

Members in Action: Redesigning the Delivery System

Columbus Community Hospital – Columbus, NE

Interdisciplinary Teams Reduce Readmissions

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

Overview

Through building relationships among providers across the care continuum and implementing standardized processes, Columbus Community Hospital (CCH), located in rural Nebraska, decreased its avoidable readmission rates and enhanced patient care.

Since 2011, CCH has been involved in collaborative quality improvement initiatives sharing best practices

with other hospitals in the Nebraska Hospital Association and AHA's Hospital Engagement Network and Hospital Improvement Innovation Network. CCH also participates in the federal Rural Community Hospital Demonstration program.

Interdisciplinary care teams at CCH huddle twice a day to discuss the needs and progress of each patient, planning their care after discharge while they are still in the hospital. The teams comprise three registered nurse case managers in addition to hospitalists, social workers, pharmacists, nurses and clinical therapists.



Hospital staff worked with community partners to make medication reconciliation a priority.

Impact

From October 2016 to May 2018, CCH reduced all-cause 30-day readmissions by 42%, saving \$819,797 in hospital care. The proactive approach means patients spend less time in the hospital and more time recovering at home in a familiar environment.

The teams conduct risk assessments to identify patients more likely to be readmitted, such as those with a history of frequent emergency department visits or comorbidities. The assessment also examines patients' social determinants of health. Team members also adhere to standardized processes for care, medication reconciliation and discharge planning to ensure continuity from hospitalization to outpatient care to home.

CCH also strengthened its communication and care plans with providers outside of the hospital, including staff at skilled nursing facilities, home health agencies, assisted living facilities, retail pharmacies and medical groups. This includes, for example, collaborating to enhance medication reconciliation, streamline patients' paperwork and improve handoff phone calls among providers.

Lessons Learned

CCH staff stressed the value of building relationships with providers outside of the hospital.

"Really, the work of helping the patient be successful at home occurs outside of the hospital," said Nicole Blaser, R.N., director of quality and compliance.

Reconciling medications was a key factor in CCH's success, said Kurt Kapels, M.D., clinical director of hospitalists. CCH conducted a community campaign to increase awareness among the public of the importance of keeping a current list of medications. They distributed bright orange medication pocket lists to community organizations, senior groups



President and CEO Mike Hansen (center) and Nicole Blaser, R.N., director of quality improvement, (second from right) and their team reduced avoidable readmissions by 42% over two years, saving more than \$800,000.

and the public. The hospital also implemented a standardized process for communicating with primary care physicians about the medications patients were taking and changes in their prescriptions.

"That became a big focus of what we were trying to improve upon to smooth the transition to the outpatient realm," said Kapels.

Continually seeking input from primary care physicians, patients, nurses and other clinical staff about how to improve care also was a critical element of the hospital's success.

"It's a continual learning process," said Kapels. "We're always looking to improve what we've done so far."

Future Goals

CCH is committed in 2019 to contributing to the statewide goal of reducing 30-day readmissions by an additional 12% in Nebraska.

"We know that if we can reduce readmissions, we're going to reduce the overall cost to our patients," said Mike Hansen, president and chief executive officer. "That's something that's very important."

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