How Current Accreditation Approaches Impact Reduction of Hospital Readmissions

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By Patrick Horine

Since CMS established its Hospital Readmission Reduction Program five years ago, penalties for avoidable inpatient readmissions within 30 days of discharge rose rapidly. Penalties are projected to reach $528 million this year, up more than 25% from 2016.

Such a sum is an attention-getter for leadership to support every effort to cut readmission rates. Can the accreditation process make an impact to reduce readmissions for the hospital? It should. But the process should be meaningful. It must have the means for developing more consistent processes and moving more toward a proactive and preventive stance as opposed to a corrective one. And hospitals have myriad challenges on the quality front every day that puts a strain on their readmission numbers. They include increasing maternal mortality and morbidity; hospital-acquired infections, the need to provide better post-discharge communications with patients and their family members to avoid relapses; and more judicious pain management planning to avoid opioid dependence issues. Hospitals are also being dinged on patient satisfaction. Patients obviously want the best care they can receive at the hospital, but hospitals also have a duty to ensure they receive that care from in-network providers to avoid large out-of-network charges.

However, it is not always natural for healthcare professionals to think in a proactive manner. They react and jump into action quite well: Hurricanes, tragic events, an unexpected outbreak—the hospital is at the center of it all taking care of those affected. However, there can be processes in place that hospital management and clinicians can continually improve upon to better prepare and maintain readiness.

Regarding the causes or factors most associated with preventable readmissions, lack of communication tops the list. That’s closely followed by lack of coordinated efforts among caregivers, and little engagement of the patient, their family or personal caregivers.

An effective quality management system relies heavily on improving communication at all levels of the organization that adopts it.

This is a cornerstone of the ISO 9001 quality management system being adopted by many hospitals as one of several means of improving the processes for healthcare delivery. ISO 9001 was originally developed in Europe, where it has been used for decades by the manufacturing sector. In the U.S., it has been adapted to the improvement of hospital operations and healthcare. It provides hospitals a clear roadmap toward continuous process improvement in virtually every category of care and safety. However, the process is consensual rather than prescriptive; a hospital’s clinical, quality and compliance staffs can use ISO 9001 to route their way to process improvement individually, rather than having to follow guidelines laid down by an outside organization. With careful planning, ISO 9001 can be integrated into the Conditions of Participation (COP) of the Medicare program.
Case in point

CoxHealth, a five-hospital, 992-bed system in Southwest Missouri, is a clear example of how ISO 9001 can be effective in reducing readmissions. CoxHealth embarked on a patient-centered process to deliver the right care in the right place by harnessing community partners and services to substantially reduce its hospital readmission rates.

The most successful interventions implemented were related to communication among caregivers, providers, and patients and include:

- Follow-up discharge phone calls to ensure a smooth transition to the next provider of care.
- Collaboration with a Federally Qualified Mental Health Center to discharge medically stable detox patients.
- Collaboration with a Federally Qualified Health Center to discharge patients from the ED and sent directly to an on-campus medical home clinic that provides both primary care and mental healthcare.
- Embedded social workers in the ED to assist with arranging a variety of community services to communicate with the patient’s and their family and others.

During fiscal 2017, the hospital’s readmission rate had dropped to 9.32%, an overall reduction of about 15%

Since it has been determined that having better communication will prevent avoidable readmissions to the hospital, developing a more effective quality management system to have better engagement from all the parties involved appears to be a step in the right direction. The added benefit to an effective quality management system is that this will better enable the hospital to sustain the improvements and changes they have made to make this impact. There is gain for the hospital for their value-based payments and savings gained by avoiding the penalties associated with higher readmission rates.

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