

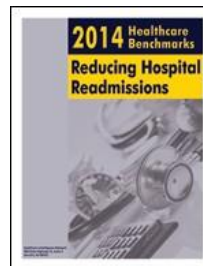
2014 Benchmarks in Reducing Readmissions



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Reducing Readmissions Benchmark Data

- While great strides have been made in the reduction of 30-day all-cause hospital readmissions, CMS still penalized more than 2,200 hospitals in 2013 for exceeding 30-day readmission rates for heart failure, pneumonia and myocardial infarction.
- In its **fourth annual Reducing Hospital Readmissions e-survey** conducted in December 2013, HIN captured the latest initiatives and programs to reduce readmissions by patients with these costly conditions and others by more than 100 healthcare organizations.
- This presentation contains highlights from those responses.



Reducing Readmissions Benchmark Data

- **Figure 1** - Have Program to Reduce Readmissions
- **Figure 2** - Targeted Populations
- **Figure 3** - What's Done for Patients Upon Discharge
- **Figure 4** - Most Successful Strategy to Reduce Readmissions
- **In Respondents' Own Words:** Most Successful Workflow, Processes and Tools
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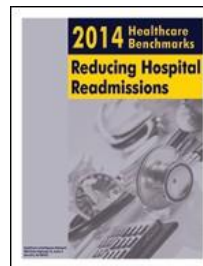
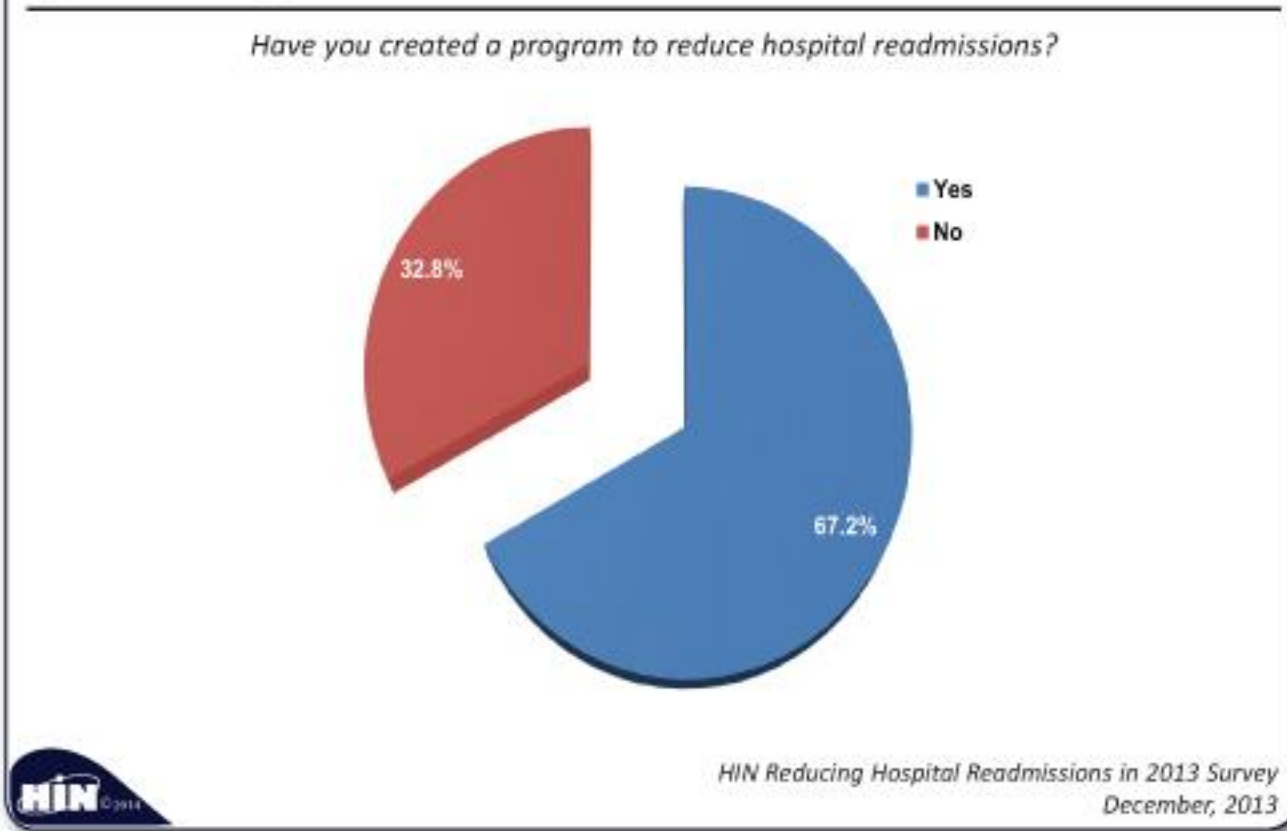


Figure 1: Have Program to Reduce Readmissions



- **Two-thirds** (67 percent) of respondents have a **program to reduce readmissions**.
- This is a **slight decrease** from the **72 percent** in 2012.

