EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

Update

EQIC Announces Multiple-admission Patient Program

EQIC is pleased to announce its latest effort to achieve the CMS readmission reduction goal of 5%. The multiple-admission patient program provides best practices to identify patients frequently admitted to the hospital and address those contributing factors.

Patients who are frequently admitted to hospitals are likely to have multiple complex chronic conditions. They also may have behavioral comorbidities that mediate their health behaviors, all of which results in acute episodes requiring hospitalization. Complex interactions between patients' physical and mental condition, attitude, values, social situation and issues with care provision for both primary and secondary care are all causes of multiple hospital admissions. These frequent hospital admissions may therefore be considered an indicator — or a "red flag" — of patients' physical, mental, spiritual and social deprivation in their daily living conditions. Frequently admitted patients may have some distinguishing characteristics that require novel solutions.

Through a collaborative work approach, the MAP program team will utilize the EQIC MAP framework to support individuals identified as MAPs and their care partners with the aim of decreasing the need for hospital admission by meeting the needs of the patient at home or the next level of care. Any necessary resources and supportive services available through community-based organizations are identified and integrated into the patient's care transition plan. The MAP program team focuses on identifying solutions for preventing repeat hospitalization for this small group of patients who consume a highly disproportionate share of healthcare resources.

Getting started

To begin the adoption of the MAP program, EQIC encourages hospitals to analyze their data to identify patients with multiple admissions, specifically those patients who have been admitted to the hospital four or more times in a 12-month period. EQIC recommends each hospital adopt the AHRQ data analysis tool and work with your data analytic support teams to identify report capabilities to identify MAP program-eligible patients.

Hospitals interested in pursuing the MAP program should:

- review your EQIC MAP data reports (located under "special reports" after logging in);
- identify a multidisciplinary team;
- read the EQIC MAP program syllabus;
- view the other EQIC MAP program tools and materials; and
- register for EQIC MAP program July webinar.

EQIC will offer project manager support to each hospital as they implement their MAP program. To learn more about the MAP program to prevent frequent admissions and decrease readmissions, please contact EQIC Project Manager Brenda Chapman at bchapman@hanys.org.

References:

Huang, M., van der Borght, C., Leithaus, M. et al. Patients' perceptions of frequent hospital admissions: a qualitative interview study with older people above 65 years of age. BMC Geriatr 20, 332 (2020). https://doi.org/10.1186/s12877-020-01748-9

Szekendi, M. K., Williams, M. V., Carrier, D., Hensley, L., Thomas, S., & Cerese, J. (2015). The characteristics of patients frequently admitted to academic medical centers in the United States. Journal of hospital medicine, 10(9), 563–568. https://doi.org/10.1002/jhm.2375

Questions

Please contact Cathleen Wright or your EQIC project manager with any questions.

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