



Benchmarking using Health Roundtable Data

2014 (November) - DAY 2 - Q1 (COMPULSORY)

| | |
|----------------|---|
| Medical Leader | |
| Medical Expert | □ |
| Communicator | |
| Advocate | • |
| Scholar | • |
| Professional | |
| Collaborator | |
| Manager | • |

You are the Medical Administrator in a large metropolitan hospital. Your health service has received a directive from your Health Department to reduce unplanned readmission rates as a quality/cost-saving initiative. The goal is to *"treat patients with chronic diseases in the right place at the right time"*, and the Health Department is inviting applications for project funding to achieve this in all Health Department Hospitals.

Your Chief Executive has asked you to recommend a suitable project for people with COPD to qualify for this special funding. The following material is extracted from information circulated by your hospital's benchmarking network (-The Health Roundtable) to member health services on a six-monthly basis. It includes data for similar sized hospital around Australasia. Your hospital is codenamed **"Alfa"**. In your benchmarking group, the hospital with code name **"Bravo"** has the lowest readmission rates. Please review the available data for January to June 2014 in the following five charts, and answer/discuss the following questions.

Questions.

- 1) Assuming that your hospital's patient mix is similar to that of Bravo, approximately how many "excess" readmissions for all conditions did you have in the six months to June 2014?
- 2) What was your unplanned readmission rate for COPD in the most recent period?
- 3) How many hospital episodes could be saved if your COPD readmission rate could be reduced to the level of "Bravo"?
- 4) What could be the main reasons for the difference between Alfa and Bravo's unplanned readmission rate for COPD?
- 5) If you are designated as project leader to make improvements in this area, who would you select to be on your project team, and why?
- 6) What would be on your agenda for the first month?
- 7) What would you recommend as the goal of your project?

Chart 1.

Extract from Latest Key Performance Indicator Report for Alfa.

Hospital-wide 28-day unplanned readmission rate

Comparison with peers (2014 Jan-Jun)

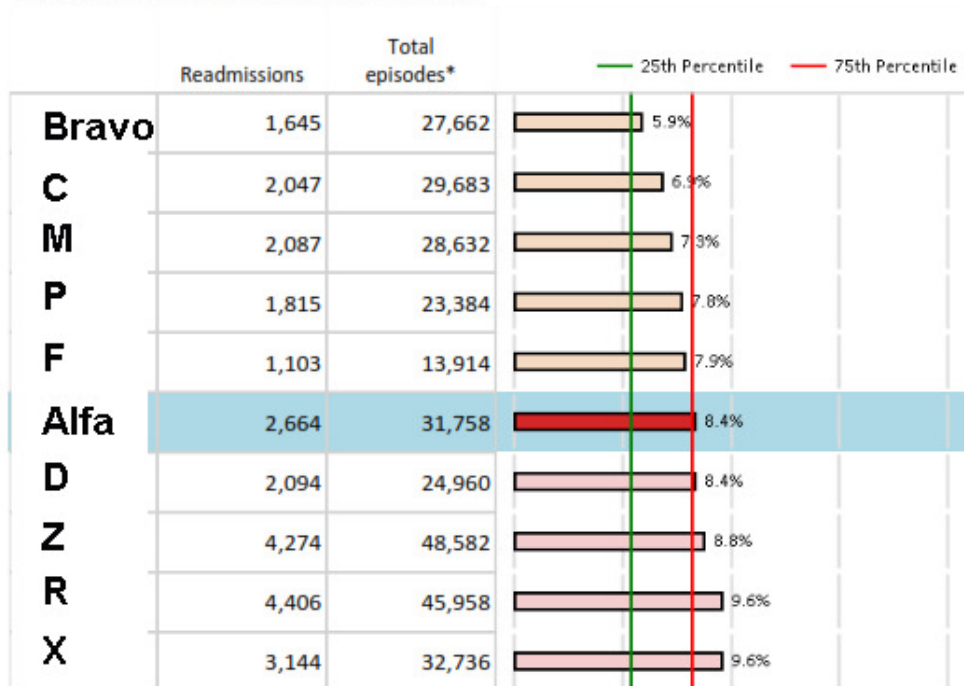
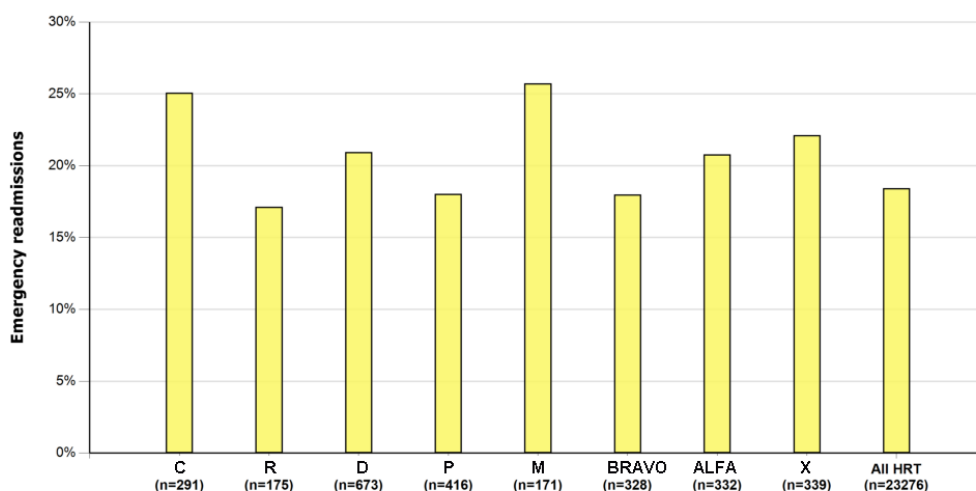


