



Program Brief Network of Patient Safety Databases



Strategies Used by PSOs and Other Organizations To Lead Readmission Reduction

Organizations that lead interhospital collaboratives share a common approach to quality and safety improvement, enabling hospitals to succeed in their improvement initiatives. A hospital collaborative involves a structured approach to learning that brings together a large number of teams from hospitals to seek improvement in a focused topic area. The organization that leads the collaborative (i.e., the “collaborative-level” organization, or CLO) facilitates the sharing of best practices, provides evidence-based education and learning, assists with quality improvement methods, helps identify problems, develops common goals across hospitals, and monitors performance.

Preventable hospital readmissions are too frequent and add unnecessary cost to our health care system. This article summarizes the findings from discussions with seven organizations that lead interhospital collaboratives to reduce readmissions.ⁱ These seven organizations were interviewed because of their unique position as both patient safety organizations (PSOs) and hospital engagement networks (HENs).

Agency for Healthcare Research and Quality (AHRQ)-listed PSOs are entities authorized by the Patient Safety and Quality Improvement Act of 2005, in which Congress addressed the need to capture information that would help improve health care quality and reduce medical adverse events, including unnecessary readmissions. HENs are organizations contracted by the Centers for Medicare & Medicaid Services (CMS) to



engage hospitals in the Partnership for Patients safety initiative.ⁱⁱ

Key staff from the following PSO/HEN organizations were interviewed during March and April of 2013:

- Ascension Health, St. Louis, Missouri
- Carolinas HealthCare System, Charlotte, North Carolina
- Michigan Health & Hospital Association, Lansing, Michigan

ⁱSection 399KK (a)(1) of the Patient Protection and Affordable Care Act states that the Secretary of the U.S. Department of Health and Human Services “shall make available a program for eligible hospitals to improve their readmission rates through the use of patient safety organizations.”

ⁱⁱInformation about the Partnership for Patients can be found at <http://partnershipforpatients.cms.gov/>.



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- New Jersey Hospital Association, Princeton, New Jersey
- North Carolina Hospital Association, Cary, North Carolina
- Tennessee Hospital Association, Brentwood, Tennessee
- Texas Hospital Association, Austin, Texas

Results from the interviews found the following six common themes for strategies used by PSOs/HENs to lead a successful readmission-reducing interhospital collaborative:

1. Building and Sustaining Trustful Relationships
2. Communicating With Hospital Leadership
3. Sharing Information Among Hospitals
4. Standardizing Measurement and Transparency
5. Facilitating Community Partnerships
6. Having a Highly Skilled Staff for Improving Quality and Patient Safety

Theme 1: Building and Sustaining Trustful Relationships

Trust is the foundational element for effective teamwork and communication among organizations. Hospitals are likely to be more engaged in a collaborative when they know that the CLO is a trusted partner. CLO workers build a culture of trust by cultivating respect and integrity in interactions with hospital staff. Furthermore, it is important to be honest and upfront with the hospital improvement team about the time, expectations, and

resource commitment that will be expected when they participate in a collaborative so they can build capacity at the frontline for implementation of the required work.

“We can’t do this work effectively without strong relationships.”

Sam Watson,
Senior Vice President,
Michigan Health & Hospital
Association

Good communication and listening to staff concerns are important elements for a successful collaborative. For example, to help hospitals achieve project goals, CLO staff are available to listen to and provide advice and encouragement when hospital personnel are frustrated, have a question or problem, or have something to share.



Theme 2: Communicating With Hospital Leadership

Hospital leadership plays a crucial role in making readmission reduction a priority and in establishing accountability mechanisms to ensure that hospital staff at all levels are fully engaged in the effort. Furthermore, involvement of hospital leadership is the factor that determines success in obtaining needed resources and achieving desired results. Therefore, it is important that the CLO has access to and attention from the hospital’s leadership.

“If hospital leaders are not engaged, then it’s difficult for the managers and the frontline staff to get the resources and time commitments they need.”

Chris Clarke,
Senior Vice President, Tennessee
Hospital Association

At the start of the collaborative, the CLO should ask hospital CEOs to sign a commitment form that designates the collaborative work as a business priority for the hospital. Collaborative updates can be sent to hospital executives to keep them up to date on the overall progress of their hospital and to provide any new knowledge related to the collaborative. This is especially important when a hospital is struggling to improve and more resources for education and training are needed. Lastly, when CLOs provide collaborative-wide reports to the CEOs that show hospital-level progress and program engagement statistics, this can stimulate friendly competition among hospital leaders.

Theme 3: Sharing Information Among Hospitals

“Hospitals are going beyond just sharing ideas and learning from each other, and actually sitting down in coalition meetings, together with other hospitals.”

Laura Maynard,
Director of Collaborative Learning, North Carolina Hospital Association

In a collaborative, hospitals share the details about implementation processes, challenges, and successes. When CLOs coordinate the sharing of process improvement tools and procedures,

hospitals in the same region can standardize processes and increase consistency across the continuum of care. For example, the North Carolina Quality Center led efforts to create a standardized discharge form, handover form, and patient educational materials across an entire community and among several hospitals. For hospitals in their readmission collaborative, this has resulted in alignment and improvement in transitional care processes, including the scheduling of followup care and timely communication with the patient’s primary care provider.ⁱⁱⁱ

CLOs can promote interhospital information sharing through in-person meetings, webinars, and conference calls. The virtual meetings are especially helpful for hospitals geographically isolated from common meeting locations. During routine conference calls, the CLOs should encourage participation from each hospital by asking questions addressed to each hospital and by rotating which hospitals will present on their work.

