



MI STA*AR

State Action on Avoidable Rehospitalizations

Background Information

On May 1, 2009, the Institute for Healthcare Improvement (IHI) launched the **STate Action on Avoidable Rehospitalizations (STA*AR)** initiative. This grant-funded initiative is supported by The Commonwealth Fund which provides technical assistance to state-level coalitions committed to reducing *avoidable* rehospitalizations. MI STA*AR aims to reduce statewide 30-day rehospitalization rates by 30 percent and to increase patient and family satisfaction with transitions and coordination of care. **At this time, no grant funding is being provided to the MI STA*AR initiative to offset costs that may be incurred by the lead organizations, participating Michigan hospitals or providers across the health care continuum.**

The Michigan Health & Hospital Association (MHA) Keystone Center for Patient Safety & Quality joined MPRO, Michigan's Quality Improvement Organization, in 2009 to convene a steering committee of health care providers across the state to coordinate activities. Specifically, this multistakeholder coalition has the ongoing responsibility of developing and shepherding state-specific strategies for reducing avoidable rehospitalizations.

The MHA Keystone Center and MPRO have identified and provided key project leaders who have been trained by the IHI to serve as hospital (and eventually office practices and skilled nursing facilities) improvement advisors (IAs) for the duration of the project.

Before pursuing solutions, all participating stakeholders must discern *avoidable* rehospitalizations from *unavoidable* rehospitalizations. MI STA*AR targets **unplanned, related rehospitalizations** — which are rehospitalizations that are not expected/scheduled, but whose reason is clinically related to the initial admission.

For the majority of planned rehospitalizations, there are no actions hospitals can, or should, take to reduce their occurrence. These rehospitalizations are beneficial for the patient and the health care system as a whole. Likewise, there are no actions hospitals can take to reduce unplanned, unrelated rehospitalizations because they are not predictable or preventable. However, in the case of some types of unplanned, related rehospitalizations, there may be actions hospitals can take to reduce their occurrence.

This project is pursuing the following aims:

- Identify and develop approaches to remove systemic barriers to reducing avoidable rehospitalizations.
- Coordinate and leverage existing state and national activities to reduce avoidable rehospitalizations.
- Reduce statewide 30-day rehospitalization rates by 30 percent and increase patient and family satisfaction with transitions and coordination of care.
- Serve as a national example of how providers in settings across the continuum of care can dramatically improve transitions and reduce avoidable rehospitalizations.

The IHI supports STA*AR programs in three states — Michigan, Massachusetts and Washington state — and assists the steering committees in each state by providing technical assistance in process improvement and facilitating topic-specific work groups. The Commonwealth Fund presented an initial grant to the IHI of more than \$1 million to fund trainings in all three states.

The IHI provided the following technical assistance during the first phase of STA*AR: 1) intensive training and coaching to enhance the capacity of improvement advisors at the state level; 2) facilitation of an initiative to improve transitions of care after patients leave the hospital; 3) facilitation of work groups to develop strategies to address systemic barriers to reducing avoidable rehospitalizations.

While hospitals should not need to hire additional staff for this initiative, depending upon the size of the participating hospital, the IHI estimates the equivalent of 1.5 to 2.0 FTEs (portions of FTEs from participating leaders and front-line staff) will be needed to support the improvement work. Additionally, a small amount of financial support will be needed for staff to attend the two-day training seminar on Feb. 28 and March 1, 2011, although there is no registration fee associated with the seminar.

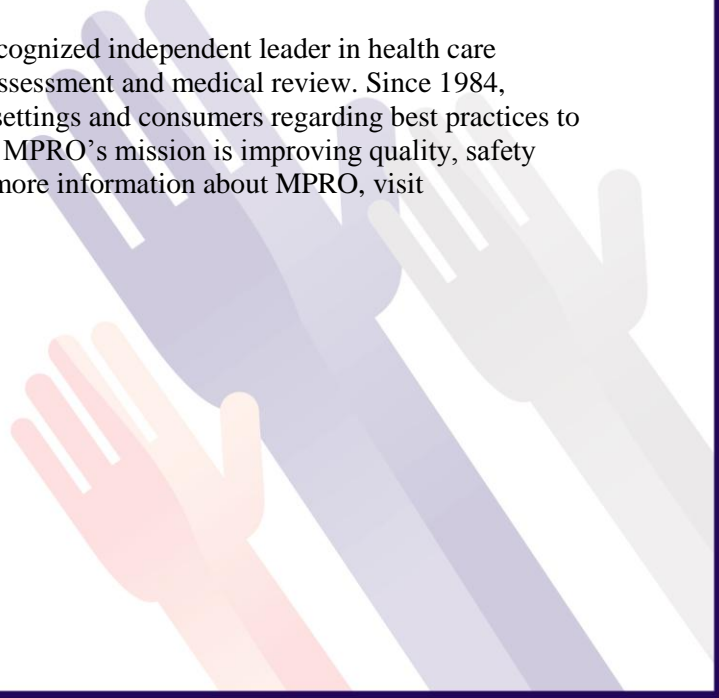
Although the process improvement work is anchored by a clinical hospital-based team, participating hospitals are required to develop a cross continuum transitions team by recruiting post-acute care providers (to which they transition patients) for participation in this initiative. This includes physicians, long-term care providers, home health and hospice providers, patients/caregivers and other relevant individuals.

This effort to expand the STA*AR initiative statewide was included in the original plans of the effort and reflects that the program is on schedule. The steering committee has continually assessed the progress of the participating hospitals and will now expand its focus as new hospitals join the initiative.

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Headquartered in Lansing, Michigan, the MHA Keystone Center for Patient Safety & Quality combines state and national patient safety experts and multiple hospitals and health systems, working together in collaborative programs that identify best practices and evidence-based medicine to improve patient safety and health care quality and to reduce medical errors. For more information about the MHA Keystone Center for Patient Safety & Quality, visit www.mhakeystonecenter.org.

MPRO, based in Farmington Hills, Michigan, is a recognized independent leader in health care quality improvement, patient safety initiatives, clinical assessment and medical review. Since 1984, MPRO has been working with providers across all care settings and consumers regarding best practices to assess and improve the quality and safety of health care. MPRO's mission is improving quality, safety and efficiency of health care across the continuum. For more information about MPRO, visit www.mpro.org.



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