

# SUPERIOR HEALTH Quality Alliance

## Hospitalization Quality Improvement Project

Project Lead: Claire Taylor-Schiller

May 2023

## Hospitalization Project Goals May 2023 – April 2024

Inpatient Admissions

Reduce inpatient hospitalization rate by 4%

Readmissions

Reduce unplanned readmissions by 4%

Emergency Dept. Usage

Reduce emergency department visit rate by 4%



#### Next Steps:

- 1. Review the content of the slides
- 2. If notified for inclusion in cohort, follow next steps
- 3. Review the included tools and resources for your specific goal
- 4. Schedule a 1:1 coaching call to start the project work
- 5. Gather your team and identify project champions



#### **Important Notes -**

Only those hospitalizations, readmissions, and emergency department visits on the Medicare claim with a primary diagnosis code from the following list is counted in the data for the purposes of the Network hospitalization project

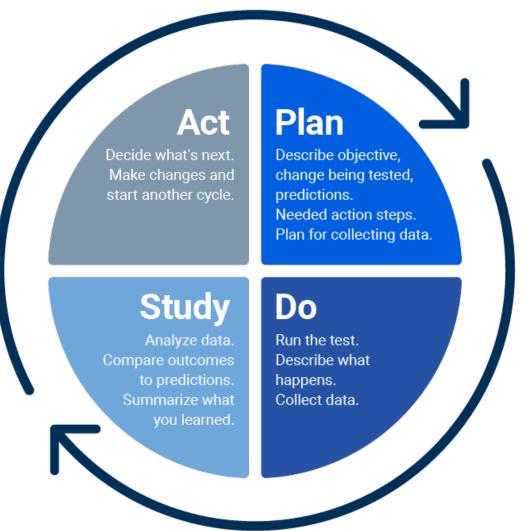
Primary Diagnosis Code List

All Network facilities are included in all projects, but each quarter, several facilities will be selected for inclusion in a cohort work group for guided project activity for a specific Network goal.



PDSA Cycle for 1<sup>st</sup> Cohort: June 2023 – September 2023

For more information/assistance with quality improvement processes, please reach out!





#### **Inpatient Hospital Admissions**

- Primary cause of hospitalization in the Network is Sepsis
  - Sepsis is the primary diagnosis code in 25% of all hospitalizations
- The cohort group working on reducing hospitalizations will be focused on reducing
   Sepsis hospitalizations
- Complete a root cause analysis on Sepsis hospitalizations from previous year (data provided by the Network)
- Utilize Network Sepsis Resource Toolkit to plan interventions in your facility
- Complete monthly communication with the Network regarding progress through 4month PDSA cycle





#### **Unplanned Readmissions**

- The cohort group working on reducing unplanned readmissions will be focused on improvement in transitions in care processes
- Complete the Dialysis Facility Transitions in Care Assessment
- Review assessment findings and Dialysis Transitions in Care Resource Toolkit –
   identify a strategy for implementation
- Complete monthly communication with the Network regarding progress through 4month PDSA cycle



#### **Emergency Department Utilization**

- Primary cause of emergency department usage in the Network is vascular access complications
  - Vascular access complications are the primary diagnosis code in 22% of all hospitalizations
- The cohort group working on reducing emergency department visits will be focused on vascular access management, as well as access monitoring, assessment, and prevention of complications
- Complete a root cause analysis on emergency visits coded for vascular access complications (data provided by the Network)
- Complete monthly communication with the Network regarding progress through 4month PDSA cycle



#### **Tools and Resources**

Hospitalization	Readmissions	Emergency Department Usage
Network Toolkit	Network Toolkit	Network Toolkit
Hospitalization Change Package	Hospitalization Change Package	Hospitalization Change Package
<u>Sepsis Resources</u>	Forum Transitions in Care Toolkit	
	Transitions in Care Assessment Tool	
	Readmissions/Transitions in Care Resources	



## Thank you for your dedication to this important work!





#### **Questions?**

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