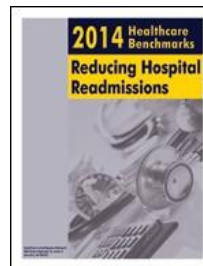
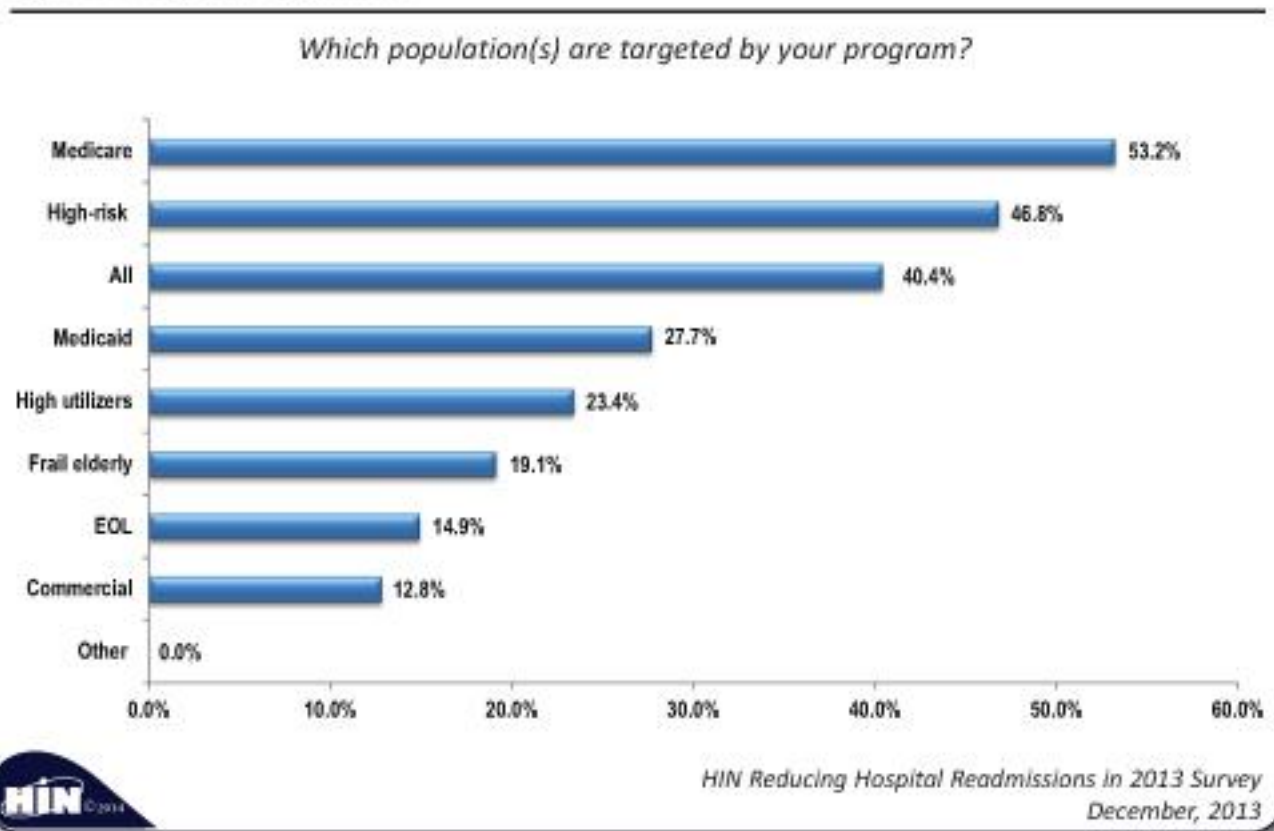


Figure 2: Targeted Populations



- **Medicare** is the **population most targeted by programs** say **53 percent**.
- Following the Medicare population are the **high-risk (47 percent)**, **'all' (40 percent)** and **Medicaid (28 percent)** populations.

