Reducing Hospital Readmissions In Residential Housing Facilities



The Problem

Studies show that nearly one in five Medicare patients are readmitted to the hospital within 30 days of discharge, costing roughly \$26 billion annually. An estimated \$17 billion may be avoidable. In response, the Affordable Care Act established the Hospital Readmission Reduction Program (HRRP) in 2012. Under HRRP, hospitals are financially penalized if they have above–average readmission rates for target illnesses, such as heart failure and pneumonia. Since 2012, more than 2600 hospitals have had a proportion of their annual Medicare reimbursements withheld due to excess readmissions. In addition to hospitals being penalized, residential housing facilities have had payments from the government reduced as well. For example, the federal government lowered payments to nearly 11,000 nursing homes with high readmission rates, and gave bonuses to 4,000 facilities who were effectively reducing readmission rates. In the interest of patient welfare as well as cost savings, we must work to understand hospital readmissions, including root causes, and what our industry can do to prevent readmissions wherever possible.

Residential housing facilities have a responsibility to coordinate post-hospital care effectively and efficiently – and so prevent costly readmissions. Hospitalization of elderly patients can produce unintended consequences including increased weakness, disability, potential for falls, confusion, and depression. They also create undue financial burdens for residents and families.

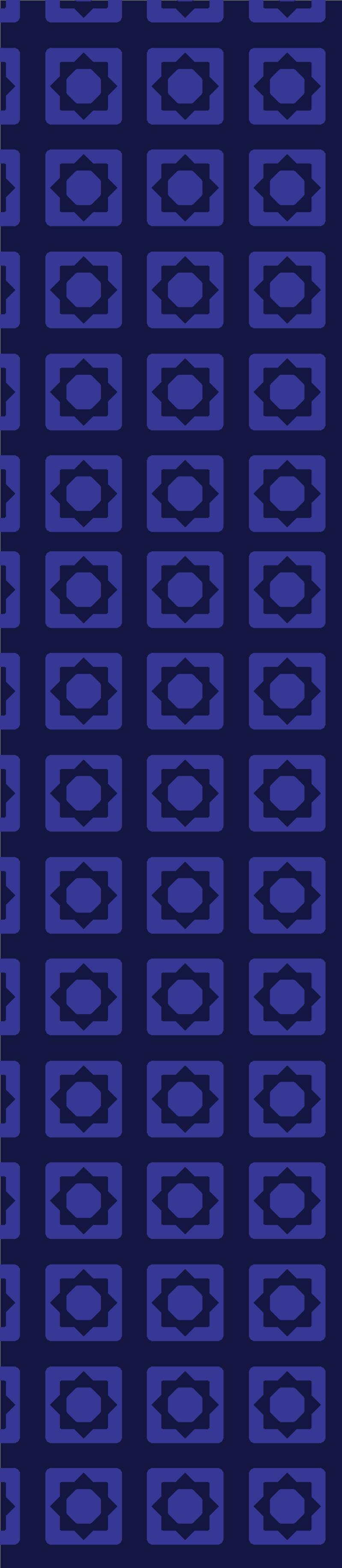
It is important to note that not every hospitalization or readmission is avoidable. Individuals may have complications, concurrent conditions, or circumstances that will require a return to the hospital. However, a review of 34 independent studies found that 30–40 percent of hospital readmissions ARE preventable. This rate is alarming, and highlights a critical need for identification of root causes and viable solutions.

The most common cause of post-discharge complications is adverse drug events. Improper medication management and reconciliation can result in inadvertent discrepancies and the chance of adverse drug events—the leading cause of hospital readmissions, especially for patients with low health literacy, or those prescribed high-risk medications or complex regimens.³

Other common causes of post-discharge complications are hospital-acquired infections, procedural complications,³ and the fact that about 40% of patients are discharged with test results pending.

Reducing hospital readmission rates requires that residential housing facilities employ a robust, systematic approach to manage patient care that can coordinate care with hospital and clinic, proactively alert nursing staff to concerns, and so reduce the rate of costly readmission to the hospital.

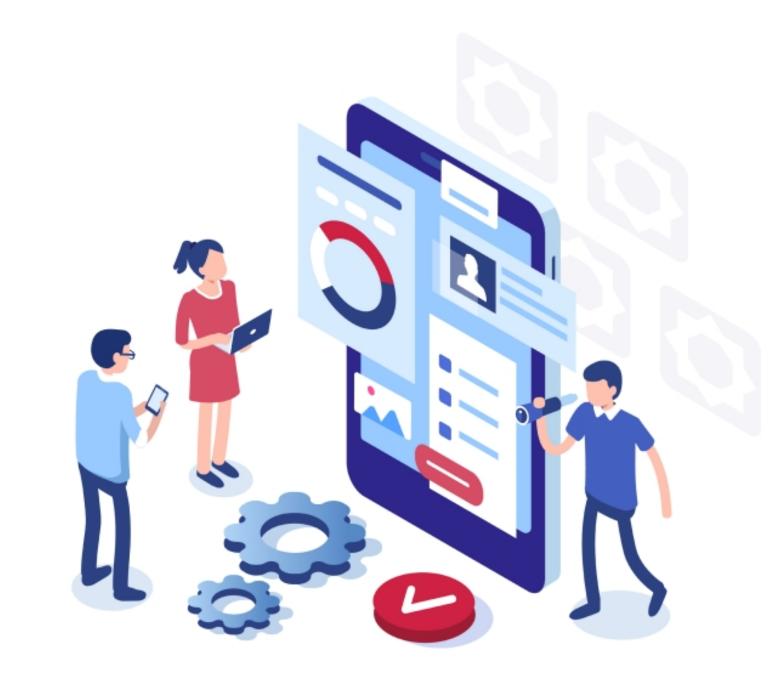




CORTASKS by ResiDex Software

The RTasks by ResiDex Solution

With a suite of comprehensive features like advanced medication management, real-time tracking with clinical alerts, and extensive reporting, RTasks from ResiDex puts everything providers need at their fingertips to coordinate care and optimize resident outcomes.



Care Coordination and Communication

Care Coordination between the facility and the hospital, primary care physician and pharmacy is critical to ensure that medications, treatment, and care management are communicated, transcribed, acknowledged, and ultimately carried out.

- ✓ MD Orders allows the nurse to create and fax a comprehensive document detailing updated allergies, diagnoses, code status, meds, treatments and services – fax this to the MD – and track returned receipt of the reviewed and signed document.
- ✓ Pharmacy Connect is integral to RTasks' Med Management system, allowing the pharmacy to enter meds and the facility nurse to review, reconcile, and update medication lists.
- ✓ Limited Resident Access feature allows the facility to give RTasks login access to a physician or pharmacist, but with limited permissions and scope. A physician might view only his/her residents' meds, vital signs, notes, services and selected reports that would show information such as PRN med usage, meds declined, vital signs, etc....
- ✓ RTasks' Snap Messaging creates a secure and efficient system for communication within the residential housing facility. Direct care staff can instantly alert nurses and supervisors to observations, high or low vital signs, or resident reports of symptoms that warrant nursing assessment.

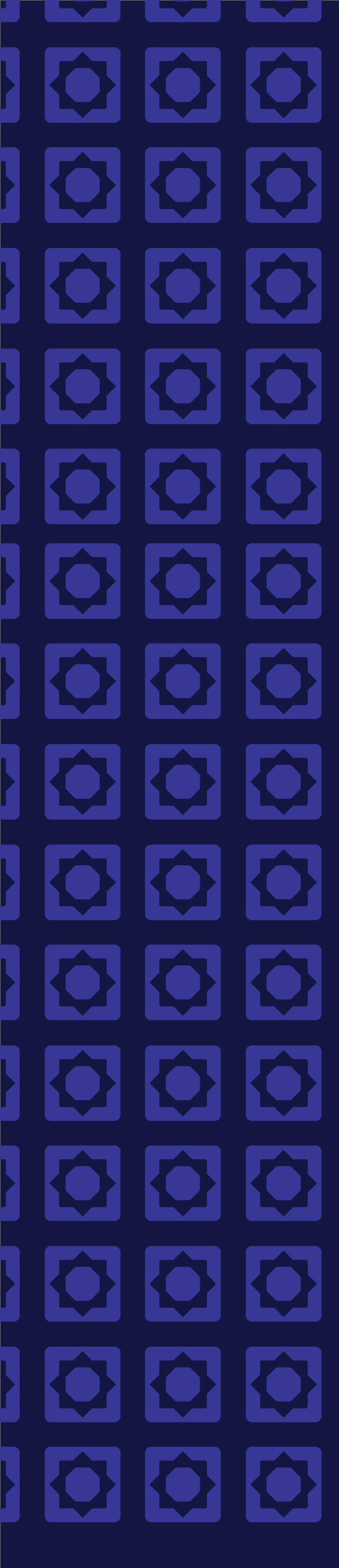
Advanced Medication Management

The comprehensive and effective medication management system from ResiDex ensures residents receive their medications in a safe and timely manner. All staff have med-specific instructions and policies at their fingertips, as well as the ability to track PRN usage, declined medications, and even medication interactions. The Medication Management and E-MAR features from ResiDex mitigates the errors that put residents back in the hospital.

RTasks Pharmacy Connect interface allows for regular and routine medication reconciliation between the facility and pharmacy, ensuring medication lists are correct.

RTasks puts quality information into the hands of staff at point-of-service. In addition to medication-specific administration instructions, each med listed has a link to a National Institute of Health database.

Nurses can review for medication interactions at the touch of a button. Review of the med list for each resident can be performed with each assessment or at any point of time. Simply click a link and review any concerns that might produce unintended consequences.



Real-Time Tracking, Notifications and Alerts

RTasks state-of-the-art electronic charting tool provides caregivers the detailed information they need to perform delegated services and then document their completion. Because RTasks can be used on any computer, tablet, or handheld device, staff observations and documentation can be done in real time, at point-of-service. Vital signs, declined meds, PRN meds administered can

- ✓ Be relayed by staff through secure Snap Messaging to supervisors
- **✓** Login reports can communicate concern to key staff
- Alerts via SMS (text message) or email can alert on-call support even after hours

Nursing staff can respond by increasing monitoring services, adjusting medication doses, fax MD referrals - all directly from RTasks.

RTasks Reduces Readmission Rates.

RTasks from ResiDex software has a host of features designed to effectively manage care for residents, including those recently discharged from the hospital. Implementing effective software solutions such as ResiDex can improve care, enhance surveillance, and reduce the likelihood of hospital readmission.

The solution to reducing readmission rates in residential housing facilities is simple—RTasks from Residex. We invite you to see for yourself!

Schedule a demo today!

866.512.8369 opt1



Sources

- 1) Caffrey, C., Harris-Kojetin, L., Rome, V., & Schwartz, L. (2018, November). Relationships between residential care community characteristics and Overnight Hospital stays and readmissions: Results from the National Study of long-Term Care Providers. Seniors housing & care journal. Retrieved August 12, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6520986/
- 2) Moore, N. H., Fondahn, E. D., Baty, J. D., & Blanchard, M. S. (2017, November 3). Impact of a hospital bounceback policy to reduce readmissions. Healthcare. Retrieved August 12, 2022, from https://www.sciencedirect.com/science/article/abs/pii/S2213076416302172
- 3) Readmissions and adverse events after discharge. Patient Safety Network. (n.d.). Retrieved August 12, 2022, from https://psnet.ahrq.gov/primer/readmissions-and-adverse-events-after-discharge
- 4) Medicare cuts payments to nursing homes whose patients keep ending up in hospital.
 ACL Administration for Community Living. (2018, December 3). Retrieved August
 12, 2022, from https://acl.gov/news-and-events/news/medicare-cutspayments-nursing-homes-whose-patients-keep-ending-hospital
- Van Walraven C, Bennett C, Jennings A, Austin PC, Forster AJ, (n.d.). Proportion of hospital readmissions deemed avoidable: A systematic review. CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne. Retrieved August 12, 2022, from https://pubmed.ncbi.nlm.nih.gov/21444623/
 - Medication reconciliation patient safety and quality NCBI bookshelf. (n.d.).
- Retrieved August 12, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK2648/