Chart 2.

Emergency Readmission Rate for COPD Patients at Alfa and Peer Hospitals

The emergency readmission rate at **ALFA** is 20.8%, 13% more than the All HRT average at 18.4%



Note: Inpatient reports select peer hospitals for each DRG, and the peers may differ from hospital-wide reports.

Chart 3.

Average Length of Stay for COPD Patients who are admitted

ALOS at ALFA is 3.8 days, 14% fewer than the All HRT average at 4.4 days

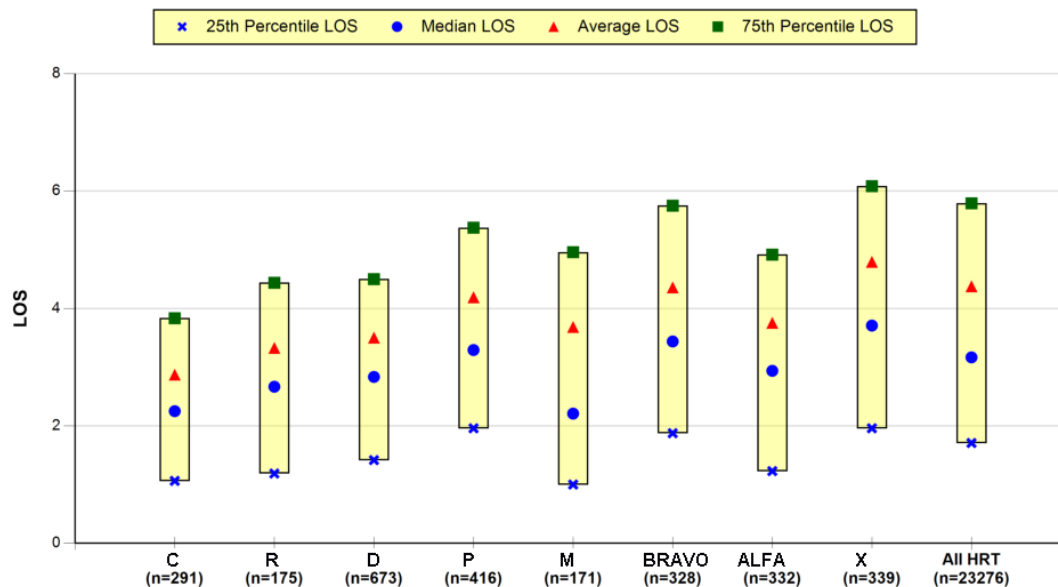


Chart 4.

