

## OASIS Alert

### News You Can Use: HOSPITAL READMISSIONS SPEND MORE TIME IN THE SPOTLIGHT

Home care could play a vital role in preventing unnecessary health spending.

Your HH Compare, OBQI, and other hard work in keeping patients from being readmitted to the hospital can benefit your patients, you, and the health care system overall. Multiple entities are launching programs to curb hospital readmissions. The value of home care in achieving reduced hospital readmission goals can improve your relationships with referral sources.

For example: The **New Jersey Hospital Association's Institute for Quality and Patient**

Safety is launching a year-long collaborative partnership to reduce heart failure-related hospital readmissions, reports the Philadelphia Business Journal. More than 50 hospitals, nursing homes, home care providers, and hospice programs are participating.

The **Centers for Medicare & Medicaid**

Services is developing a program to reward hospitals for lowering readmission rates, reports The New York Times. And the new health care reform law will punish hospitals with high readmission rates, says The Boston Globe.

One contributing factor: Hospital stays are shorter now -- an average of 5.7 days in 1993 compared to 4.6 days in 2007, taking a serious bite out of health care costs, the Times notes. Length of stay isn't the only problem.

"Discharge from the hospital is a critical point in a patient's recovery, particularly for older people with chronic conditions," the newspaper observes. "The process is supposed to be carefully planned, but instead it often is rushed and poorly coordinated, resulting in complications that send patients back to the emergency room."

Former **Gentiva** unit **CareCentrix** is helping insurer **CIGNA** deal with readmission problems. The East Hartford, Conn.-based company is rolling out its "Care Transitions Program" to CIGNA beneficiaries in Texas, CareCentrix says in a release.

The program will attempt to curb rehospitalizations by taking steps such as helping patients manage their medications and facilitating their follow-up medical appointments, the company says.

- **Don't forget to pick up** your new best practice intervention package from the home health quality improvement national campaign. This package aims to reduce medication errors and adverse drug events.

"The goal ... is to provide home care leaders with guidance on medication management and clinicians with information, tools, and resources to help them assess and improve patients' ability to manage medications, with emphasis on the risks of adverse drug events during patient care transitions," notes the

National Association for Home Care & Hospice. The package, which includes a quick-start guide, patient and staff tools, different tracks for disciplines, and more, is available at [www.homehealthquality.org](http://www.homehealthquality.org) for free.

Next up: In July, the HHQI campaign will release a package on falls prevention, NAHC says.

- **If you're wondering how to get your patients to adhere to their medication regimens** and improve their outcomes, you may want to consider an idea from a project in Philadelphia.

One experimental program there is offering patients taking warfarin an opportunity to win \$10 or \$100 each day that they take the drug, reports The New York Times. Health insurer **Aetna** helped fund the program, and also pays physicians bonuses for prescribing preventive medications like beta blockers and statins, the newspaper says.

"It's better to spend money on medication adherence for patients, rather than having them boomerang in and out of the hospital," **Valerie Fleishman**, executive director of the **New England Healthcare Institute**, a research organization, told the Times. About one-tenth of hospital admissions and one-quarter of nursing home admissions result from incorrect adherence to medication, Fleishman said. "Financial incentives are a critical piece of the solution," she told the paper.

Read the entire article online at [www.nytimes.com/2010/06/14/health/14meds.html](http://www.nytimes.com/2010/06/14/health/14meds.html).

• **A new home health prospective payment system pricer for 2010 is available** for download, CMS says. Thanks to the rural add-on, CMS now has two pricers agencies and their vendors must use -- one for claims from Oct. 1, 2009 to March 31, 2010, and one for claims from April 1 to Sept. 30.

Both pricers were updated June 17, CMS notes. The pricers are online at [www.cms.gov/PCPricer/05\\_HH.asp](http://www.cms.gov/PCPricer/05_HH.asp).

• **If you're accredited by the Joint**

Commission, you'll want to be especially careful to pay attention to a clarification on the use of multi-dose vials of medication.

The problem: Multi-dose vials come with expiration dates based on the vial being unopened. "Once a vial cap is removed or the vial is punctured, the expiration date is no longer valid," the organization formerly known as JCAHO says on its website.

The solution: Once the vial is open, "a revised expiration date (also called the 'beyonduse date' in pharmaceutical terminology) needs to be identified," the Joint Commission says. And you need to label the vial with the new expiration date.

The **Association for Professionals in Infection Control and Epidemiology** and the **United States Pharmacopeia** recently recommended that multi-dose vials be used for no more than 28 days, so the Commission has adopted that requirement, it says. "The Joint Commission bases this 28-day time frame on the fact that manufacturers are required by law to test the effectiveness of the bacteriostatic agent used in the multi-dose vial for a period of 28 days," adds the Oakbrook Terrace, Ill.-based accrediting body.

The time limit doesn't apply to vaccines, which have different requirements, the Commission points out.