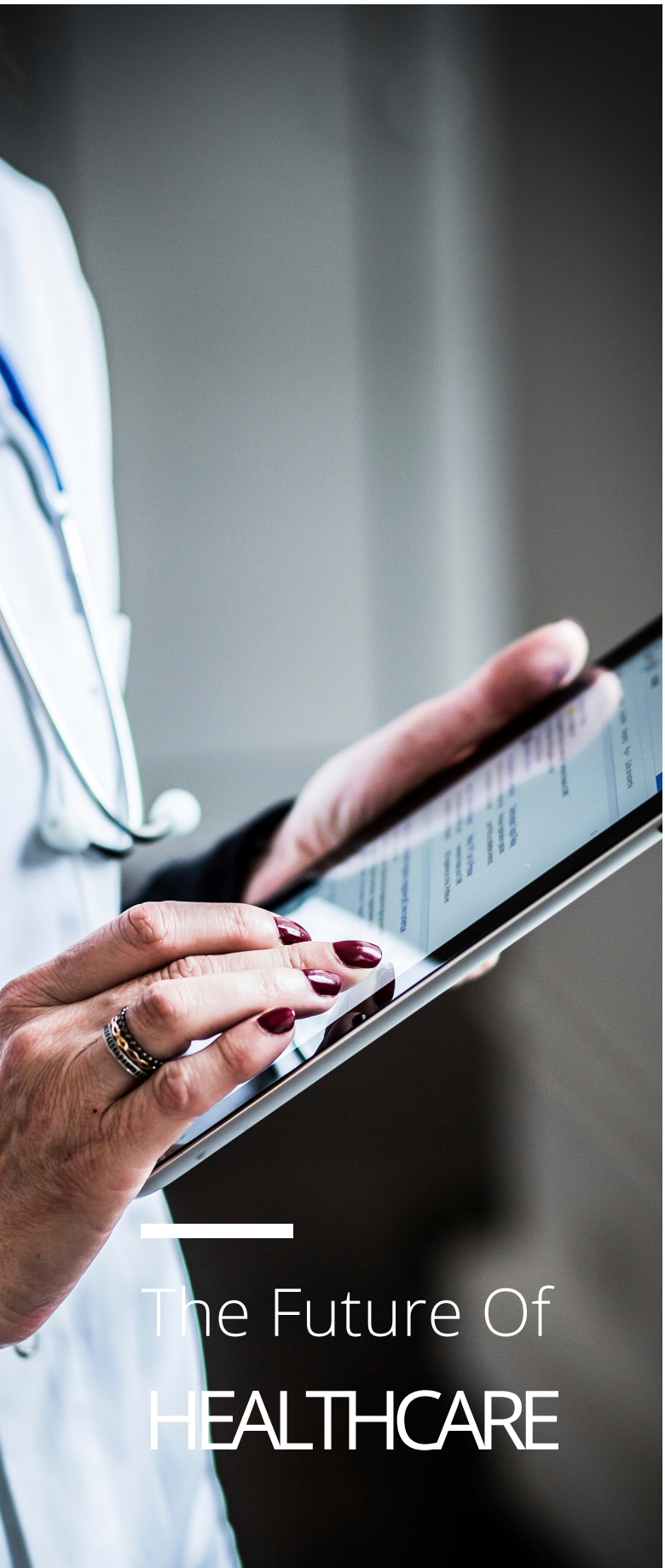
FUSION

IMPROVE PATIENT & HOSPITAL OUTCOMES WITH ANALYTICS

READMISSIONS REDUCTION

HEALTHCARE CUSTOMER USE CASE



Improving Patient Care Through Analytics

READMISSIONS REDUCTION

Fusion utilized their expertise by implementing enterprise data warehouse and business intelligence tools to analyze and improve clinical outcomes for patients.

We developed work groups where quality clinicians worked with the business intelligence team to develop analytics for each targeted clinical program. Clinical programs identify a specific patient population based on acute or chronic diagnoses, physical hospital location, and performed hospital procedures. The management of readmissions was one of the targeted clinical KPI's tracked through each clinical program. If managed appropriately both during and after the original hospital admission, readmissions can be reduced by using evidence based clinical practices.

