

4 vital steps RUSH took to reduce readmission rates

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RUSH University System for Health, a nationally recognized academic health system based in Chicago, has reduced patient readmissions through ongoing collaboration with medical personnel, social work team members and data analysts. In our roles at RUSH University Medical Center and our community hospital, RUSH Oak Park, we've been involved with this issue over a period of years. Through our partnership with Vizient, we undertook a readmissions-reduction initiative.



Here are our top four learnings from that initiative:

- 1. Have the right data. It's important to have the most high-quality, accurate and transparent data. Through our use of Vizient's Clinical Data Base (CDB), we're able to leverage the right data to implement innovative strategies. We can quickly create and update custom reports and dashboards, allowing us to measure benchmark performance against peers and conduct annual planning. This solution gives us the flexibility to break down our own performance, incorporate data from other hospitals to see what they're doing and determine where we can improve.
- 2. Understand your patient population. We took a deeper look at our readmissions numbers. Our research initially identified "frequently readmitted" patients as those who received inpatient care five or more times over a 12-month period. While this group was small in number—representing less than 3% of all of RUSH's patients—the frequently readmitted accounted for almost half of all our readmissions. The data then showed us that some commonalities existed among the frequently readmitted: They tend to have lower incomes, and they may have transportation issues that limit their access to ongoing outpatient care.
- **3. Connect the dots across multiple services.** In response to identifying our readmissions patient population, we developed a plan to more effectively manage their care and remove the barriers that are keeping patients from the clinic in the first place. Fortunately, we have strong social work teams in place who regularly meet with patients and follow up after appointments and hospital stays. By connecting the dots, our social work colleagues were able to identify solutions to provide patients with more continuity in care, such as making sure they could get to our facilities for appointments.
- 4. Gain leadership buy-in. Reducing readmissions needs to be an organizational priority—at every level. For us, that was about making sure our quality goals were cascaded throughout the organization, from top to bottom. Even the most senior leaders in the organization are beholden to our quality goals. For us, quality goals are right up there with financial goals. The lynchpin to our success in reducing readmission rates was that it became an institutional priority at every level.