Theme 4: Standardizing Measurement and Transparency

Standardized measurement allows for transparent comparative benchmarking and trending across hospitals within a collaborative. The data collection burden can be reduced if the process and outcome measures collected are aligned with programs such as the Partnership for Patients and the CMS Hospital Readmissions Reduction Program.

CLOs assist hospitals by collecting data, calculating comparable rates and benchmarks, setting hospital-specific and collaborative-wide targets, trending

progress, and reporting back to hospitals.

The most common method among the organizations is to use claims data to create 30-day readmission rates on a quarterly basis. The results often show if a hospital is significantly worse or better than a benchmark and sometimes the CLO can provide data comparing the participating hospitals.

When a CLO reports scores in an accurate and fair manner across providers, this can assist hospitals in knowing where they need to focus efforts. Hospitals are encouraged and guided to use the feedback data to find both their areas for improvement and their areas of success. Furthermore, performance feedback reports with full transparency (i.e., hospital identification) stimulate improvement and support peer-to-peer coaching through the desire to help the collaborative improve as a whole.

“Due to friendly competition, one hospital will strive to have better scores than the other, but it’s all about doing what’s right for the patient.”

Deana Williams,
Patient Safety Coordinator,
Carolinas Healthcare System

Theme 5: Facilitating Community Partnerships

“Across the continuum of care, health care organizations are recognizing now that, together, they’re stronger in serving the community than they are if they’re working as separate silos.”

Ann Hendrich,
PSO Executive Director,
Ascension Health

Reducing hospital readmissions is inherently a communitywide challenge, because patients discharged from a hospital will receive subsequent care from other community providers and organizations.

To reduce readmission rates, the health care providers across patients’ continuum of care need to not only address issues within their own organization, but also work together to improve communication and coordination of care during a patient’s transition between facilities and settings. The CLO assists in developing community and regional partnerships between hospitals, primary care providers, community service organizations, long-term care providers, and

ⁱⁱⁱAs presented by the North Carolina Quality Center at the AHRQ Annual PSO Meeting on April 23, 2014, in Rockville, MD. For more information, contact Nancy Schanz, Director of the PSO, at nschanz@ncha.org.

others. This can be done by initiating conversations, facilitating partnership meetings, encouraging cooperation as partners work together to resolve issues and develop strategies, assisting in aligning financial and clinical goals, and holding the partners accountable. Conversations and meetings within a community, region, or State may also include leaders of other key initiatives to possibly coordinate and combine complementary efforts.

Theme 6: Having a Highly Skilled Staff for Improving Quality and Patient Safety

“You can’t just take a group of facilities and force them into this work. We have spent years developing a culture that’s oriented towards continuous quality improvement.”

Shelby Harrington,
Former Administrator of
Patient Safety Organizations,
Carolinas Healthcare System

The CLO staff contribute in various ways, yet all staff members share the common goal of providing support and assistance to hospitals. A CLO’s project team includes trained quality improvement advisers who can work directly with

hospital staff to help them get past clinical barriers and other roadblocks. Advisers with previous clinical work experience facilitate productive interaction with hospital staff. Furthermore, when an organization’s improvement advisers can adequately “train the trainer,” this facilitates the continued dissemination and spread of knowledge and skills. For example, the Carolinas HealthCare System has found success by deploying regional “quality coaches” who bring the local perspective to the system’s corporate leadership.^{iv}

The CLO’s data experts teach hospitals how to collect data and how to understand their data, with the goal of improving care coordination and reducing readmissions.

The CLO team also needs a project manager to keep the project on track and to communicate with those in the collaborative. Lastly, the CLO’s leaders must be able to offer fresh ideas and set the tone for transparency and sharing.

“Initiative overload” and “data inertia” can be major challenges for hospital quality improvement programs. Therefore, it is important for the CLO’s staff to find innovative and flexible solutions to maintain momentum and to keep hospital staff engaged. For example, challenges can be addressed by applying familiar techniques such as Plan-Do-Study-Act (PDSA), high reliability, Lean, and other principles of performance improvement. In the end, the CLO staff should keep a sense of humor and facilitate opportunities to celebrate achievements and have some fun.

CLOs enable and support provider collaboration to achieve objectives of improving patient-centered health care. The CLOs’ strategies encompass leadership, communication, stakeholder engagement, analysis, and education that can foster improvements in readmissions, as well as other high-priority quality and patient safety goals. PSOs can further assist providers in reducing readmission rates by collecting readmission event data from member hospitals using AHRQ Common Formats, analyzing the data for causal factors, and sharing findings with the hospitals to help prevent unnecessary readmissions.

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^{iv}As presented by the Carolinas HealthCare System at the AHRQ Annual PSO Meeting on April 23, 2014, in Rockville, MD. For more information, contact Jason Byrd, Director of Patient Safety, at Jason.Byrd@carolinashealthcare.org.