There are several clinical interventions that we track for both inpatient care provided and follow up ambulatory care after discharge. Clinical interventions during the hospital stay that provide the necessary discharge education and medications is an integral part for the prevention of readmissions. We work with clinician groups to provide evidence based practice solutions for each clinical program. We also track the occurrences of follow up appointments with the appropriate provider specialty after discharge from the hospital. Providing this data gives clinicians and clinical work groups the data they need to improve the reduction in costly readmissions.

AFFECTED JOB CAPACITIES

- Chief Medical Officer (CMO)
- Chief Nursing Officer
- VP of Patient Care
- Director of Clinical Quality
- Chief Operating Officer

READMISSIONS REDUCTION - METRICS

There are a vast number of variations of readmissions metrics which can be confusing and hard to calculate. We have a solution which allows you to do:

- **Choose any time level of readmissions (ie 7 day, 30 day, 90 day)**
- **Choose specific patient cohorts or diseases or payors to look at from the dashboard**
- **Supports both CMS version and payor version (indexing and reindexing)**
- **Supports custom exclusion**

In addition, there are several interventions we focused on for readmissions include but are not limited to:

- **Patient teaching**
- **Discharge Summaries**
- **Providing Discharge Follow Up Plans**
- **High Risk Patient Interventions**
- **Appropriate Discharge Medications**
- **Possible Case Management intervention**
- **Follow-Up Office Visit Scheduled before discharge**

We have worked on several disease and condition specific programs to reduce readmission rates. Some of these programs include Acute Myocardial Infarction (AMI), Heart Failure, Sepsis, Stroke, Pediatric Asthma and Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, and Diabetes. The analytics provided through these initiatives have proven valuable in the reduction of readmissions.