- Upon discharge, 87 percent of respondents **review medication plans with patients** as a strategy to reduce readmissions.

- Furthermore, 81 percent go over **discharge instructions** and 79 percent **confirm follow-up appointments**.

Figure 3: What's Done for Patients Upon Discharge

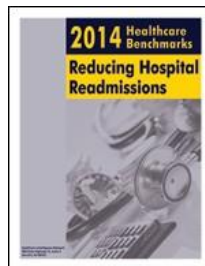
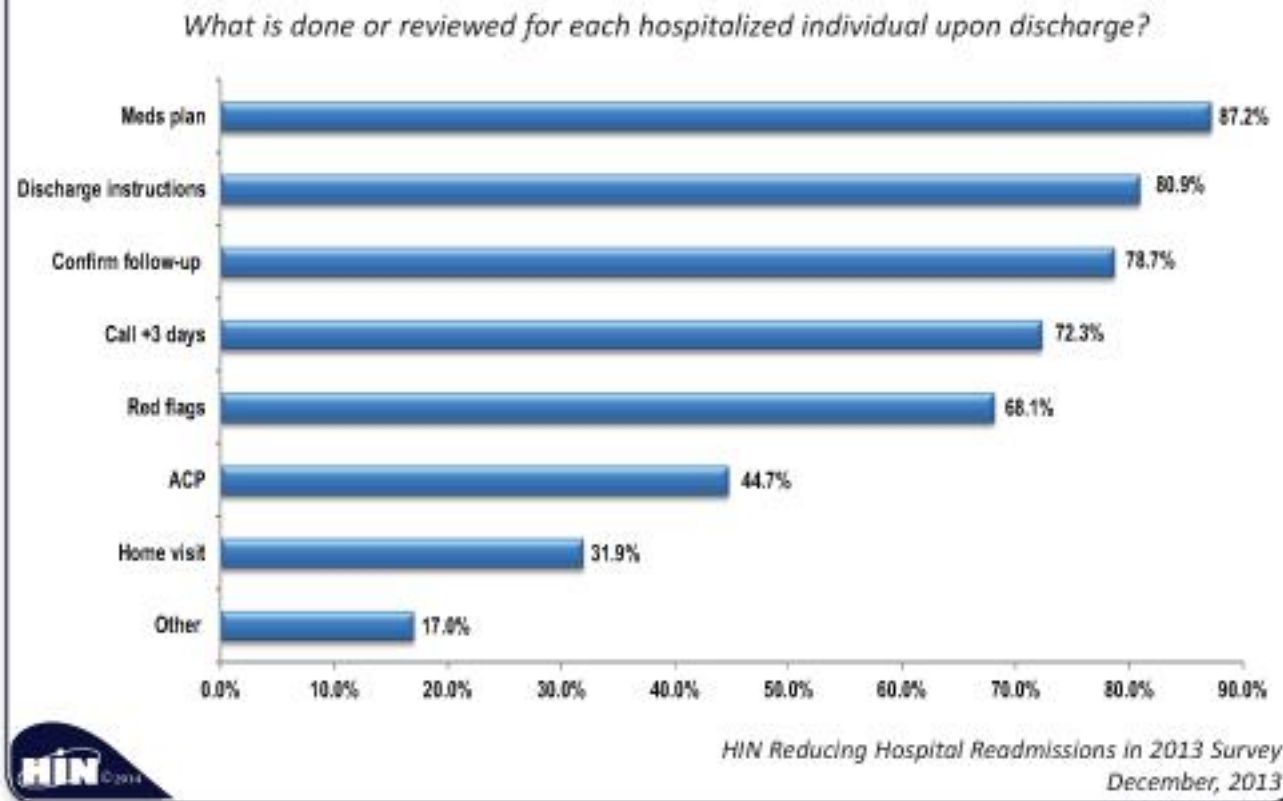
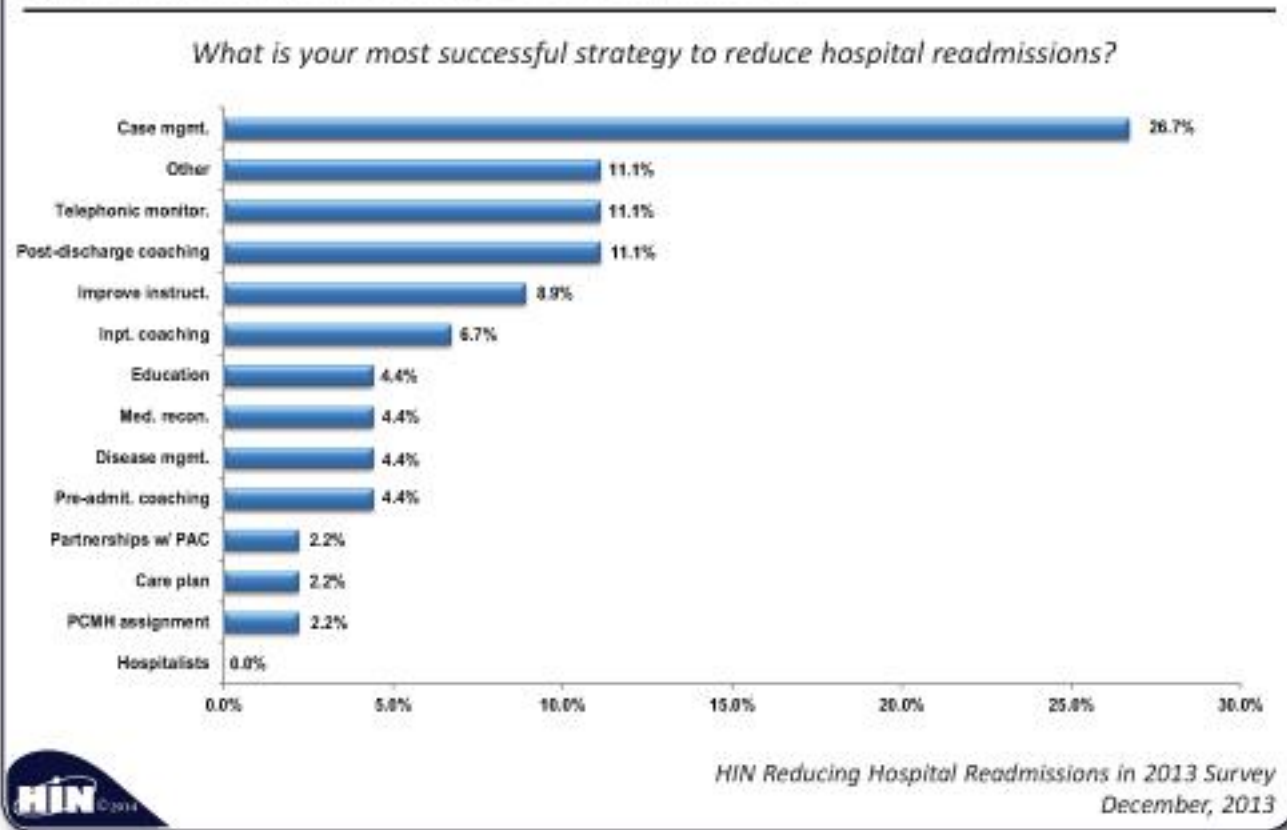
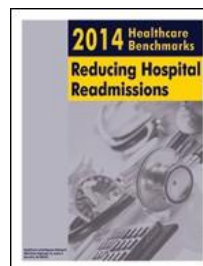