Average Age of Patients Admitted with COPD

Average age at ALFA is 69 years, similar to the All HRT average at 71 years

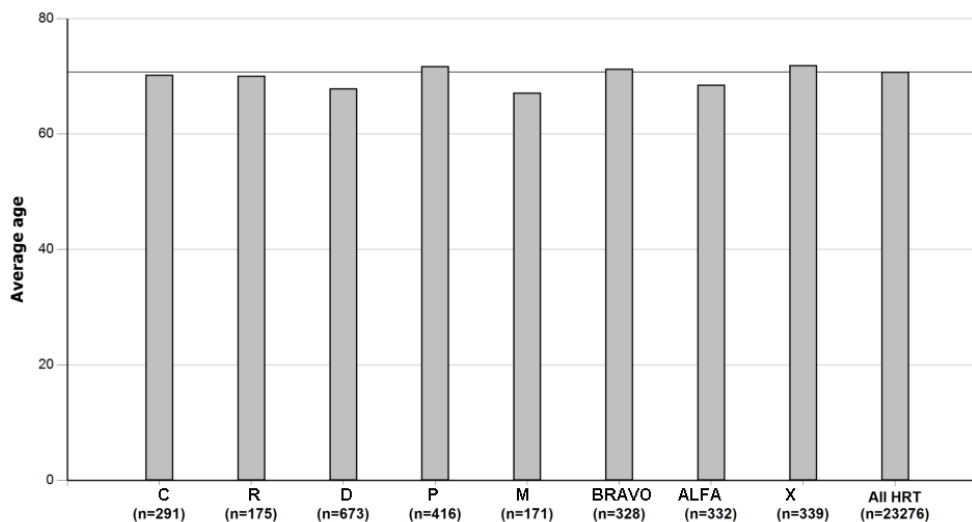
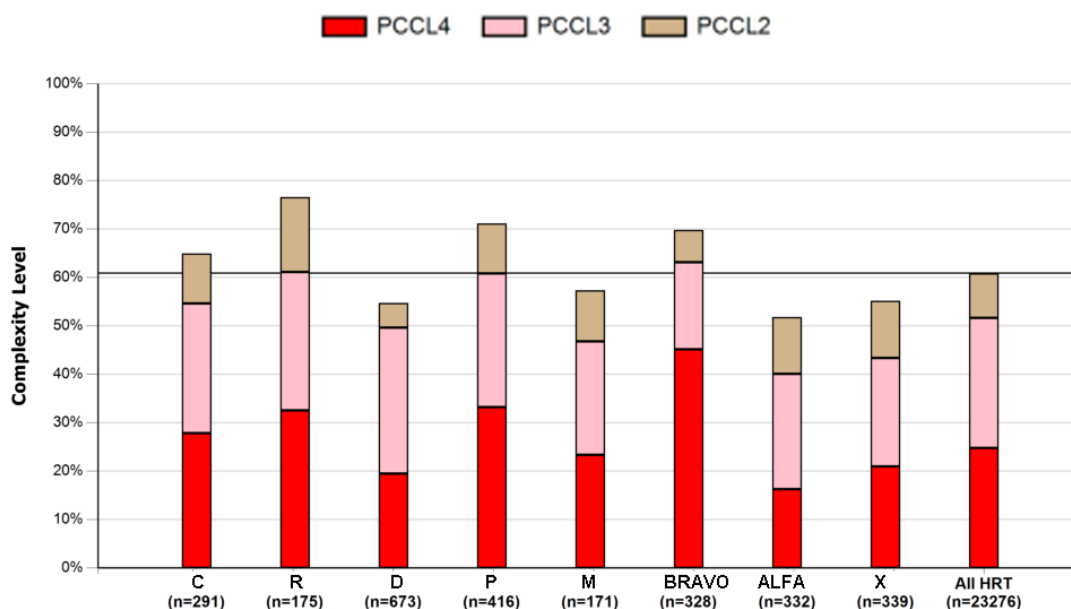


Chart 5.
Percentage of COPD patient episodes coded as “High Complexity”

52% of patients are higher complexity at ALFA , 15% fewer than the All HRT average at 61%



Note: Patient Complexity Levels range from 0 to 4, with 4 representing the most complex. The levels are calculated by the Australian DRG system for each episode of care based on diagnosis codes assigned to the episode by the hospital. Codes of PCCL2 to PCCL4 are counted as “higher complexity” in the chart.



