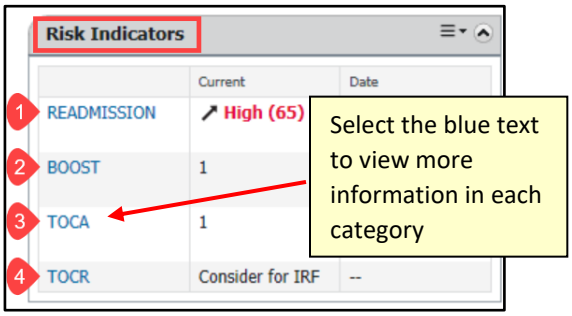
Readmission Prevention Solution Overview

The Readmission Prevention Solution interfaces with Powerchart to identify patients at risk for rehospitalization and provide tools for coordinated transition planning to help prevent readmission.

The Risk Indicators folder within the Care Management section of the patient chart is one location where readmission risk factors and transition of care recommendations can be viewed for patients with increased risk.

1. **Readmission**:
   - Risk score for Readmission.
2. **BOOST:** Better Outcomes by Optimizing Safe Transitions
   - Displays additional risks to be considered.
3. **TOCA**: Transition of Care Actual
   - The actual discharge plan, i.e., home with home care.
4. **TOCR**: Transition of Care Recommended
   - Recommended discharge plan by the solution.



Readmission Inclusion Criteria and Target Conditions

The Readmission Prevention Solution analyzes the patient's electronic medical record (EMR) for specific inclusion criteria and target conditions. If present, a Readmission Risk score will generate.

1. **Inclusion Criteria**: all must be met for the Readmission Solution to analyze data in the EMR for target conditions.
   - 18 years of age and older
   - Inpatient or observation encounters
   - Length of stay 180 days or less

2. **Target Conditions**: if inclusion criteria is met, the patient's chart is analyzed for conditions identified by The Centers for Medicare and Medicaid Services (CMS) that increase the risk for readmission. Munson Healthcare has added three additional conditions.

CMS Target Conditions

Acute Myocardial Infarction (AMI)
Heart Failure
Chronic Obstructive Pulmonary Disease (COPD)
Pneumonia
Adults with pediatric diagnoses
- Asthma
- Sickle Cell Anemia
- Cystic Fibrosis

Munson Healthcare Added Conditions

Sepsis
Stroke
Diabetes

Readmission Risk Score, BOOST, and Transitions of Care (TOC)

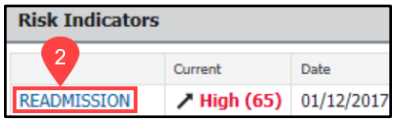
Readmission Risk Score

The Readmission Prevention Solution analyzes data in the patient's EMR and utilizes a predictive algorithm to generate a Readmission Risk score of High, Moderate or Low.

1. Risk Level and Score Ranges of High, Moderate, and Low Risk.

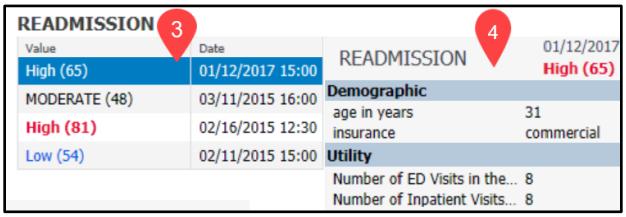
	Risk Level	Score Range	Care Management Intervention
1	High	60-100	Recommended
	Moderate	40-59	Recommended, use clinical judgement
	Low	0-39	Not needed

2. Select the blue hyperlink to view readmission risk information.



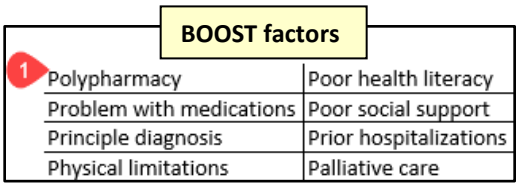
3. The hyperlink displays current and prior encounter risk scores.

4. Statistics contributing to the risk score display for the selected encounter.



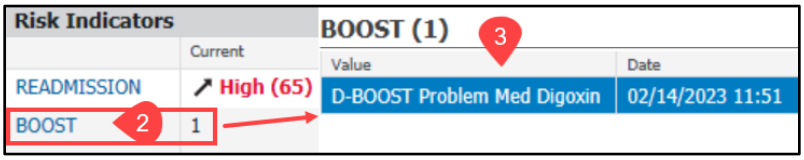
BOOST – Better Outcomes by Optimizing Safe Transitions.

1. The BOOST screening tool is embedded in the Readmission Prevention Solution and identifies potential factors that may prevent a successful post-discharge outcome.



2. BOOST factors display for early identification and implementation of appropriate interventions to mitigate this risk.

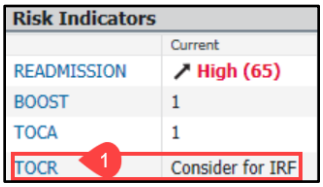
3. Click the blue hyperlink to view the BOOST factors.



Transitions of Care Model (TOC)

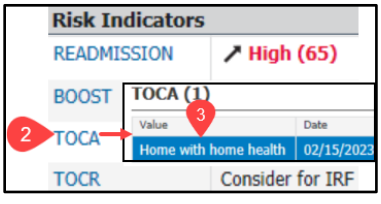
The TOC Model within the Readmission Prevention Solution is part of a readmission reduction strategy that provides clinical decision support for transitions of care and discharge planning.

1. **TOC Recommended:** The TOC model will generate a transition recommendation based on the patient's clinical profile.



2. **TOC Actual:** The actual discharge location will display at the time of discharge.

3. **TOC Mismatch**: If the TOC Actual **does not match** the TOC Recommended, the care manager documents information supporting the clinical team decision using the Discharge Disposition TOC PowerForm.



Note: For more information, please review the educational document **Documenting Discharge Disposition TOC Form** one the Clinical EHR Education website.