HANYS Healthcare Association of New York State

GREATER NEW YORK HOSPITAL ASSOCIATION GNYHA Greater New York Hospital Association

The Role of the Hospitalist in Reducing Readmissions

A NYS Partnership for Patients report prepared by the Healthcare Association of New York State and Greater New York Hospital Association

Reviewed December 2020

Introduction

The NYS Partnership for Patients (NYSPFP), a partnership of the Healthcare Association of New York State and Greater New York Hospital Association, facilitated the three-year Hospital Engagement Network from 2011 to 2014 to support hospitals' efforts to achieve the national goal of reducing preventable hospital-acquired conditions and readmissions. In 2014, NYSPFP convened a 15-member workgroup of hospital-based providers to explore the role of hospitalists in efforts to reduce avoidable readmissions.

The Hospitalist Workgroup comprised clinicians from 14 hospitals across New York State, ranging from large urban academic to small rural community hospitals. The Workgroup convened in person, via conference calls, and through email discussion between June and October. This document was developed through in-person meetings among hospitalists who participated as panelists at four regional NYSPFP Readmissions Conferences throughout New York State in October 2014. Workgroup members are listed on the next page.

The NYSPFP Hospitalist Workgroup's objective was to define the hospitalist's role in reducing readmissions and identify opportunities for hospitalists to participate in readmission reduction efforts.

Building upon the NYSPFP 2014 Preventable Readmissions Pilot, in which readmission reduction teams focused on testing and hardwiring improvements during three phases of hospitalization: upon admission, during hospitalization, and at the patient's discharge, the Hospitalist Workgroup subsequently added two more phases: the period before the decision to admit is made and the post-discharge time period.

The Hospitalist Workgroup also identified opportunities for improvement among three primary levels of change: actions an individual hospitalist could take to improve his or her daily practice; actions a hospitalist group practice could implement across all providers; and actions a hospital could implement to enable better practices in this domain.

HANYS Healthcare Association of New York State | GREATER NEW YORK HOSPITAL ASSOCIATION GNYHA

WORKGROUP MEMBERS

NYSPFP thanks and acknowledges the invaluable contributions of the following Hospitalist Workgroup participants (in alphabetical order):

- Margaret-Mary Ameyaw, M.D.
  Finger Lakes Health
- Brian Chase, M.D.
  Faxton-St. Luke's Healthcare
- Sara Crystal, N.P.
  Adirondack Medical Center
- Jason Feinberg, M.D.
  Finger Lakes Health
- Bradley Flansbaum, M.D.
  Lenox Hill Hospital,
  North Shore-LIJ Health System
- Mickel Khlat, M.D.
  St. Catherine of Siena Medical Center
  Catholic Health Services of Long Island
- Manisha Kulshreshtha, M.D.
  St. Barnabas Health System
- Jennifer I. Lee, M.D.
  NewYork-Presbyterian/Weill Cornell
  Medical Center
- Kathy Navid, M.D.
  Mount Sinai Queens
- Brad Sherman, M.D.
  Glen Cove Hospital,
  North Shore-LIJ Health System
- Cristina Topor, M.D.*
  Crouse Hospital
- James Tucker, M.D.
  St. Joseph's Health Center, Syracuse
- Usha Venugopal, M.D.
  Lincoln Hospital Center
- Nejat Zeyneloglu, M.D.*
  Brookhaven Memorial Hospital
  Medical Center

EXPERT ADVISOR AND FACILITATOR

Amy Boutwell, M.D., M.P.P.
President of Collaborative Healthcare Strategies, and a practicing hospitalist.

*Co-Chairs

The Role of the Hospitalist in Reducing Readmissions

Opportunities abound for hospitalists to meaningfully contribute to hospitals' efforts to reduce avoidable readmissions. Hospitalists are often referred to as the "quarterbacks" or the "captains" of hospital-based care. While these analogies can be helpful in describing a hospitalist's oversight and coordinating functions, the hospital readmission reduction team needs to know how to specifically engage hospitalists in these efforts. A hospitalist's participation as an active member of the readmission reduction team is critical to identifying and managing readmission risk.

The Workgroup categorized opportunities for hospitalists to reduce readmissions along the continuum of hospital–based care. These time points include:

- Prior to the Decision to Admit
- On Admission
- During Hospitalization
- On Discharge
- In the Post-Discharge Period

Some important responsibilities, such as medication reconciliation, patient and family communication, and establishing goals of care, are priorities at all points in a patient's hospitalization course. This report will address these high-priority activities in the context of one or more of these phases of hospital care.

