

# Identifying Causes of Readmission at UNM Hospital

J Yang MS3, J Meyer-Hagen MS3, B Muller MD, J Howard DO, I Shah DO, A Mahajan MS3, S Pham MS3, H Sharma DO, J Rogers MD, G Palley MD, R Denmark MSN, FNP-C, A Worsham MD, C Bartlett MD MPH

## Background

Hospital readmissions have been linked with poor clinical outcomes and excess healthcare spending (1). The UNM Department of Internal Medicine (DOIM) readmission rate was 13.18% and 13.58% for fiscal years (FY) 2020 and 2021, respectively. While these rates are lower than the many Vizient peer institutions, the portion of readmissions that are avoidable reflect ongoing opportunities to optimize clinical care and care transitions. Inadequate communication, poor transition of care coordination, and lack of patient or caregiver support are known risk factors for hospital readmission (2).

## Objectives

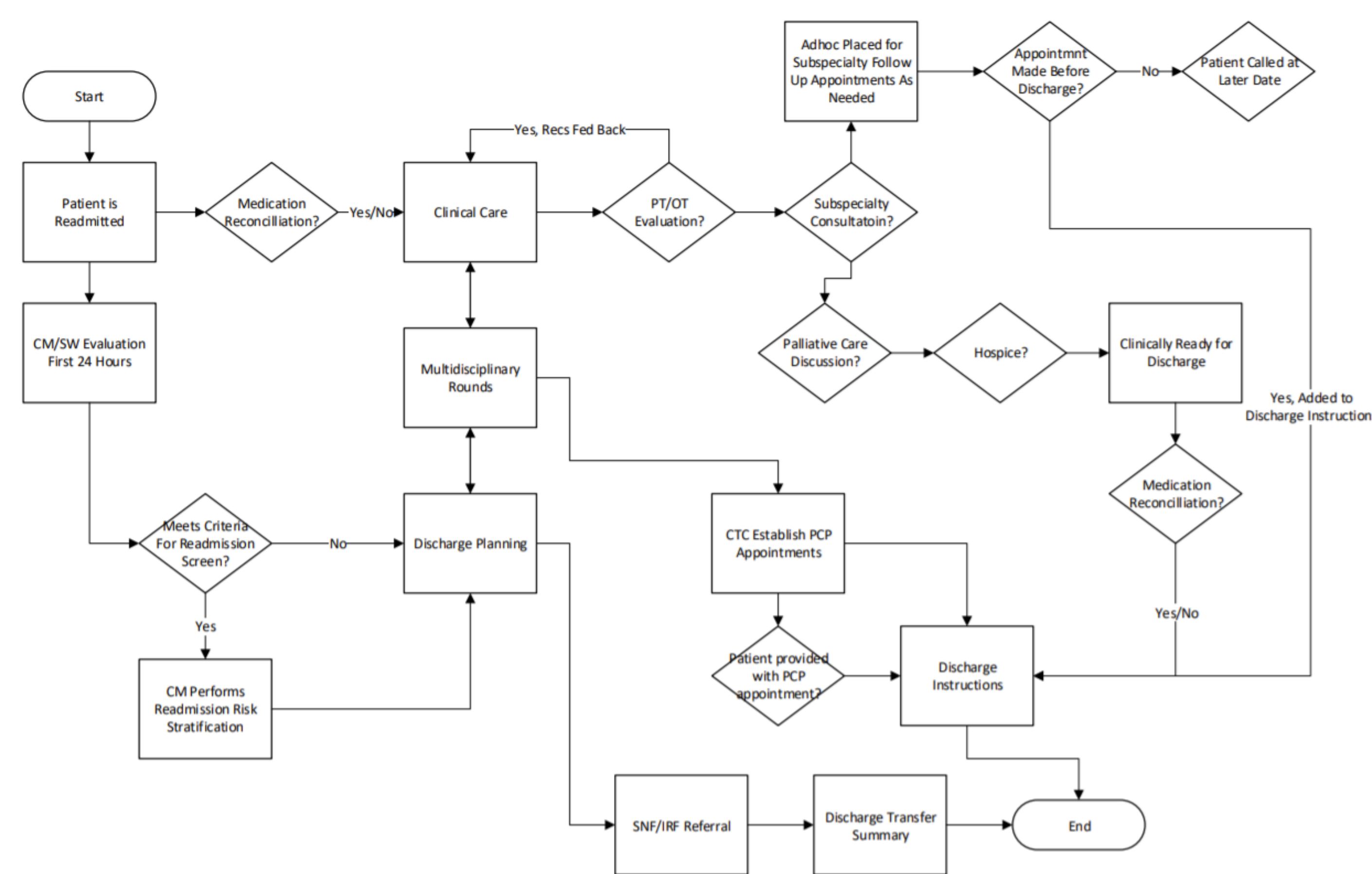
Identify system-based drivers of readmission, understand why the readmission rate has increased from FY20 to FY21, and propose interventions to address the identified gaps in patient care.

