30-Day Readmission Rate Analysis in the Lehigh Valley Children’s Hospital

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30-Day Readmission Rate Analysis in the Lehigh Valley Children’s Hospital

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Background

- Children’s Hospitals’ Solutions for Patient Safety (SPS) organization was established in an effort to reduce preventable harm
- SPS works through the implementation of Standard Bundles that can be shared through the SPS hospitals to direct changes in health systems and patient care
- Standard Bundle elements are backed by strong evidence that suggests implementation is associated with a significant decrease in patient harm
- The SPS published readmissions rate (7-year data per 100 discharges) is 3.186, with an overall 6.9% reduction since the establishment of the SPS Readmissions Prevention Bundle, as seen in table 1
- According to the SPS, reliably implementing all of these elements is associated with statistically significant improvement in readmissions rate

Problem Statement

This project intends to standardize the discharge process in the Lehigh Valley Children’s Hospital Inpatient Pediatrics department through implementation of the SPS Readmissions Prevention Bundle with the intent of improving discharge outcomes.

Methods

Part I - Implementation of the SPS readmissions standard bundle elements
- Organized post-discharge provider and diagnostic appointments, as well as post-discharge phone calls for all patients discharged from Hospital Pediatrics
- Hospital Pediatrics representatives met with stakeholders from the institution to create a system-wide effort
- Responsibilities were allocated based on departmental expertise
- Check-ins for workload occurred every 1-2 months with members of the stakeholder team during rolling implementation

Part II - Establishment of the relative all-cause readmissions rate
- The hospital quality office receives the number and patient information for all 30-day readmissions
- The total number of readmissions is reported on a monthly basis in a comprehensive safety report

Results

Part I

- The SPS Readmissions Bundle was implemented in the Lehigh Valley Children’s Hospital in accordance with the Bundle Standard Elements (table 1)
- In review of the practices outlined in the bundle, it was found that the Inpatient Pediatrics department previously standardized 3 of the 5 elements
- A flow chart outlining the new processes for the remaining elements (elements 1 and 3) can be found in figure 1

Part II

- Analysis of the current state of the Inpatient Pediatrics floor was represented by the readmission rate for FY16-17, as seen in figure 2
- The relative rate of 30-day readmission for FY16-17 is 5.66

Discussion

- Implementation of the SPS Readmissions Prevention Bundle provided an experience into incorporating change into a system
- Initial goals required a timeline much longer than anticipated, and scaling back the scope of the project was required
- The refined scope gave opportunity to create sustainable changes, and the resulting implementation lead to brainstorming future directions

Conclusions

- With the addition of the final 2 elements, we were able to fully implement the SPS Readmissions Prevention Bundle.
- The demographics of readmitted patients within 30 days will be further examined to identify preventable readmissions, and identify inappropriate admissions, or readmissions that violate the standard of care.
- Evaluation will allow greater focus into the specific areas for improvement at LVHN within readmission patient groups and Bundle Elements being utilized.

References:


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