



Readmissions Action Team

The National Quality Forum (NQF) Readmissions Action Team met in Washington, DC, on June 4, 2014.

Action Team Member Attendance

Readmissions Action Team Members	
Name	Organization
Lois Cross (Chair)	American Case Management Association
May-Lynn Andersen	Quality in Healthcare Advisory Group, LLC
Sumita Bhatia	Kaiser Permanente
Sarah Callahan	America's Essential Hospitals
Pamela Carroll-Solomon	CHE Trinity Health
Maureen Dailey	American Nurses Association
John Fastenau	Janssen Pharmaceuticals
Lisa Freeman	Patient Advocacy of Connecticut
Tejal Gandhi	National Patient Safety Foundation
Antony Grigonis	Select Medical
Sandy Markwood	Maine Medical Partners
Debra McGill	Center to Advance Palliative Care
Stacy Ochsenrider	Bronson Methodist Hospital
Ranjit Singh	American Board of Family Medicine
Karen Southard	The Carolina's Center for Medical Excellence

Opening and Review of Readmissions Action Team Progress to Date Led by Lois Cross, American Case Management Association, Action Team Chair.

Ms. Cross welcomed the group and reviewed the meeting objective, which was to achieve the goals of the action pathway by:

- Identifying resources and barriers to reducing hospital readmissions by identifying and addressing psychosocial needs, and
- Committing to specific action steps as individuals, organizations and a group –through one or more strategies of systems improvement, collaboration, and patient and family engagement.

Ms. Cross provided a brief overview of the team's Readmissions Action Pathway (Figure 1 below), which promotes person-centered care for vulnerable populations to safely reduce avoidable readmissions. The

action team's specific goals focus on leveraging patient, provider, and community partnerships, and on identifying and addressing patients with psychosocial needs. The team's three strategies emphasize working together across stakeholder groups to enhance systems improvement, collaboration, and patient and family engagement, which will be achieved by sharing and spreading best practices and approaches and fostering both individual and collective efforts to further progress.

Figure 1: Readmissions Action Pathway

Promoting Person-Centered Care for Vulnerable Populations to Safely Reduce Avoidable (Re)admissions



Icebreaker Introduced by Lois Cross.

NQF Staff facilitated a morning icebreaker, during which participants engaged in a networking activity to share expertise and resources, and to identify partnering opportunities to achieve the common goal of reducing readmissions.

The Importance of Psychosocial Needs: Narrative Case Study Led by Lois Cross.

To establish context for the day, participants read a brief case study and in small groups identified prominent barriers and corresponding solutions that could improve care for the patient in the story. Participants shared their reflections with the larger group, from which the NQF team created word clouds as representations of the challenges in the current system and the team's shared vision for reducing readmissions.

Figure 2 highlights the identified **barriers to readmissions**, particularly related to access, knowledge of prior medical history, poor care coordination, lack of psychosocial/psychiatric assessment, and poor discharge or transition planning. Figure 3 highlights potential **solutions to the barriers**, such as access to social workers, community resources, electronic medical records, care coordination, standardized discharge planning, and a complete psychosocial assessment. Although not comprehensive, the group

member's reflections on solutions allowed for a consideration of assets that they each bring to the table for achieving the readmissions goals.



Figure 2: Barriers to Readmissions

Figure 3: Solutions to Barriers

Asset Mapping Activity

In developing the Readmissions Action Pathway over the last several months, the Action Team has been working towards concrete actions in each of the strategic areas (systems improvement, collaboration, and patient and family engagement) to achieve the aspirational goals. Based on these strategies, participants worked in small groups to identify specific actions and champions, others to engage, and general timeframes for completion. The following abbreviated list of action steps emerged during this session:

- Action 1: Develop a starter clearinghouse for tools and resources to identify and assess individuals with psychosocial needs.
- Action 2: Raise awareness of the relationship and interrelatedness of social, behavioral, and mental illness with medical issues among all team members' networks and constituent groups.
- Action 3: Develop a roadmap that identifies opportunities for collaboration throughout the year.
- Action 4: Share The Carolinas Center for Medical Excellence template for making the business case for collaborating and partnering.
- Action 5: Conduct patient and family workshops in the community and collaborate with other organizations as a patient voice to share resources for preventing readmissions.
- Action 6: Encourage widespread patient and family membership on hospital boards and committees.
- Action 7: Share broadly, the value of partnership with patient and families and the importance of their input, preferences, and needs—both medical and psychosocial during care planning.

Next Steps

Led by Allison Ludwig.

The Action Team's July 24 call will focus on pathway execution and progress made to date on identified actions. NQF staff will provide the necessary information to assist individual groups with accomplishing their actions, including:

- A draft of all specific actions related to each action pathway strategy.
- Distribution of action team members' contact information to facilitate communication between groups.
- Organizing conference calls for each group.