## Methods

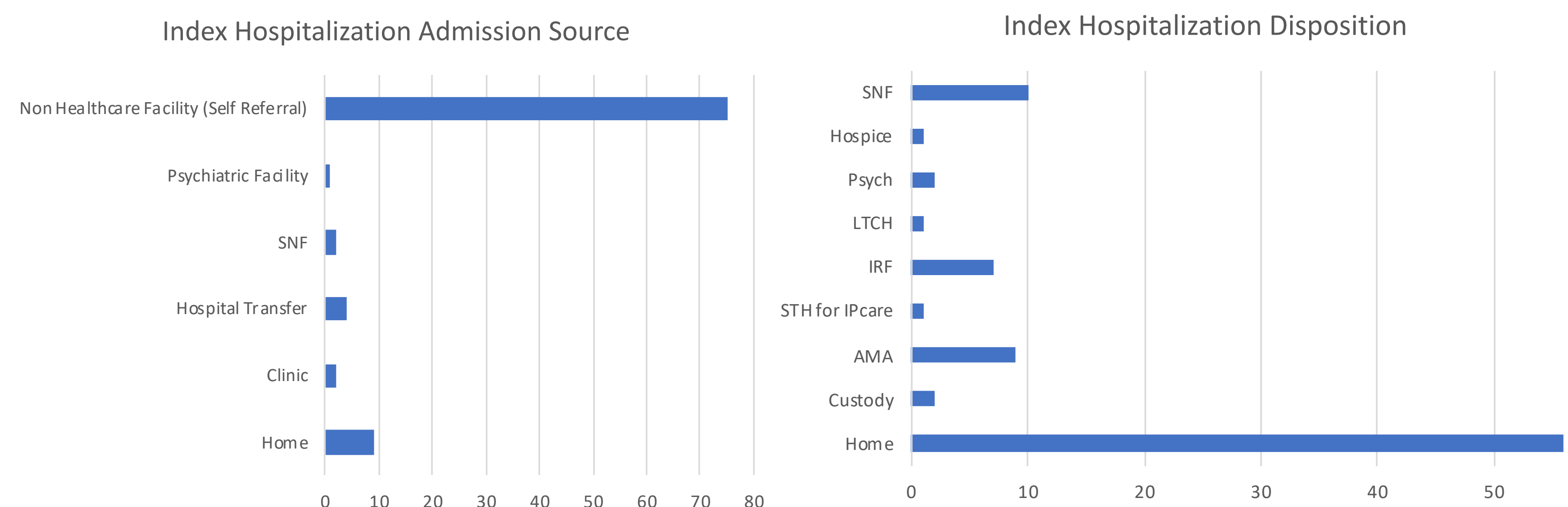
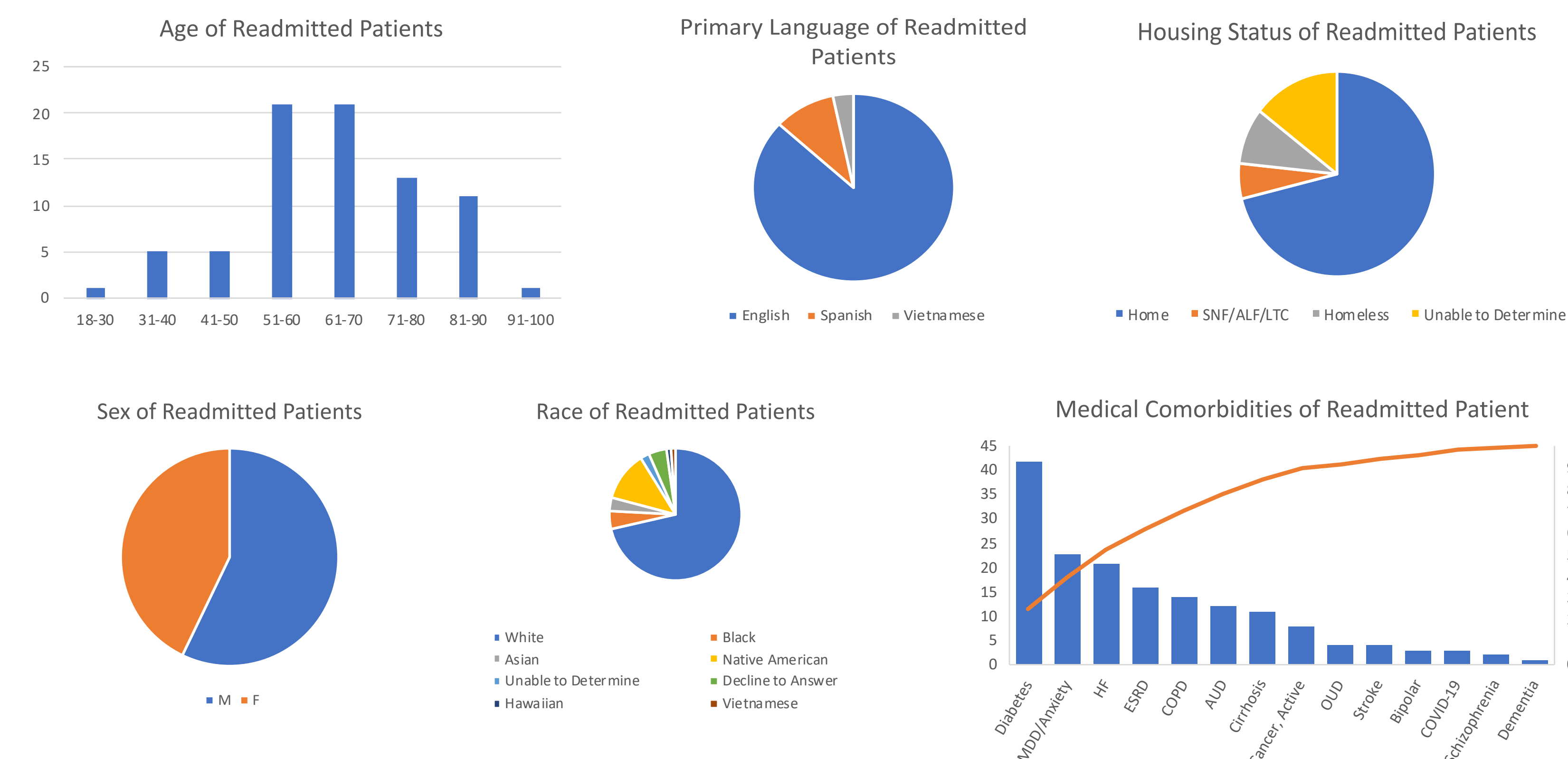
Part one of this quality improvement project was a retrospective chart review of 92 randomly selected patients discharged from UNMH during fiscal year 2020 with subsequent readmission within 30 days. 54 patients were admitted to DOIM, 38 to Family and Community Medicine.

