

Examining Rehospitalizations in Skilled Nursing Facilities

Hospital readmissions have become a major focus for Skilled Nursing Facilities. With new regulations and penalties surrounding readmissions, this is a major facility focus with facilities using sophisticated processes to track readmissions and to examine root causes of these costly Medicare hospitalizations.

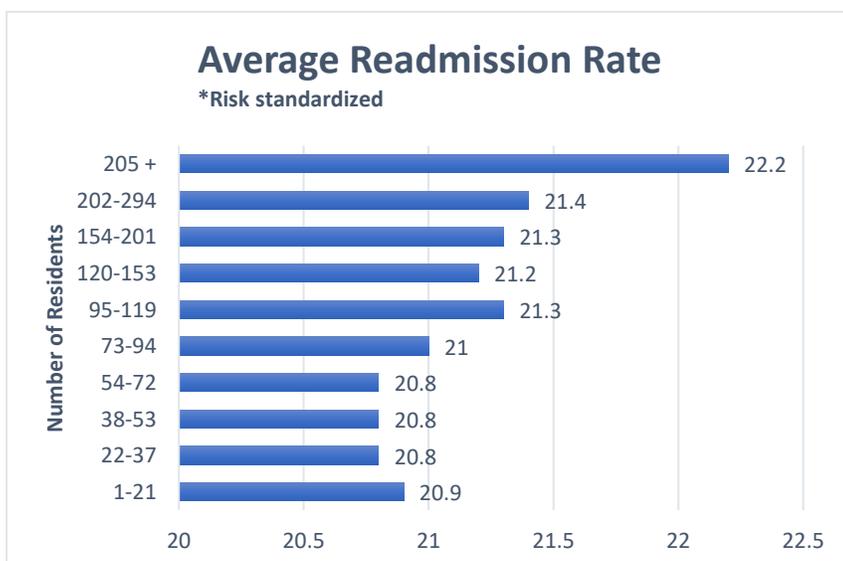
In this series, we'll explore readmissions in skilled nursing facilities by examining

- The current state of readmissions and what the most common causes are
- How the clinical measurements we take relate to conditions that cause the most unplanned readmissions
- How using this information can empower clinical staff to intervene with residents at risk for readmission, and drive better results at the facility level

Not long ago, CMS released an updated version of the Skilled Nursing Facility Readmission Measure. This report aggregates 30-day readmission data from nearly 15,000 skilled nursing facilities nationwide, analyzes readmission rates over a variety of different criteria, and is the building block for CMS to outline readmission rate standards going forward. The results are risk-standardized, meaning that patient acuity mix is considered and that certain conditions known to have significantly different morbidity, mortality and readmission risk, such as patients admitted for the medical treatment of cancer, are excluded from the results. The resulting analysis gives us some great, and at times unexpected, insight regarding the correlation between a host of different variables and the readmission rates for residents that fall into those groups.

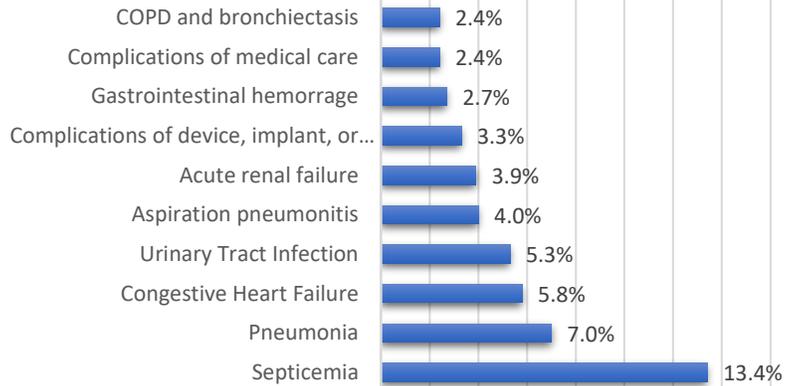
“Facilities are universally seeking processes to decrease readmission rates; we believe that results are most recently being magnified by the pressures and clinical “churn” of caring for an increased number of very short stay skilled patients.”

