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Improving postdischarge care for patients—regardless of losses in volume or revenue.

PREVENTABLE HOSPITALIZATIONS

Baystate Medical Center Gets A Leg Up On Delivery System Reform



Evan Benjamin

When the Institute for Healthcare Improvement launched a \$5 million, four-state initiative to reduce unnecessary hospital readmissions, Baystate Medical Center, in Springfield, Massachusetts, quickly signed up. Baystate demonstrated that it was not concerned about the diminishing patient volumes that would be a by-product of success.

“Reducing volume was not a stumbling block to them,” says Amy Boutwell, who until recently was the director of health policy strategy at the Institute for Healthcare Improvement and who describes the initiative’s early results in this month’s *Health Affairs*. “That was important because we didn’t see that everywhere,” she notes. “They led with a quality strategy, whereas some others lead with a market strategy, a financial strategy.”

Boutwell, the cofounder and co-principal investigator of the State Action on Avoidable Hospitalizations (STAAR) initiative, notes that health policy makers increasingly recognize that high rates of unnecessary rehospitalizations

are an indicator of lagging quality and a source of unnecessary costs. STAAR was designed to attack the problem by providing expertise and coaching on best practices to reduce readmissions.

Leaders at the 650-bed Baystate Medical Center were eager to join the project in 2009 because it dovetailed with efforts already under way there to reduce unnecessary readmissions.

“The timing was perfect,” says Evan Benjamin, senior vice president for health care quality at Baystate Health System, which includes the medical center as well as three other hospitals and a number of specialized health centers in western Massachusetts.

Baystate took several steps to attack the problem of unnecessary rehospitalizations, focusing just on the cardiac and general medicine units. The results have been striking: a 25 percent reduction in readmissions among cardiac patients, Benjamin says. Hospitalwide, he adds, the readmission rate has dropped 10–15 percent, even though STAAR is only fully operational in two units.

Boutwell is particularly pleased about improvements apart from heart cases. “The fact that the recommendations can help the general medicine floor with a variety of conditions was a hypothesis,” she says, “but Baystate was the first to show they worked there as well.”

ASSESSING RISK LEVELS

Baystate began its involvement in the STAAR initiative by performing an enhanced assessment on patients during their initial hospitalization to determine each person’s prior record of hospitalization and level of support at home. Each factor contributed to establishing the patient’s risk level for readmission.

Based on the hospital’s risk assessment, low- and moderate-risk patients would be slated to get a call from a health care coordinator within two days of discharge to review customized plans for care and to remind patients to be alert for signs of deterioration that could lead to rehospitalization. The coordinator would also make certain that patients

scheduled a follow-up appointment.

Instead of a call from a coordinator, patients identified as being at high risk for readmission would get a home visit from a nurse, who would review the plan of care with the patient and caregiver and ensure that a follow-up appointment was scheduled.

In general, says Janice Fitzgerald, director of quality at Baystate, the hospital has become much more aggressive about communicating with patients after discharge to make sure they were coming to their follow-up appointments.

Baystate incorporated measures to ensure that everyone on a patient’s multidisciplinary team had the same plan of care information, consistent expectations for the care required after discharge, and a clear understanding of what the patient and caregiver needed to know for a successful recuperation. In-hospital caregivers also met with visiting nurses and medical home caregivers to coordinate care after discharge.

BAYSTATE’S EXCEPTIONAL COMMITMENT

As part of the STAAR initiative, Baystate retooled its patient education materials to make them clearer. The materials were also made available to all visiting nurses, medical homes, and nursing homes that patients might encounter. The materials were specific to each patient’s circumstances, with directions for what to do depending on how that patient was faring at the time.

Boutwell says that Baystate has been exceptionally committed to STAAR. For example, in cases where a patient might not have qualified for a visiting nurse under a particular insurance plan or couldn’t afford copayments, Baystate stepped in to pay those costs.

Benjamin dismisses the idea that Baystate is unusually altruistic. Rather, he believes that his hospital system is simply persuaded of the long-term benefits of the STAAR process.

“We felt these were very small investments that we could make that would have larger returns in terms of preparing us to succeed in this new era of health care reform,” he says.