



Understanding and Reducing Avoidable Readmissions (B15)

1-2 March 2017, Brisbane

Meeting Code HRT1703

Why Participate?

- ✓ **Improve your understanding of patients at risk of readmission**
- ✓ **Hear about best practice strategies for reducing inappropriate readmissions**
- ✓ **Develop practical action plans to improve your service over the next year**

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Select Roundtable B15 on your subscription agreement and return by email to:

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COST

\$A5,000 per Member Facility (plus GST). Additional facilities \$4,000. Individual delegate venue fees are billed separately.

ENQUIRIES

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Internationally, and across Australasia, Hospital Funders are increasingly "paying for outcomes" and penalising health services who have high inappropriate readmission rates for selected conditions. A recent systematic review shows that a median proportion of 27% of readmissions were potentially avoidable. In addition, there are increasing trials of capitated care models where high levels of acute care and/or readmissions will be unaffordable.

Reducing unplanned avoidable readmissions is also becoming a key quality issue and requires a hospital wide strategy for improving systems for ALL patients. Relying on inefficient approaches such as case finding, or employing one FTE to reduce readmissions, reduces their impact. Frequent hospital admissions can be a sign that patients with chronic diseases and long term conditions are not provided with adequate access to non-hospital services and social support.

Evidence suggests that the rate of avoidable re-hospitalisation CAN be reduced by:

- » Improving core discharge planning and transition processes out of hospital.
- » Improving transitions and care coordination at the interfaces between care setting.
- » Enhanced coaching, education and support for self-management.

The 2017 Improvement Group meeting will take place in Brisbane, QLD and will enable participants to hear speakers talking about leading-edge innovations from Australia and New Zealand, as well as share ideas with each other. Members are encouraged to bring their partner Primary Healthcare and other NGO organisations to the workshop.

Who should participate?

- ✓ *This Roundtable is intended to share "good practice" ideas and innovations for reducing readmissions.*
- ✓ *Organise a cross-disciplinary team.*
- ✓ *You may bring up to four people per health service.*

The Health Roundtable will:

- ✓ *Work with experts to identify key trends and innovations.*
- ✓ *Survey participating health services for innovative practices.*
- ✓ *Collate and analyse results.*
- ✓ *Summarise the meeting and circulate all presentations.*

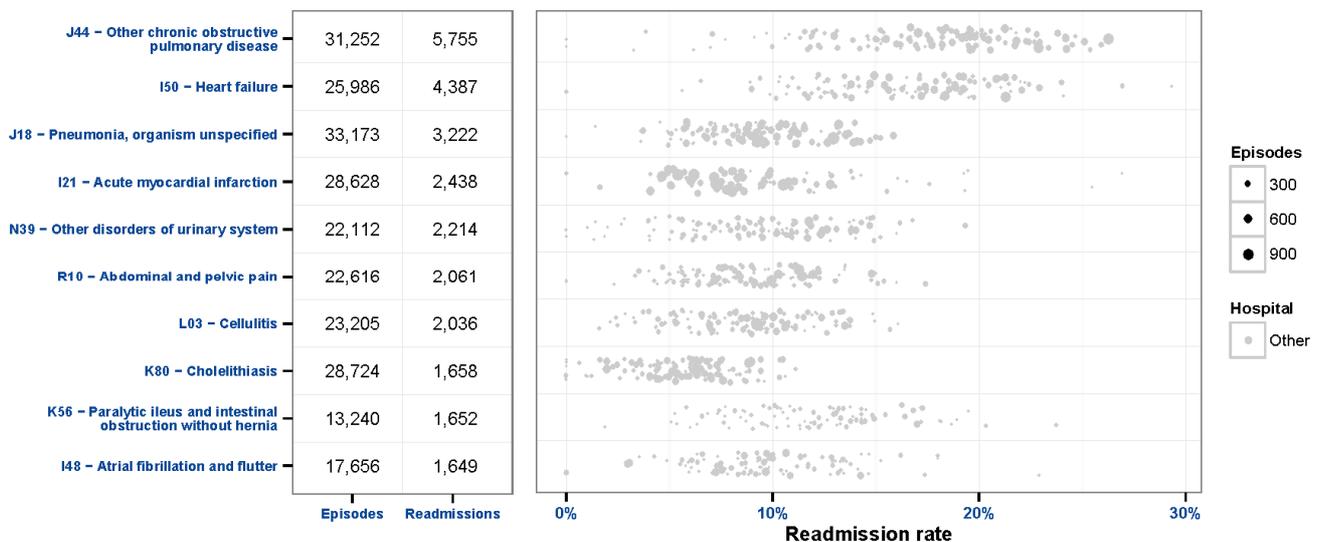




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Sample Analysis of Readmissions by Diagnosis compared to Other Facilities (Jul '14 to Jun '15)

This chart shows the 10 principal diagnoses with the highest volumes of readmissions at All HRT. The readmission rate for All HRT is shown with 95% confidence intervals.



In the 2016 meeting we heard that, in order to tackle their high readmission rates, Calvary Mater in Newcastle developed a model of care aimed at caring for the Very Intensive Patient (VIP). Since this was done they have observed a reduction in VIP readmission rates for older patients (age 80+) which has been noted since solutions were implemented in July 2015.

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, assessment, and other activities.

