

Los Alamitos Medical Center Preventing Readmissions Collaborative

The Preventing Readmissions Collaborative is a working group of professionals in the local community. Monthly meetings are held discussing concerns and needs of the community and hospital. The motivating focus of the group is to improve patient care and reduce readmissions.

The Preventing Readmissions Group goals are to improve patient care and reduce readmissions. Each member of the group discussed the impact of readmissions to their particular agency and the overall impact to the hospital. The outcome of the first meeting was to set up oncoming monthly meetings to formulate strategies, evaluate and analyze the readmission scores. The goal would be to establish a community network meeting to reduce readmissions. Create and implement a community based supportive system that is united in using an evidenced based approach to reducing readmissions to hospitals. The initial focus was to decrease the rate of readmission of AMI, CHF and Pneumonia. Los Alamitos has created a community based coalition that meets monthly at the hospital to improve transitions of care, reduce readmissions rates, share readmission rates, level of care concerns and processes, implement evidence based approaches such as Project RED (Re-engineered Discharge) and educate healthcare workers in facilities from hospital to SNFs, L-TACs, Home Health, Hospice, DME and other stakeholders in this transition of care community approach.

The group began in the fall of 2011. The initial group was comprised of approximately 15 members and has grown to 45 as of June 12, 2014. An initial meeting was held consisting of two local community skilled nursing facilities' administrators, a local home health agency administrator, Los Alamitos Medical Center's Director of Case Management, Chief Nursing Officer, Coronary Artery Disease Coordinator Director of Quality Support services , Nursing Directors from ICU,ER and medical surgical units, Social Work Services, Dietary Clinicians , and Director of Pharmacy. Now the group is open to anyone in the community.

Topics are selected based on the analysis of data related to readmissions. Topics are generated based on community needs and hospital needs.

The Preventing Readmissions Group compliments the TRAC mission by also being patient centered, best of care, right place, right team, and establishing collaborations. The Preventing Readmissions Group will serve as venue to provide education to the community and bring updates to TRAC as warranted. Every month the group met it was identified how one aspect of the systems directly effects patient care and potential risk for admission. Both work to prevent readmissions for best patient care through community collaborative.

The readmission results since inception of the readmissions group is 10 percent.

New programs have come about as a result of the Preventing Readmissions group. An education program was developed for the Skilled Nursing Facilities offered by the Respiratory department. Also classes are available for Congestive Heart Failure and Coronary Artery Disease concentrating on the topics of: Tests, Medications, Nutrition, Exercise and Activity, and Coping. A plan was made to develop a brochure that could be utilized to educate all health care providers and patients and their families. Once completed this brochure was introduced to the community, doctor's offices and presented to HSAG as tool for best practice.

The Preventing Readmissions Group has been successful in improving patient care and reducing readmissions due to a collaborative effort of various members of the community. This was also accomplished by coinciding with other groups' missions such as TRAC. The group has implemented educational programs in order to continue on lowering readmissions to provide better patient care.