

## C.4.2.D AIM2: Reducing Hospitalization Utilization QIA

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**Project Period:** 2017

### INTRODUCTION

One of the responsibilities of the Network is to promote positive change relative to the CMS Aim of Better Health for the ESRD Population. This CMS goal focuses on activities to improve the quality of care and access to care through a Population Health Focused Pilot Project (PHFPP) of Reducing Hospitalization Utilization for the ESRD population.

### TASKS

The Network will review hospitalization rates and data submitted monthly for accuracy and will provide technical assistance where needed. The Network will require a root cause analysis for each facility on the project by them reviewing the obtained discharge data for disparity, discharge diagnosis, living situation, planned or unplanned admission, timing of admissions, co-morbidities, socio-economic status, and length of stay. Specific interventions will be determined by choosing a goal, determining measurement of the goal, and making changes that result in improvement. Other interventions will be developed as necessary. Also at each facility, patients are required to be involved in this project and to assist in the development of interventions.

### EXPECTATIONS

**The facilities on the project will:**

1. Complete a Root Cause Analysis (RCA) and a Corrective and Preventative Action plan (CAPA) and submit it to the Network.
2. Submit monthly reporting to the Network including CAPA, RCI, and patient involvement.
3. Attend webinars: Held intermittently; and attendance is mandatory
4. Work on care coordination for dialysis patients going to and returning from a hospitalization
5. Facilities will attempt to gain access to the Electronic Medical Record (EMR), Health Information Exchange (HIE) or Emergency Department Information Exchange (EDIE) of participating project hospitals or by requesting paper discharge records which will be reviewed for the necessary data.

### RESOURCES

- [PHFPP database from the NCC](#)

### EVALUATION

The goal of the project is target a two point reduction in the hospitalization rate based on a measure of hospitalizations per 100 persons, against a base year baseline of the second and third quarters.