Guidance for Censors

This is basically a question about managing a high readmission rate for a specific disease (COPD) and a generally high readmission rate hospital wide. The data in the five charts provides sufficient information for the candidate to understand and address the issue.

Chart 1. Shows Alfa Hospital as a hospital that exceeds the 75th percentile in unplanned readmissions for all categories of patients.

Chart 2. Shows the emergency readmission rate for specifically for patients with COPD. Alfa not only has a higher rate than Bravo but also it is higher than the HRT average rate.

Chart 3. Shows the Average Length of Stay for COPD patients at Alfa. At 3.8 days it is 14% less than the HRT average of 3.8 days.

Chart 4. Has been included to show that the average age of COPD patients at Alfa is similar to that of the other HRT hospitals – in fact the average age is a little less than that at Bravo and the HRT group average.

Chart 5. Has been included to show the number of complex COPD patients. At Alfa, 52% of COPD patients are in the complex categories of PCCL 2, 3 and 4. The Alfa percentage is lower than that at Bravo and the HRT hospital group average of 61%.

(The point of including Charts 4 and 5 is to show that Alfa's patients are neither older nor more complex than other hospitals in the group, and the candidate should not be wasting time speculating that the poor figures at Alfa are due the hospital having older and sicker patients. The candidate should be discussing the other reasons why this hospital has high readmission rates).

Candidate assessment: To specifically answer the questions, to an acceptable level the candidate should be able to note and discuss the following.

1. Alfa Hospital has 2,664 readmissions for all classes of patients compared to Bravo's 1,645. Alfa's rate of 8.4% is 2.5% points higher than Bravo's rate.
During the review period Alfa had a total count of 31,758 admissions. If Alfa reduced its rate to match Bravo, it would save about 790 admissions. (2.5% of 31,758)
2. For COPD, Alfa's emergency readmission rate is 20.8%
3. Alfa's emergency readmission rate for COPD is about 3 percentage points higher than Bravo on a volume of 332 episodes. This is only about 10 extra readmissions a year, at an average LOS of 4 days = 40 bed days.
4. Hypotheses / reasons for differences. The candidates should NOT indicate that Alfa's patients are older or sicker than those at Bravo. The age and complexity charts should rule this out. Possible hypotheses include:
 - a. Shorter LOS at Alfa suggests lack of adequate patient preparation



- b. Differences in level of community support available following discharge
 - c. Differences in socio-economic status between hospital catchment areas
 - d. Lack of GP coverage
5. Project team should include primary care providers, respiratory team, and ED team. May include indigenous or cultural group support officers depending upon population make-up of the catchment area.
6. First month agenda should be to review literature to see if there are any exemplars with much lower rates of readmission, and canvass reasons for readmission of current patients through patient interviews. Also discuss / review with better performing hospitals such as Bravo, what they are doing.
7. The candidate should be able to discuss the goals of a project that aims to reduce readmission rates for COPD e.g. better care and preparation of patients in hospital, improved liaison with community supports and GP's etc.

It should be noted that if Alfa did reduce its unplanned COPD readmission rates to Bravo's rate, there would only be a saving of 10 readmission rates per year. Whilst this would be good for COPD patient care, a very good candidate should question the need for a COPD project in the first place, since the opportunities seem very limited. Proof of an opportunity for a more radical reduction of readmissions would be useful before starting a project. It is likely that there would be greater opportunities if the candidate suggested a much bolder plan for home-care, home-monitoring, and a dramatic reduction of admissions for COPD.