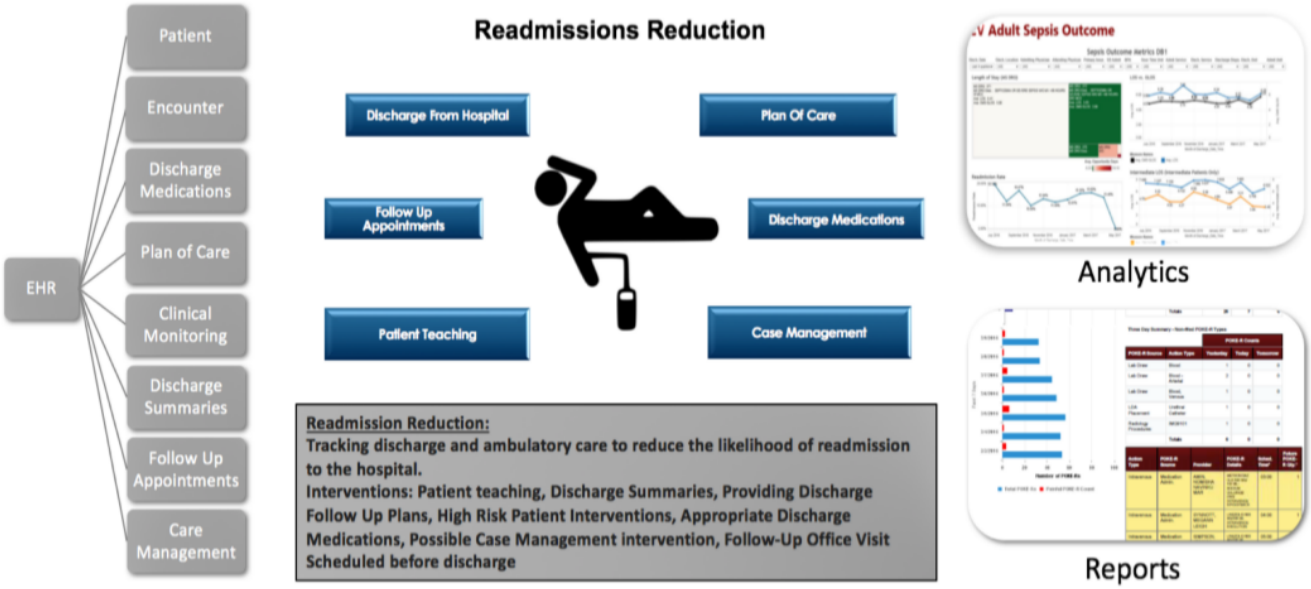
RESULTS

We have evaluated early progress of the analytics in improving clinician behavior and patient outcomes. We have observed significant reductions in readmissions for focused clinical programs. For instance, after the Sepsis analytics program was launched we saw a 25% reduction in readmissions. With early analysis, a healthcare network can improve upon the process of setting patients up for success after discharge. These workflows and processes become evident only after analytic insight is provided to the right individuals.

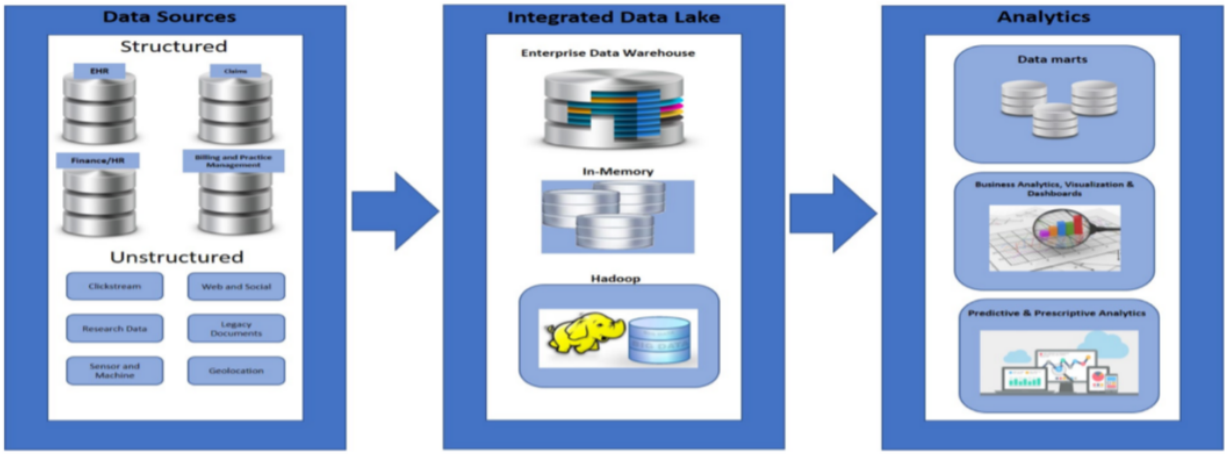
REUSE OPPORTUNITY OF USE CASES

Readmission analytics can be reused in all inpatient hospital settings. Reducing readmissions results in cost savings for the organization and improvement of clinical outcomes for patients. Improving the quality of timely medical interventions and post discharge follow-up care associated with clinical programs can improve patient outcomes. The readmission analytic clinical program will provide the necessary data elements clinically recommended to reduce the likelihood of hospital readmissions. This data will help to identify potential barriers and trends in treatment plans and quality of care

USE CASE MODEL DATA FLOW DIAGRAM



TECHNOLOGY ARCHITECTURE



Acronym(s)
• **EHR** – Electronic Health Records

EHR: Capture and/or storage of patient specific medical information in a digital format, which is queriable and transferable to and from other computer systems.

REFERENCES

https://www.researchgate.net/publication/310500110_Improving_patient_care_through_analytics
https://www.researchgate.net/profile/James_Mcglothlin/publications?sorting=recentlyAdded
www.fusionconsultinginc.com
https://www.cms.gov/medicare/medicare-fee-for-servicepayment/acuteinpatientpps/readmissions-reduction-program.html

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Our Healthcare SOLUTIONS

Fusion's solutions help healthcare customers unlock data, from their EHRs and other data sources, to provide a vendor agnostic approach to achieving clinical outcomes. As part of this approach, Fusion provides a measurable ROI to help evaluate key areas for improvement and a framework to align clinical quality, efficiency, utilization, productivity and financial objectives.