A RedCap survey was developed to collect the following information; patient demographics, medical comorbidities, index hospitalization and readmission details, readmission risk assessment, disposition, discharge instruction and discharge summary content, primary care and specialty follow up plus adherence details, goals of care discussions and palliative care consultation information, and medication reconciliation details.

## High Level Process Map



## Select Results



Readmission Risk Assessment		
No	25	37.9
Yes	66	72.5
Medical Record	30	45.5
Telephone Family	18	27.3
In Person Patient	14	21.2
In Person Family	1	1.5
Care Team Discussion	1	1.5
No Selection	2	3.0

Treatment of Substance Use Disorders		
	MAT	No MAT
AUD	2	8
ODU	0	3

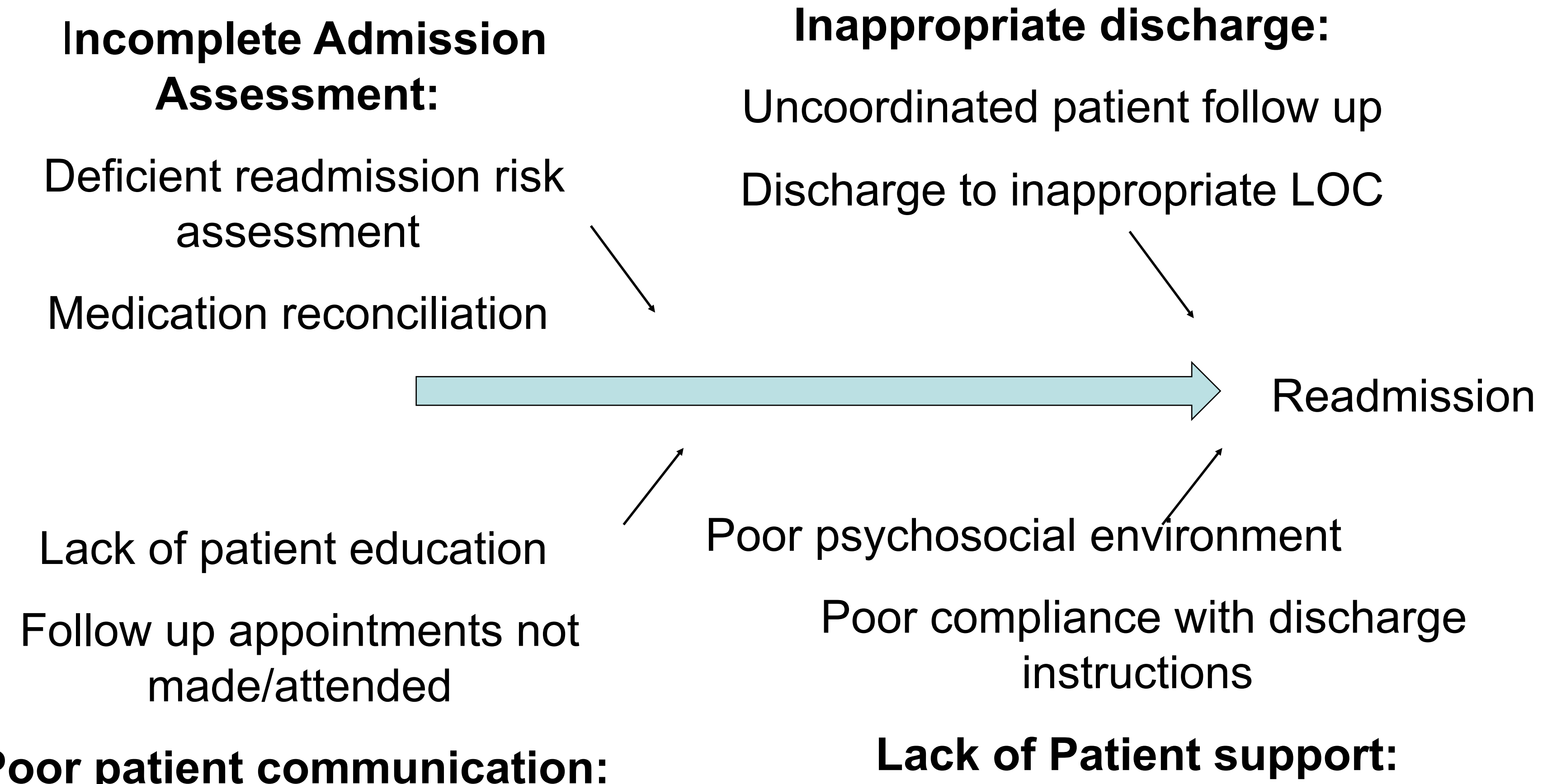
### Quality of Discharge Documentation

Discharge to Other Facility	21	
PCP Appointment on Doc? Yes	12	57.1%
Seen at Clinic Previously? Yes	10	83.3%
Attended? Yes	4	40.0%
Attended? No	2	20.0%
Seen by PCP Previously? Yes	9	75.0%
Attended? Yes	3	33.3%
Attended? No	2	22.2%
No to Clinic/PCP	2	16.7%
Attended? Yes	2	100.0%
Attended? No	0	0.0%
Readmitted Before Appointment? Yes	4	33.3%

Discharge to Home	69	
PCP Appointment on Doc? Yes	8	60.7246377
Written in Primary Language? No	5	60.72463768
Seen at Clinic Previously? Yes	23	65.7%
Attended? Yes	14	60.9%
Attended? No	6	26.1%
Readmitted Before Appointment? Yes	3	13.0%
Seen by PCP Previously? Yes	10	28.6%
Attended? Yes	7	70.0%
Attended? No	1	10.0%
Readmitted Before Appointment? Yes	2	20.0%
No/Unknown to Clinic/PCP	12	34.3%
Attended? Yes	1	8.3%
Attended? No	1	8.3%

## Conclusion

This survey substantiated several areas of improvement, including readmission risk assessment, incomplete primary care follow up, and poor transition of care documentation.



## Next Steps

- Split large readmission project into smaller manageable projects with defined faculty, trainee, and student leads.
- Engage appropriate stakeholders, including care management, social work, hospital medicine, medical subspecialties, and primary care colleagues.
- Complete detailed process analysis of specific gaps.
- Compliment initial survey data with in person observations, as well as healthcare and patient experience of care delivery.

## References

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