Reducing Readmissions in Veterans Affairs by Implementing Interventions that are Evidence Based Practice  
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Problem: Lack of a sequential process to meet all discharge objectives resulted in some patients not fully understanding their self care at home, and led to preventable Emergency Department visits and readmissions.

Evidence: Implementation of an EBP program to reduce readmissions through improving the discharge process results in 1) improved patient outcomes, 2) decreased Emergency Department visits, and 3) decreased cost to the facility. Dr. Jack’s Project RED (Reengineering Discharge) demonstrated a reduced readmission rate by 30% when improving the discharge process.

Strategy: A reducing readmissions multidisciplinary committee selected Project RED as the intervention strategy and began to build a leadership team that would implement all eleven elements of Project Red.

Practice Change: The RED discharge process was aligned with our current care model. Nursing and Case Managers took a stronger role with patient education, preparation for transitions of care, and implemented a Transition Coordinator role to ensure the discharge transition is efficient, effective and resulted in reduced readmissions.

Evaluation: All cause readmission rates, Emergency Department Utilization, length of stay (LOS) and observed minus expected length of stay (OMELOS), patient satisfaction scores (HCAP 19 & 21), and percentage of patients receiving all 11 elements of RED are the metrics monitored for this project.

Results: Our readmission rate baseline was 14% and we are currently at 11% for quarter 1 of 2013. Our balance measures LOS and OMELOS are also continuing to improve and remain above the national benchmark.

Recommendations: The role of interdisciplinary collaboration is critical, as is the need to continue to ask the question why. A strong collaborative team can break down any barrier to care. The interdisciplinary nature of this initiative continues to develop and this continues to strengthen our program.

Lessons Learned: Misconceptions regarding abilities of other departments to assist you in your role to prevent readmissions need corrected. Having critical conversations, and tackling the sacred cows will result in positive change.

Bibliography:
