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Readmissions NEWS

ASPIRE to Reduce Sepsis Readmissions

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Sepsis is the most common adult, non-OB discharge diagnosis from hospitals in the US. Sepsis is also the discharge diagnosis that results in the most readmissions. As a serious, life-threatening acute illness requiring timely and evidence-based care, it only stands to reason that we should be just as concerned about sepsis recovery in the 30-days post-discharge as we are with ensuring that our patients survive sepsis in the hospital setting.

Readmission reduction teams across the nation are taking a close look at sepsis readmissions. Using the ASPIRE method of reducing readmissions, teams are identifying feasible, effective strategies to reduce readmissions for patients with sepsis. Get started by understanding the group of patients we are focused on, and then take 3 steps that all teams will find feasible and helpful. These three "design" steps will lead you to develop more effective interventions to "deliver" better transitional care for your sepsis patients.

Clarifying terms: "sepsis readmission"

"Sepsis readmission" as a phrase the can be initially misinterpreted by teams. Teams commonly interpret "sepsis readmission" as being readmitted with sepsis. When we talk about – and measure - readmissions, we always start with the "index" (first) discharge. Thus, "sepsis readmissions" refers to the patients who are hospitalized for sepsis, are discharged, and subsequently return within 30 days for any reason. Just like "heart failure readmissions" or "high-risk" readmissions, we are focused on the patients who are currently in the hospital with sepsis: we want to reduce the frequency with which this group of patients returns to the hospital for any reason within 30 days.

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Saint Francis Healthcare Partners Readmissions Case Study

Saint Francis Healthcare Partners (SFHCP) is an independent organization founded in 1993 as a 50/50 physician-hospital organization. It is a joint venture between a community of exceptional physicians and Trinity Health of New England. Its membership includes over 700 primary and specialty care physicians and over 200 advanced practice registered nurses (APRNs), physician assistants (PAs) and nurse midwives. As a clinically integrated network of providers, SFHCP's primary goals are to increase care quality, improve patient experience and effectively manage the overall cost of care for the populations it serves.

Yet Prior to January of 2017, SFHCP relied heavily on hospital reports and census data from their SNF partners to know when patient events occurred. This information was delayed, which affected their ability to provide facilities with an estimated length of stay (ELOS), and limited opportunities to make timely post-discharge follow-ups. SFHCP hired a full-time RN care manager on-site at one of their highest volume SNFs in order to identify patients who were recently admitted, which tended to be a time-consuming process. SFHCP was looking for a solution to help reduce the time and efforts required of them to manage their ACO patients at affiliated facilities, while also working to decrease their overall post-acute spend.

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