Figure 4: Most Successful Strategy to Reduce Readmissions



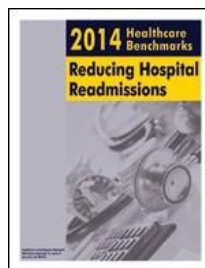
- The most successful strategies to reduce readmissions include **case management** (27 percent), **telephonic monitoring** (11 percent), **post-discharge coaching** (11 percent) and **improving instructions** (9 percent).



In Respondents' Own Words

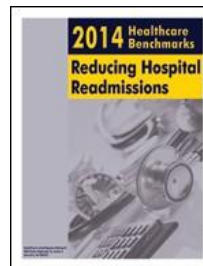
■ Most Successful Work Flows, Processes and Tools

- “Use of smart phones and tablets to convey relevant information and reminders to both the patient and the designated care partner.”
- “Screening for high risk on admission.”
- “Follow-up with patient post-facility discharge by case managers embedded in our physician practices.”
- “Engaging transitional care organization early in admission to establish a relationship with the patient and caregivers.”



Sources

- See ***2014 Healthcare Benchmarks: Reducing Hospital Readmissions***, available at store.hin.com
- Responses and data were derived from HIN's fourth annual survey on Reducing Hospital Readmissions conducted in December 2013.



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