

CODE R: READMISSION DIVERSIONS IN THE EMERGENCY DEPARTMENT

ABSTRACT:

The Hospital Readmissions Reduction Program, enacted October 1, 2012, requires the Center for Medicare and Medicaid Services (CMS) to reduce payments to hospitals with what is determined to be an excess of readmissions. Centegra Health System's readmission rate in FY12 was 17.25%, putting the system at risk for decreased Medicare reimbursements. To reduce the potential financial burden of the Hospital Readmissions Reduction Program, Centegra's Care Coordination team began evaluating possible processes to address the readmission rate. It was determined that the best place to effect a change was at the primary point of entry: **the Emergency Department (ED).**

LEARNING OBJECTIVES:

1. Identify alternatives to readmission when readmission is not medically necessary.
2. Understand how implementing a "Code R" process can decrease readmission rate.
3. Learn a new approach to utilizing ED case management to proactively prevent readmissions.



CODE R PROCESS:

When a patient arrives in the ED who was discharged within the last 30 days with a core measures diagnosis, ED triage RN or registration staff informs the ED case manager. "Code R" is called and the case manager reviews the patient's case to determine if interventions can be performed to prevent re-admission. These interventions can include, but are not limited to:

- nursing home placement
- home health referrals
- medication vouchers
- acquisition of DME

If re-admission is potentially avoidable with intervention, the case manager will involve the necessary support staff to obtain required services. When a "Code R" is called, the case manager may collaborate with nursing, the patient's primary physician, the emergency room physician, pharmacy, home health, nursing homes, DME companies and the patient/family, as necessary, in an attempt to find a safe disposition for the patient if hospitalization is not required.

» PRESENTED BY:

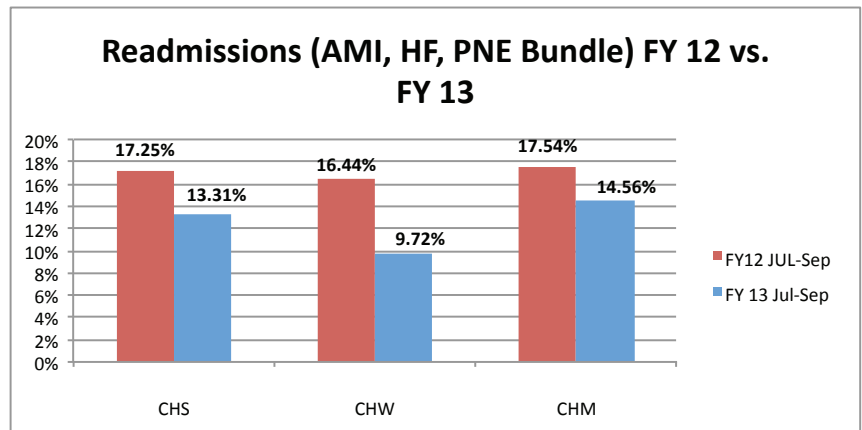
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SUMMARY:

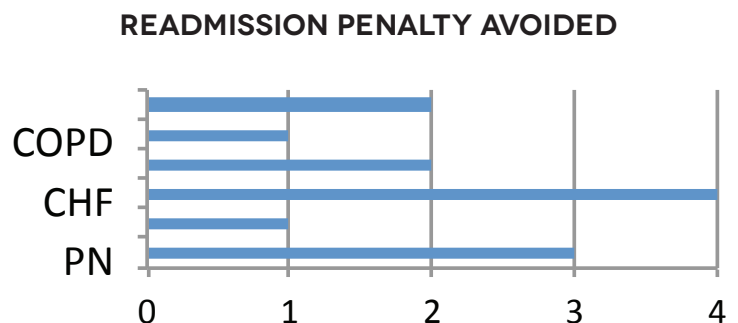
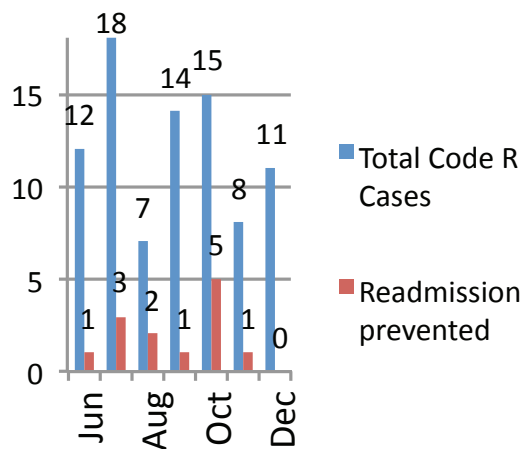
The "Code R" process is driven by ED case management collaborating with nursing, physician, pharmacy and other ancillary departments to evaluate possible alternate level of care prior to the decision to admit when admission is not medically necessary. During the period from June 24 to December 31, 2013, a total of 85 "Code R" patients were identified by ED case managers and staff.



Of those 85 patients, 13 of those potential re-admissions were prevented. Utilizing the "Code R" protocol, we avoided 15.3% of potential readmissions. **After the initiation of the "Code R" process, the health system's total readmission rate for AMI, HF and pneumonia dropped from 17.25% to 13.31%.**

INTERVENTIONS PERFORMED:

- Home health initiation
- Nursing home placement
- Re-evaluation of goals of care with nursing home
- Collaboration with hospice
- Acquisition of DME
- Treatment of patient in the ED
- Arrangement for outpatient blood transfusion
- Communication with hospice



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