



MI STAAR

State Action on Avoidable Rehospitalizations

To: Sam Watson, senior vice president, Patient Safety and Quality
MHA Keystone Center for Patient Safety & Quality
Michigan Health & Hospital Association

Re: Request to Participate in State Action on Avoidable Rehospitalizations (STAAR) Initiative

We have received the information you provided about the Michigan STAAR initiative and are supportive of this unique opportunity to reduce unplanned, related rehospitalizations in Michigan. These rehospitalizations are not expected/scheduled, but clinically related to the initial admission.

Our organization would like to be considered for participation in this project and understand that work of this nature is not without great effort.

No grant funding is being provided to the Michigan STAAR initiative to offset costs that may be incurred by the lead organizations, participating Michigan hospitals or providers across the health care continuum. While hospitals should not need to add 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 required to support the improvement work. Additionally, a small amount of financial support will be needed for staff to attend the two-day launch meeting for the Transitions Home Collaborative¹ to be held Aug. 4 and 5 in Lansing. However, there is no registration fee associated with the seminar. It is also important to note that under current reimbursement models, hospitals are generally rewarded for increased volume; therefore, the short-term impact of reducing hospital readmissions may actually be a reduction in revenue.

As such, we realize it is critical that the following commitments be made to achieve success:

Participating Hospital Commitment

1. Each hospital will be expected to recruit post-acute care providers (to which they transition patients) for participation in this initiative. This includes physicians, long-term care, home health, hospice, patients/caregivers and other relevant organizations.
2. Hospitals need to establish an executive sponsor and a day-to-day champion to coordinate efforts and also establish working teams that must be comprised of front-line staff, including nurses and physicians. Examples of executive sponsors include chief executive officers, chief operating officers, chief nursing officers, etc.
3. All teams will be expected to implement each intervention during the course of the initiative. Teams will also be expected to collect data and report on specific measures during the project.

¹In the first 18 months, IHI leaders and expert faculty will provide technical assistance for a Transitions Home Collaborative with the focus of improving the transition out of the hospital for all patients.

4. Team members will further be expected to participate in the training session, held Aug. 4 and 5 in Lansing. Other requirements will include: staff time; resources and leadership at all levels to redesign processes of care; submission of a monthly quality improvement report; development of an intervention plan to spread successful interventions throughout all units within the hospital; participation in site visits; conference calls; coaching; peer networking; data sharing; and interaction with the external evaluation team.

Project Timeline

June 2009:	Participating hospitals identified. Hospitals develop Cross-Continuum Transitions Home Teams.
June and July 2009:	Completion of pre-work (guidance provided by IHI faculty).
Aug. 4 and 5, 2009:	Team attendance at two-day Transitions Home Collaborative seminar in Lansing, Michigan.
August 2009 - October 2010	Implementation of interventions, establish measures to assess progress, conference calls, peer-to-peer exchange of information and site visits. Monthly quality improvement reports, development and implementation of plan to spread successful interventions across all units, and interaction with the external evaluation team.
November 2010 – April 2013	Results will be available in mid-2011, when the STAAR pilot is complete and the steering committees have had time to evaluate the achievements of participating hospitals. The effort will then be expanded statewide and regionally for two years.

Hospital Name: _____

Address: _____

City, State, ZIP: _____

Authorizing Hospital Executive Name: _____

Title: _____

E-mail Address: _____

Phone: _____

Project Contact Name: _____

Title: _____

E-mail Address: _____

Phone: _____

I understand that by completing this application, the following applies: in the event my facility is selected for this initiative, the simple fact that my hospital/health system is participating will be known to the media. My facility will likely be contacted by reporters seeking additional information but is not obligated to provide any details which would compromise our ability to successfully participate in the project. That being said, we will be responsive to media and discuss our participation to whatever degree is appropriate.

Signature of Authorizing Hospital Executive

Date

Please fax to Sam Watson or Morgan Martin at (517) 323-0946

DEADLINE: June 19

Members with questions should contact Sam Watson at (517) 323-3443 or Nancy Vecchioni at (248) 465-7454.