

PROFESSION

Hospital initiative cuts readmissions and ED wait times

A collaborative project helps hospitals learn to tackle stubborn quality problems.

By **KEVIN B. O'REILLY**, *amednews staff*. *Posted Aug. 14, 2012.*

A quality improvement effort involving nearly 150 hospitals in 16 U.S. communities is boasting reduced readmissions, improved emergency care and better adherence to care standards.

The Robert Wood Johnson Foundation's Aligning Forces for Quality began in 2006 with four pilot sites and now has health care partners in communities across the nation, such as Humboldt County, Calif., and Memphis, Tenn. Hospitals participating in the project's Hospital Quality Network, which started in 2010, took part in monthly conference calls to share best practices with one another and learn to implement strategies shown to work in other organizations.

Sixty percent of hospitals in the project cut their 30-day readmission rates for patients with heart failure and avoided nearly 500 readmissions combined, the foundation announced in late July. Three-quarters of the hospitals improved how often they provided guideline-based care to patients with heart failure, said the foundation's report (forces4quality.org/af4q/download-document/5627/2543).

"Sharing ideas while improving the quality of care for patients motivated individuals and gave them a new energy, which resulted in better teamwork, culture change and system transformation," said Robert Graham, MD, director of the Aligning Forces for Quality initiative.

The project's most recent focus has been on reducing emergency department crowding and improving use of interpreter services at critical junctures. One bottleneck in emergency care is "boarding" — the time between when a patient is admitted to the hospital and when he or she is moved to a room. These patients often wait in the ED for a long time, and that ED bed, in turn, is unavailable for another patient in need. Nearly 60% of hospitals in the project were able to cut boarding time in their EDs by an average of 30 minutes, the foundation said.

One hospital that has seen substantial progress on this front is Saint Luke's Hospital in Kansas City, Mo., whose average boarding time was 59 minutes at the start of the initiative. The hospital's ED set a boarding time target of 35 minutes, said Michael Weaver, MD, an emergency physician at Saint Luke's. At the start of the project, the hospital hit that goal 28% of the time, but it is now meeting the mark 81% of the time.

"For a long time, we've looked at this as an ED issue, but it's really a hospital issue," Dr. Weaver said. "This is about being able to put in systems to unload the back end."

A patient placement coordinator tracks all the rooms in the hospital, knows when they are scheduled to become available and works with housekeeping to ready them as soon as possible. If there's a substantial backlog, the coordinator can work with the medical staff president and others to ask physicians to speed up discharges, as appropriate.

Improving access to interpreters

Another part of the initiative where Saint Luke's has made progress is in making interpreter services available to patients with limited English proficiency. When the project began, only 33% of these patients received interpreters' help at admission and discharge. By the project's end, the hospital met the mark 92% of the time, said Dr. Weaver, vice president of clinical diversity in the Saint Luke's Health System, which has 11 hospitals in the Kansas City area.

The first step to providing appropriate language services is to ask patients for their preferred written and spoken languages. Nearly all the hospitals in the initiative improved the rate at which they did that. Across the project, more than 4,500 patients had qualified interpreters at initial assessment and discharge, the foundation said.

"We hope these teams will continue to test and evaluate their results, making adjustments wherever needed to build upon the gains from this unique initiative," Dr. Graham said.

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