



TOOL 2: READMISSION REVIEW TOOL

Purpose

Readmission reviews are designed to elicit the “story behind the story”: going well beyond chief complaint, discharge diagnosis, or other clinical parameters to understand the communication, coordination, or other logistical barriers experienced in the days after a patient’s discharge that resulted in a readmission.

For the purposes of designing a data-informed portfolio of strategies, conduct 5 to 20 of these interviews to elicit the patient/caregiver perspective, humanize readmissions, and understand root causes that go beyond diagnoses or other “risk” categories. Be sure to interview at least 5 Medicaid patients and 5 caregivers.

For the purposes of improving transitional care for all patients, consistently conduct a “readmission review” for each readmitted patient, using the information about the person’s actual challenges, barriers, or root causes to create a better discharge plan.

Description

Adapted from the well-known Institute for Healthcare Improvement’s State Action on Avoidable Rehospitalizations (STAAR) approach, this tool prompts clinical or quality staff to elicit the patient or caregiver’s perspective about readmissions.

Instructions

1. Identify patients in the hospital who have been readmitted.
2. Ask the patients/caregivers if they are willing to have a 5- to 10-minute discussion about their recent hospitalizations.
3. Capture patient/caregiver responses.
4. Analyze responses for new insight regarding “why” patients returned to the hospital soon after being discharged.

Staff

Quality improvement, nursing, case management staff.

Time Required

- 5-10 minutes to conduct each patient interview;
- 2-3 minutes to analyze each.

Many teams review ALL readmissions when the patient is readmitted. Some teams may be concerned that patient interviews will take too much time. You can address time constraints by using a simple framing script at the beginning of the interview (see next page). Readmission teams uniformly report that these reviews yield valuable information that would otherwise be difficult to obtain from charts or data.

Additional Resource

See Section 1 of the *Hospital Guide to Reducing Medicaid Readmissions* for more context about conducting readmission reviews and an example of readmission review findings.

Readmission Interview (5-10 minutes each)

The purpose of these interviews is to elicit the “story behind the chief complaint”—the events that occurred between the time of discharge and time of readmission. Rather than looking for the one reason for the readmission, capture all the factors that contributed to the readmission event.

Suggested script: “We are working to improve care for patients once they leave the hospital and noticed that you were here recently and now you’re back. Would you mind telling me about what happened between the time you left the hospital and the time you returned? This will help us understand what we might be able to do better for you and what we might be able to do better for our patients in general. It shouldn’t take more than 5 minutes. Would that be okay with you?”

- **Why were you hospitalized earlier this month?**
 - Prompt for patient/caregiver understanding of the reason for hospitalization.
- **When you left the hospital:**
 - How did you feel?
 - Where did you go?
 - Did you have any questions or concerns? If so, what were they?
 - Were you able to get your medications?
 - Did you need help taking care of yourself?
 - If you needed help, did you have help? If so, who?
- **Tell me about the time between the day you left the hospital and the day you returned:**
 - When did you start not feeling well?
 - Did you call anyone (doctor, nurse, other)?
 - Did you try to see or did you see a doctor or nurse or other provider before you came?
 - Did you try to manage symptoms yourself?
 - Prompt for patient/caregiver self-management techniques used.
- **In our efforts to provide the best possible care to you and others like you, can you think of anything that we—or anyone—could have done to help you after you left the hospital the first time so that you might not have needed to return so soon?**

Root Cause Analysis and Lessons Learned (2-3 minutes each)

The purpose of a root cause analysis is to understand the factors underlying patient readmissions so that you can develop processes to prevent readmissions. When analyzing each patient interview:

- Ask “why” 5 times to elicit the “root causes” of readmissions.
 - For example, an interview might reveal that a patient did not take her medication, which then contributed to her rehospitalization. Why did she not take her medication? She did not take it because she did not have it. Why? She did not go to pick it up from the pharmacy. Why...? Continue to ask until you have identified opportunities that your hospital team can address (e.g., bedside delivery of medication, teach-back, medication reconciliation; such services may exist for some patients but not others or may be delivered as available rather than consistently).
 - Try to avoid citing disease exacerbations or noncompliance as root causes. If those are factors, ask “why” again.
- Remember to identify all the reasons for the readmissions; there is rarely only one reason.
- Specifically seek to identify clinical, behavioral, social, and logistical factors that might have contributed to the readmission.
- See Section 1 of the *Hospital Guide to Reducing Medicaid Readmissions* for an example of interview findings and root cause analysis.