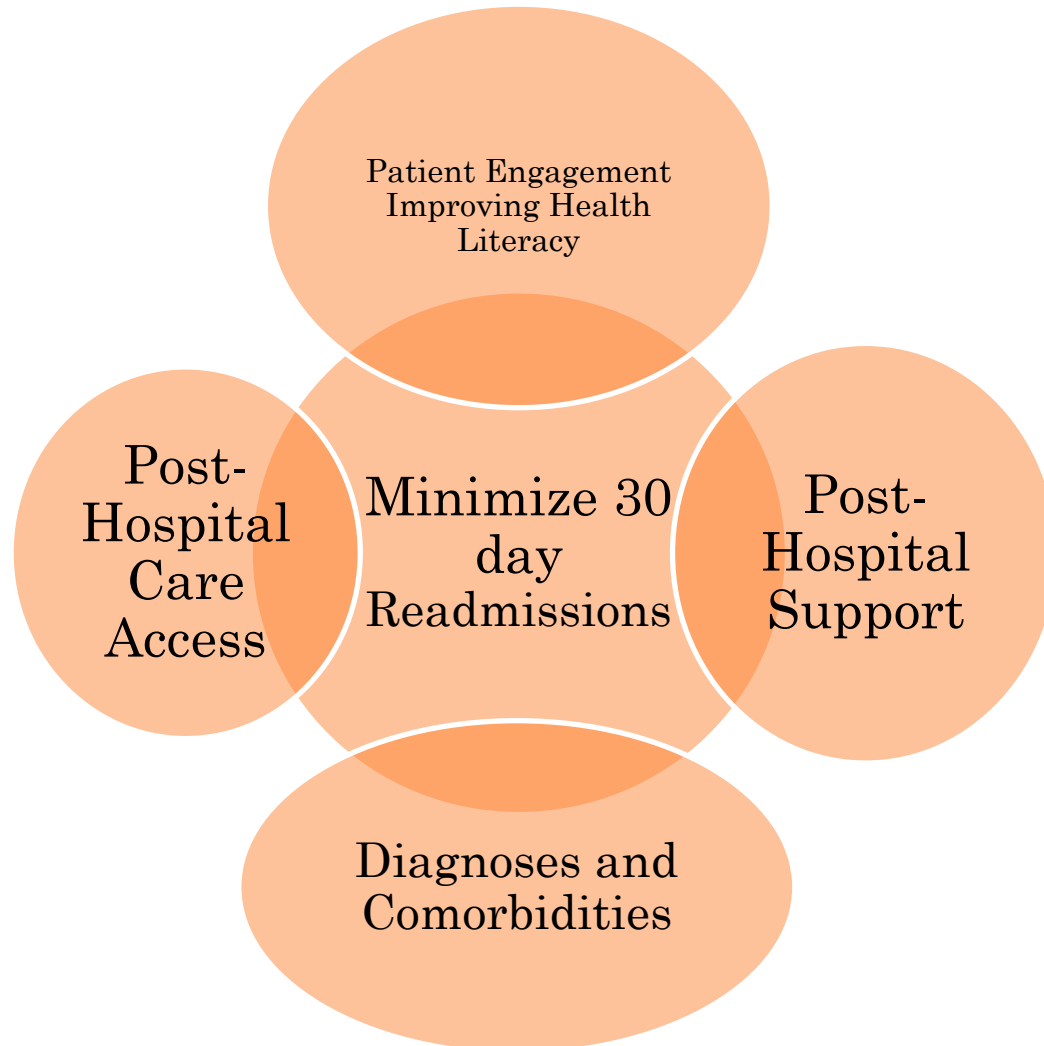
EXCLUDES PATIENTS WHO EXPIRED AT READMISSION OR WERE READMITTED
W/CANCER DIAGNOSIS

Discharge Disposition: Aug. 2016 – Jan. 2017

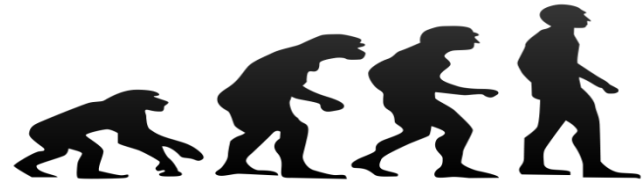


VOILA!..... THE SUSPENSE IS OVER – OUR MOST RECENT PROJECT!

AS THE SPONSOR OF OUR AREA COALITION THE ALLIANCE FOR A BETTER COMMUNITY (ABC), WITH THE SUPPORT OF THE KENTUCKY HOSPITAL ASSOCIATION AND Q-SOURCE, WE PLAN TO MEET THE GOALS OF KHIIN WELL BEFORE 2020.



EVOLUTION



- ❖ Taylor Regional Hospital has been committed to the Kentucky Hospital Engagement Network since its inception.
- ❖ In the area we serve, we are fortunate for the small town advantage of familiarity with our partners with whom we share the patient's care. Nursing Facilities, Home Health Agencies Rehabilitation Facilities, Durable Medical Equipment and O2 Companies, although not part of the Taylor Regional Hospital "entity" comprise integral relationships without which we could not reach the goals set by ourselves, or the HEN.
- ❖ When modifications in our practice to decrease readmissions started, those caregivers external to our hospital were integral partners in all phases of change.
- ❖ It is extremely important to us that there be no surprises to our associates as our hospital's primary goal is to assure that, regardless of our participation with K-HEN, patients are always the primary driving force for any change made.