

Eli's Rehab Report

IRFs: Put Your Readmissions Stats Under The Microscope

Knowing -- and shoring up -- your weak spots will boost your quality outcomes down the road.

Hospitals will soon have to fork over Medicare payments for readmissions within 30 days of discharge that could've been prevented. Think rehab providers are off the hook? Think again.

The **Centers for Medicare & Medicaid Services** is pushing all healthcare providers to report improvements in care. Failures to improve -- including high hospital readmissions rates -- not only won't look good, it could cost your bottom line. For instance, hospitals with high readmission rates will see payment reductions up to 1 percent in the first year and more in subsequent years. The same formula may hold true for therapy.

Strategy: Just providing your patients with top-notch care isn't always enough. Follow these field-tested techniques to scrutinize your readmission stats, find problems, and develop a plan of attack that will ensure your facility's quality care is obvious:

Step 1: Pick Up On Repeating Patterns

Your first step when tracking readmission rates is to look for patterns that could alert you to deeper problems, suggests **Kate Brewer, PT, MBA, GCS, RAC-CT**, vice president of **Greenfield Rehabilitation Agency** in Milwaukee.

Example #1: Inpatient lengths of stay (LOS) often last 30-40 days. Facilities with a large number of extremely short stays should examine why, Brewer advises. "There could be reasons that aren't cause for alarm, such as short-stay rehab patients who only need a week of care," but low LOS could also be a red flag that "too many patients are returning to the hospital, for medical reasons" she says.

Example #2: Residents are discharged into the community once they are capable of maintaining their health and mobility. However, you may find a pattern of residents returning to the facility after a month or two. "This could be a red flag that you are sending patients home before they are capable of caring for themselves," Brewer says. Keep looking for and dealing with patterns that may be tied to readmission rates. You may find the patterns are harmless, but your due diligence will help you take the sting out of repeat problems.

Important: You should comb through your records on a regular basis. As your most flagrant issues are resolved, you may begin finding less obvious patterns or trends that need to be addressed. And regular review will stop new problems from taking root in your facility.

Step 2: Tackle & Eliminate Readmission Trends

Once you find your facility's patterns -- the too-short lengths of stay or frequent returns or any other suspicious patterns -- you must put a stop to them.

Do this: Evaluate the reasons for your high hospital readmission rates. You'll likely find that same four or five reasons in each case, posits **Mark Besch**, VP of Clinical Operations for **Aegis Therapies** in Delafield, Wis. Once you've pinpointed those trends, you can better tackle them.

The most important step will be regular trainings and reminders about the early warning signs that something isn't right with the patient, Besch notes. Being able to spot and head off problems before either the patient is discharged from your facility or the problem requires acute care will put a severe dent your readmission rates.

For instance, "about half of hospital readmissions" can be tied to respiratory issues like pneumonia. Knowing this, you

can equip your staff members with tools and trainings that keep the symptoms of pneumonia top of mind, Besch says. (See "Spot Respiratory Distress -- And Reduce Readmissions -- With This List" on page 91 for an example.)

You must ensure that therapists and nurses can detect problems before the symptoms become so exacerbated that the only choice is to return from home to the facility or from the facility to the hospital. Staffers can monitor vital signs, listen for breathing clues, or note pulmonary hygiene, among other strategies, to catch problems before they become crises.

Try this: Your facility should also gather as much information about your patients as you can. A comprehensive and detailed medical history may alert you to predispositions or habits that are likely to result in a readmission.

Step 3: Educate Patients On Self-Care

Your facility's staff plays a huge role in reducing readmissions, but so do your patients. You must educate them on how and why to keep themselves healthy.

Some patients are not "adequately prepared prior to discharge," Brewer points out. Hospital quality measures are addressing this, and so should your facility. Discuss with patients what they'll need to do to remain healthy after they are discharged, and then encourage them to ask questions or clarify any confusion they might have.

Lastly, be sure to follow-up with discharged patients. The reality of patients' ability to implement your suggestions may not hit until after they've been home a few days. By giving them a call, you allow them to remain active in their care and will be able to head off the new problems that try to crop up.

Remember: Your low readmissions rates will reflect quality patient care -- a measure that CMS may soon hinge your payment on.