



Reducing Readmissions

Organizational Assessment/Root Cause Analysis

One of the first steps in efforts to reduce readmissions is conducting an organizational assessment or root cause analysis (RCA). The purpose of the assessment is to identify the primary causes of avoidable readmissions at your facility and in your community in order to identify specific areas to target for improvement, such as:

- Enhanced admission assessment for post-discharge needs/comprehensive discharge planning
- · Medication management
- Enhanced teaching and learning

- Transition care processes
- Care coordination/communication
- Chronic care management/self-management

Getting Started

- 1. Secure leadership support for the initiative.
- 2. Form a multidisciplinary team or steering committee.
- 3. Assess data to identify the drivers of readmissions, including:
- Population data data for your organization and community related to readmissions
- Observation work current processes related to patient transitions
- Medical records both retrospective and concurrent, to identify trends and patterns
- Individual and group interviews to understand the perspective of your patients, staff, and community providers
- Financial review to determine the financial impact of avoidable readmissions and subsequent patient care

SAMPLE RCA STRATEGIES

The following strategies are recommended to help identify the underlying causes of readmissions in your community. The RCA may include both a retrospective and real-time review.

- For each provider, gather a list of patients with a 30-day readmission within a selected timeframe (e.g., 60 days, 90 days).
- Perform a medical record review on a minimum of 10% or 20% of the readmission records.
- Interview patients and caregivers at the time of readmission to better understand their perspective of the reason for readmission.
- Review readmission data to investigate target populations driving readmissions and to identify the primary referral sources' 30-day readmission rates.
- Observe the patient discharge process, and how discharge teaching is completed.
- Observe the patient admission process to investigate the process being utilized to identify patients requiring discharge planning/case management services
- · Interview community providers.
 - Are they receiving all the critical patient information necessary to care for patient?
 - Are their situational reasons impacting their ability to meet the patient's care need(s)?
- Convene a cross-setting focus group meeting with referral sources to discuss factors in each care setting that may be impacting patient care needs.

- Analyze and discuss data with your facility working team and readmission community coalition team to understand key findings related to primary causes of readmissions in your organization. Tools available to help support the discussion include:
 - Organizational assessment summary
 - Identified failures contributing to readmissions
 - SWOT analysis worksheet
- Review identified trends/reasons for readmissions. Identify key areas for further study and for improvement.

RCA Worksheet

Organization:			
Team Lead:			
Team Members:			
Component	Completion Date	Activities Completed	Key Findings
Population Data			
Observational Work			
Medical Record/ Chart Reviews			
Individual and Group Interviews			
Financial Review			
Describe priority areas for improvement using key findings identified.			

Readmissions: Organizational Assessment/Root Cause Analysis

Additional Resources

RARE website at http://rarereadmissions.org/resources/assessment.html

National Coordinating Center toolkit http://www.cfmc.org/integratingcare/toolkit.htm

Next Step in Care http://www.nextstepincare.org

Project Boost - Return on Investment Tool

http://www.hospitalmedicine.org/ResourceRoomRedesign/RR CareTransitions/html CC/06Boost/08 Project

Boost A Return.cfm

IHI STAAR Financial Analysis Roadmap

http://www.ihi.org/offerings/Initiatives/STAAR/Documents/STAAR%20Financial%20Webinar%20Part%201.pdf

All material presented or referenced herein is intended for general informational purposes and is not intended to provide or replace the independent judgment of a qualified healthcare provider treating a particular patient. Ohio KePRO disclaims any representation or warranty with respect to any treatments or course of treatment based upon information provided. Publication No. 311302-0H-261-02/2012. This material was prepared by Ohio KePRO, the Medicare Quality Improvement Organization for Ohio, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.