

● Investing in patients

Project aims to reduce re-hospitalisation rates

A project has just been launched in three American states with the aim of reducing the number of people who have to be readmitted to hospital within 30 days of first being discharged

A pilot project has been launched in the US to reduce 30-day re-hospitalisation rates (patients being hospitalised again within 30 days of discharge) by 30 per cent, while increasing patient and family satisfaction with transitions and co-ordination of care.

The project will target unplanned 're-hospitalisations', which are not scheduled but the reason for them is clinically related to the initial admission.

It is called State Action on Avoidable Re-hospitalisations (STAAR) was launched in May and is taking place in three

states – Michigan, Washington and Massachusetts. The initiative is supported by a \$1 million grant from the Commonwealth Fund.

It aims to achieve its target by improving patient care transition – the process of moving a patient from the hospital setting to home care, or other healthcare setting – through better communication with patients and timely follow-ups after hospital discharge.

Readmission

Almost 20 per cent of Medicare patients are readmitted to hospitals within 30 days, and 33 per cent are readmitted within

90 days. This cost Medicare \$17 billion in 2004 alone, according to a study in the April edition of the *New England Journal of Medicine*.

Independent Michigan hospital, Botsford, is one of those participating. It is one of 27 hospitals based in Michigan that are taking part.

Botsford Hospital Vice President and Chief Medical Officer, Dr David Walters, said the hospital was honoured to participate. "We're committed to the highest quality of care at Botsford Hospital and to pursuing innovative efforts that lead to the best outcomes for our patients," he said.

The pilot project hospitals have pledged to commit significant staff time, resources and leadership at all levels of their organisation to reduce avoidable re-hospitalisations.

Each hospital will focus on enhanced assessment of post-discharge needs; enhanced teaching and learning for patients by an acute care team; enhanced communication at discharge between the hospital and the provider assuming care for the patient; and timely follow-up after hospital discharge.

In addition, the hospitals will form transition teams to develop processes to reduce hospi-

tal readmissions. The transition teams will be comprised of participating hospitals and representatives from other healthcare settings, as well as community groups, patients and caregivers.

Nursing homes

Director of Botsford Hospital Clinical Outcomes Management, Linda Fitzgerald-Mays, said they had been focusing on re-hospitalisation for the last two years through quarterly meetings with local nursing homes.

"The group looks at what is and is not working and what can be done differently to decrease re-hospitalisations.

Joining the STAAR project is an additional way we can identify and reduce avoidable re-hospitalisations and work to improve patient care by effectively transitioning patients from hospital care to their home or long-term care facilities," she said.

The state's efforts in the pilot scheme are being co-ordinated by the Michigan Health & Hospital Association (MHA) Keystone Centre for Patient Safety & Quality and MPRO (Michigan's Quality Improvement Organisation).

Technical assistance is be-

ing provided by the Institute for Healthcare Improvement (IHI).

Robert Yellan, CEO of MPRO, said the collaboration was unique in its community-wide approach to find solutions to improve patient care and safety across all health settings.

"This project is about removing silos of care so that different types of facilities and practitioners communicate effectively and work together with patients and their families to ensure treatment, follow-up visits, and appropriate management of care," he said.

Michigan Health and Hospital Association President, Spencer Johnson, said hospitals realised the recovery process had only just begun when patients left facilities and returned to their lives.

Effectiveness

"How patients transition from hospital care to their home or long-term care facilities is the key to the effectiveness of their treatment. "By identifying and working to reduce avoidable re-hospitalisations, hospitals will benefit not only our patients and communities, but other states will be able to learn from this initiative," he said.

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Licensing of healthcare providers



Aisling Gannon of Beauchamps Solicitors reports on Minister Harney's announcement of key steps to implement the Madden Report on Patient Safety and Quality Assurance

The Minister for Health and Children, Mary Harney on February 12, 2009, announced key steps to implement the August 2008 Madden Report of the Commission on Patient Safety and Quality Assurance on 'Building a culture of patient safety' (the report).

The Commission made 134 recommendations concerning the provision of a high-quality health service in a safe environment.

Licensing system

At national level, the most significant recommendation in the report is the introduction of a mandatory licensing system for all health services to be operated by the Health Information and Quality Authority (HIQA) and to apply to existing and new bodies.

It says the licensing system should begin with the acute hospitals and other facilities



'based on analysis of potential risk to patient safety'. This list should include facilities where the following treatments are provided:

- Medical treatment under anaesthesia or sedation;
- Dental treatment carried out under general anaesthesia;

- Obstetric services;
- Cosmetic surgery;
- Other techniques/technologies such as laser and intense pulse light therapy, hyperbaric oxygen chambers, private dialysis, in-vitro fertilisation and endoscopies and any others to be prescribed

by the Minister for Health and Children.

Following the introduction of the licensing framework in the above sectors, the licensing system should subsequently be rolled out to other facilities such as primary, community and continuing care, following

comprehensive consultation with relevant stakeholders in those sectors.

The report recommends that there should be a licence for hospitals/hospital groups/ other healthcare facilities and also service-specific licences within the hospital or facility, for example, radiotherapy, intensive care and cardiology services.

The report also states that the system must be an equitable and transparent system, with a review of the licences every three years. It suggests also that licensing should be linked to compliance with stated standards, enforceable through inspection and imposition of sanctions if necessary.

The sanctions should range from warnings with time limits for compliance, up to withdrawal of either the licence for a specific service within the hospital or the licence for hospital itself, if required.

Draft legislation

The Government will therefore draft legislation on the licensing of both public and private healthcare service providers. It is proposed that the licensing system will establish objective, mandatory standards and that

compliance with standards will be legally required for every hospital or healthcare service provider as per the report's recommendations.

The system of licensing will be self-financing. This will involve all healthcare service providers paying licence fees to cover the cost of the administration and inspection regime.

Improved governance

The Government have stated that they also strongly support improved governance in hospitals and, in particular, the introduction of systematic audit of clinical practice and outcomes for patients. This was commenced by the establishment of a Steering Group to be chaired by the Department's Chief Medical Officer, **Dr Tony Holohan** to implement the report's recommendations.

The draft legislation has not yet been published and according to Department of Health and Children in June 2009, it will probably be about a year before the legislation is published.

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