According to the CMS study, nation-wide risk-adjusted readmission rates average 21.3%, with half of all facility rates falling between 19.4% and 22.9%. Facilities that reach 18.1% or lower have better readmission rates than 90% of facilities nationwide, and those that reach 24.8% or higher fall in the worst-performing 10% of facilities. There is obviously a lot of grouping around the middle, where small percentage differences in readmission rates can quickly affect where a facility falls on the spectrum.



Interestingly, both average readmission rates and the percent of facilities that are higher or lower than the national average tend to creep upward as the number of residents in a facility increase. This demonstrates a correlation between increasing facility size and increasing readmission rates, but when viewed together also shows that different providers tend to consistently out-perform the averages and post either higher or lower rates. This seems to indicate that certain facilities have processes in place that tend to either increase or decrease readmission rates and those results are magnified with the pressures of caring for an increased number of residents.

Percentage of Rehospitalizations



A study by OIG took readmissions analysis even further by examining the diagnoses responsible for readmissions in skilled nursing facilities. This gives us some great insight on the conditions we can target to have the most impact on readmission rates. Of all CCS Diagnosis categories, 10 diagnoses represent nearly 50% of skilled nursing hospitalizations. Septicemia and pneumonia alone represent more than 1 in 5 hospitalizations. By catching even a few cases early enough to intervene, treat, and prevent a hospitalization, facilities can reduce their readmission rate in a meaningful way, and help their patients and bottom line in the process.

The findings in the studies support some telling conclusions that are reflected in the CMS quality measures and their close attention to top readmission causes.

- Small percentage differences in readmission rates can significantly change a facility's ranking and perception, meaning that incremental changes to readmission rates can impact both the way potential referral partners and residents view facility quality, and the bottom line.
- Individual facilities tend to be consistently better or worse than their peers at preventing readmissions. This is the case regardless of patient mix and risk profile and, unsurprisingly, shows that facilities with better processes and care plans stand out from their peers with lower readmission rates and better outcomes.
- Ten diagnoses account for nearly 50% of skilled nursing readmissions - giving special attention to subtle changes in this particular patient group's condition provides a more targeted approach that can have a significant effect on readmissions rates.

Facilities are universally seeking processes to decrease readmission rates; we believe that results are most recently being magnified by the pressures and clinical "churn" of caring for an increased number of very short stay skilled patients. At Constant Care Technology, we help facilities increase the quality of their care and reduce penalties and rehospitalizations by providing relevant, actionable information through solutions like predictive analytics provided by our SMART reporting system that identify subtle changes that are indicators of potential infectious process onset or other deterioration in condition. Our integration of clinical measurements with the top EHR systems improves documentation accuracy and reduces the time it takes for measurements to be documented, resulting in clinicians having the right information available, faster. Equipped with more accurate and targeted data, clinicians are better able to target their processes and care plans in a way that achieves improved, more efficient care and lower readmissions. With the strains of increasingly higher acuity patients, tougher reimbursement standards, and tighter regulation, it is more important than ever for clinical staff to have a facility culture rooted in resident care equipped with SMART clinical tools to achieve the best possible outcomes for their patients and facility.

References:

1. Smith, Laura, et al. "Skilled Nursing Facility Readmission Measure (SNFRM) NQF #2510: All-Cause Risk-Standardized Readmission Measure." *Cms.gov*, Centers for Medicare & Medicaid Services, Apr. 2017, www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/Technical-Report-Supplement.pdf.
2. Levinson, Daniel R. *Medicare Nursing Home Resident Hospitalization Rates Merit Additional Monitoring*. 2013, *Medicare Nursing Home Resident Hospitalization Rates Merit Additional Monitoring*, oig.hhs.gov/oei/reports/oei-06-11-00040.pdf