PRIOR TO THE DECISION TO ADMIT

Efforts to reduce readmissions have traditionally focused on the transition from the hospital to the next setting of care. However, there are important opportunities to reduce readmissions by examining factors that contribute to the decision to admit—or readmit—a patient. These decisions are usually made in the hospital's emergency department (ED). Hospitalists have varying degrees of interaction with emergency medicine physicians. Workgroup members practicing at smaller hospitals reported having more interaction with ED colleagues than physicians at larger hospitals. Although the nature of the interactions between emergency medicine and hospital medicine groups varies, the Workgroup identified the following as feasible opportunities to reduce avoidable readmissions before deciding whether to admit:

Flag 30-Day Return Patients in the ED Record

Physicians would benefit from automatic prompts from the medical record to indicate whether the patient was recently seen in the ED or discharged from the hospital. When a clinician is aware that the patient has been recently seen in the ED or hospital, different questions arise and the patient's presentation can be assessed in a different context. Hospital information systems departments should consider implementing a flag system to alert providers when a patient has been admitted or seen in the ED within 30 days. Once a flag has been

same electronic medical record as the hospital. The Workgroup participants identified this as primarily a safety issue and gave examples of their individual ways of following up on pending results. As a safety issue, the Workgroup recommended that hospitalist practices develop a reliable system that does not risk being subject to variation in individual practice.

Ask for Feedback from "Receiving Providers" and Review Issues that Arose on Post-Discharge Calls

In addition to tracking readmission data as an indicator of the effectiveness of these efforts in reducing avoidable readmissions, hospitalists and readmission reduction teams should be sure to "listen to the customer": the patients, their caregivers, and their receiving providers. Many hospitals make post-discharge follow-up telephone calls. Workgroup participants noted that hospitalists do not receive any feedback on the content of these calls, including what questions and issues arose during the calls. This information can become a valuable source of feedback to hospitalists and the inter-professional team: understanding the most frequent and concerning questions that arise during these calls can help the inpatient staff more consistently or clearly address those issues prior to discharge.

In addition, hospitalists and readmission reduction teams can query a variety of "receiving providers" in the community, such as affiliated primary care providers, non-affiliated primary care providers, specialists, home health providers, and skilled nursing facility providers to understand the information elements that were helpful and those that are consistently missing. Adding this to the department and readmission team's quality monitors will help continuously improve the quality and usefulness of hospital handover communication and cross-setting collaboration. The support and involvement of hospitalists in requesting and reviewing this feedback is essential to fostering meaningful improvement.

CONCLUSION

The insight shared by the NYSPFP Hospitalist Workgroup provides a good foundation for identifying specific, practical ways in which hospitalists can meaningfully contribute to readmission reduction efforts in hospitals of every type. The Workgroup identified opportunities for hospitalists to improve their individual practice, the group's practice, and to strengthen and improve hospital-based systems of care. Many more meritorious opportunities for practice change and participation in readmission reduction activities exist.

"This product guides hospitalists to do the right thing at the right time, from admission to discharge. As a Workgroup, we recommend improving communication at all levels and involving the patients and their families in the care. I am certain that if hospitalists can implement some of these recommendations in their busy daily work, they will enjoy the benefits of not only improved readmission rates, but also overall improved quality of care."—Workgroup Co-Chair Nejat Zeyneloglu, M.D.

END NOTES

1. Interventions to Reduce Acute Care Transfers (INTERACT). Available at: **http://www.interact2.net/** (accessed January 6, 2015).
2. "Hospital Guide to Reducing Medicaid Readmissions." Agency for Healthcare Research and Quality, Rockville, MD (August 2014). Available at **http://www.ahrq.gov/professionals/systems/hospital/medicaidreadmitguide** (accessed January 6, 2015).
3. Project BOOST—Better Outcomes for Older Adults through Safe Transitions. Society of Hospital Medicine (2012). Available at: **http://www.hospitalmedicine.org/Web/Quality_Innovation/Implementation_Toolkits/Project_BOOST/Web/Quality___Innovation/Implementation_Toolkit/Boost/Overview.aspx** (accessed January 6, 2015).
4. Krumholz, M.D. "Post-Hospital Syndrome—An Acquired, Transient Condition of Generalized Risk." *The New England Journal of Medicine* (January 10, 2013). 368: 2; 100–102.