

REDUCTION IN READMISSION LENGTH OF STAY AT UAB MEDICINE

The Business Challenge

As healthcare shifts to value-based care models, there is a high degree of focus on quality, improved health outcomes and reducing readmissions and length of stay. Yet, despite excellent care, a certain amount of readmissions will occur. Healthcare organizations are challenged by the need to reduce the rate of readmissions as well as mitigate the impact of those that do happen. And, they need to do this all with limited resources.

Solution

Providing patients with the appropriate information, and monitoring their progress post discharge in a scalable way, can help patients better manage their health and alert providers when they need to follow-up. This can help reduce the chance of readmission and, when readmission happens, shorten their length of stay before discharge. To communicate health information effectively with patients, the University of Alabama at Birmingham (UAB Medicine) uses EmmiTransition®, a powerful combination of automated phone calls and online, multimedia programs that interact with people at key points during the care transition process.

Summary

As one way of measuring EmmiTransition's impact, UAB Medicine conducted a study to measure the effect on reducing readmission length of stay for COPD and CHF Medicare patients. Staff enrolled patients at the point of discharge to receive EmmiTransition calls and programs designed to enable patients to stay on track during recovery. Patient interactions with EmmiTransition were documented and readmission length of stay was analyzed for those patients who were readmitted to assess the impact of patients' interactions with Emmi® calls. A positive impact was found for number of days post-discharge before patients were readmitted and their readmission length of stay.

Results*

Patients who did not interact with Emmi were readmitted more rapidly and for a longer length of stay than patients who had a high level of interaction with Emmi calls.

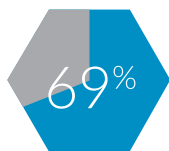
COPD Patients

No Emmi Interaction: Readmitted on average 2 days post-discharge with an average LOS of 11.6 days.

High Emmi Interaction (>50% of calls answered): Readmitted on average 17 days post-discharge with an average LOS of 3.6 days.



15-day delay in readmission



reduction in length of stay

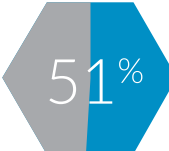
CHF Patients

No Emmi Interaction: Readmitted on average 9.3 days post-discharge with an average LOS of 9.7 days.

High Emmi Interaction (>50% of calls answered): Readmitted on average 13.4 days post-discharge with an average LOS of 4.8 days.



4-day delay in readmission



reduction in length of stay

*All data provided to Emmi by University of Alabama at Birmingham