

BACKGROUND

- Unnecessary hospital 30 day-readmission increases healthcare cost and reduce patient's quality of care
- Improving TOCC and effective communication show better outcomes
- Evidence-based approach shows to reduce readmission rates and increase patient satisfaction of care

PROBLEMS

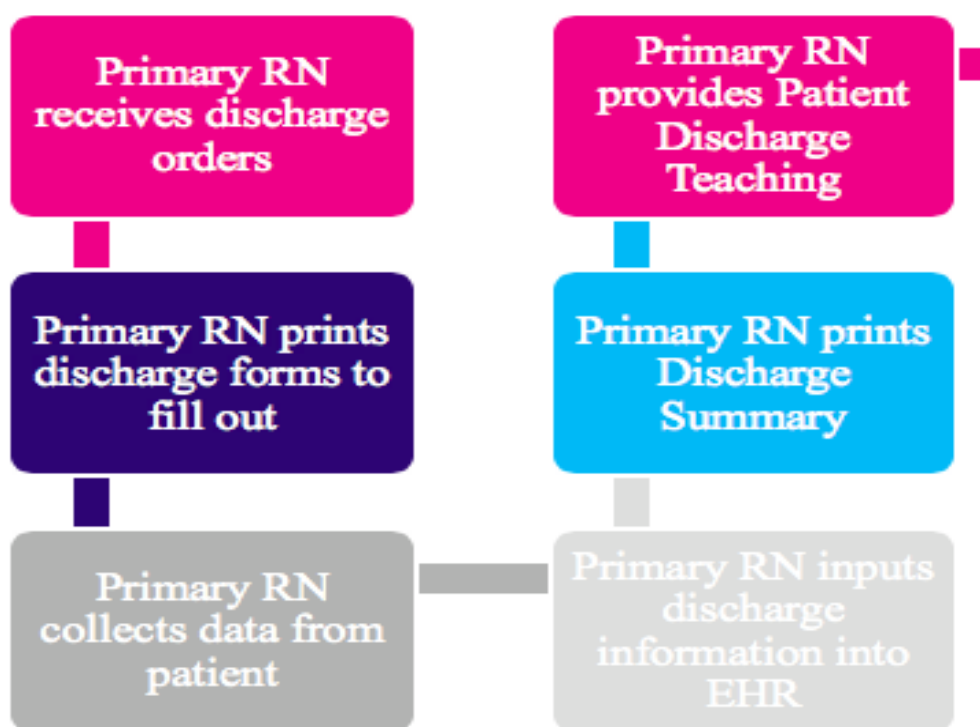
In 2017, Mount Sinai St. Luke's (MSSL) showed the highest readmission rate of 11.2% of all Mount Sinai hospitals and discharge information was incorrect when TOCC team has tried to reach the patients with multiple reasons.

AIMS

To reduce 30-day admission rate and improve patients quality of care and satisfaction and staff satisfaction through revised TOCC manual using evidence-based approach; **Re-Engineered Discharge: RED** with multidisciplinary team at MSSL

METHODS

- Revised TOCC was began and initiated by the centralized nursing discharge telehealth center
- RNs and patient access representatives reach assigned patient within 24-72 hours after discharge and perform phone assessment about symptom management, medication reconciliation and adherence, equipment, confirmation to follow up with PCP



STRATEGY OF CHANGE

Leadership engagement

Nursing leadership sets up a priority of patient's safety and satisfaction based on patient and family centered care through TOCC. * TOCC Committee: Director of nursing, Deputy director nursing, clinical managers, TOCC director

Team engagement

- 1) Multidisciplinary team: physician/NP/PA, RNs, social worker, nursing informatics, pharmacist
- 2) Set up TOCC plan at admission
- 3) Collect accurate data: phone number at admission/discharge in EMR, disposition, call time
- 4) Education

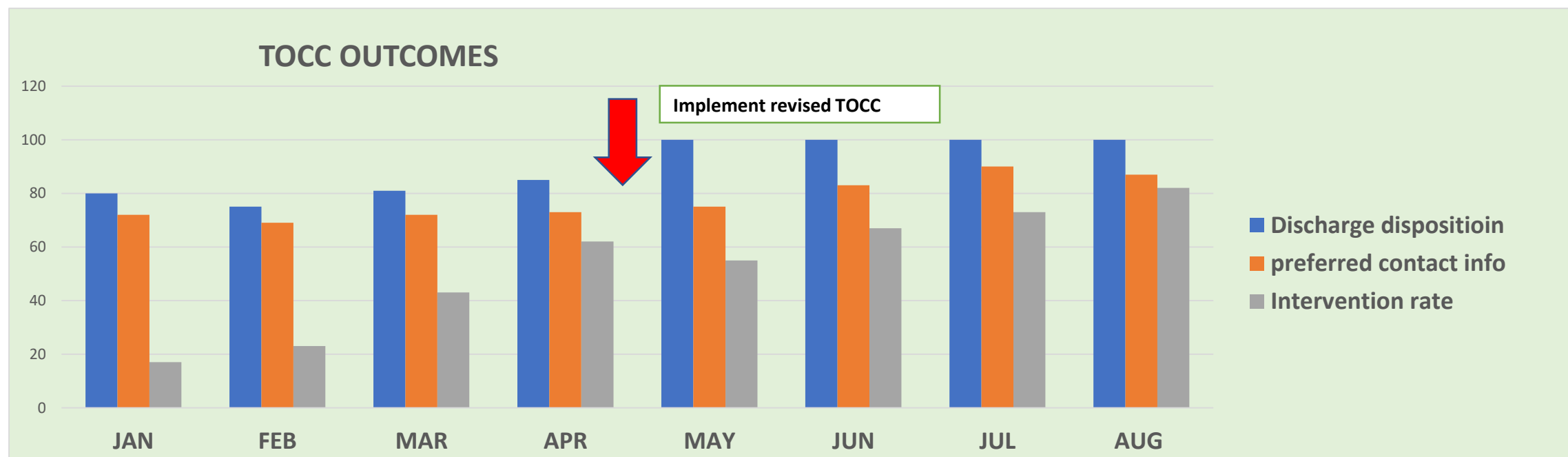
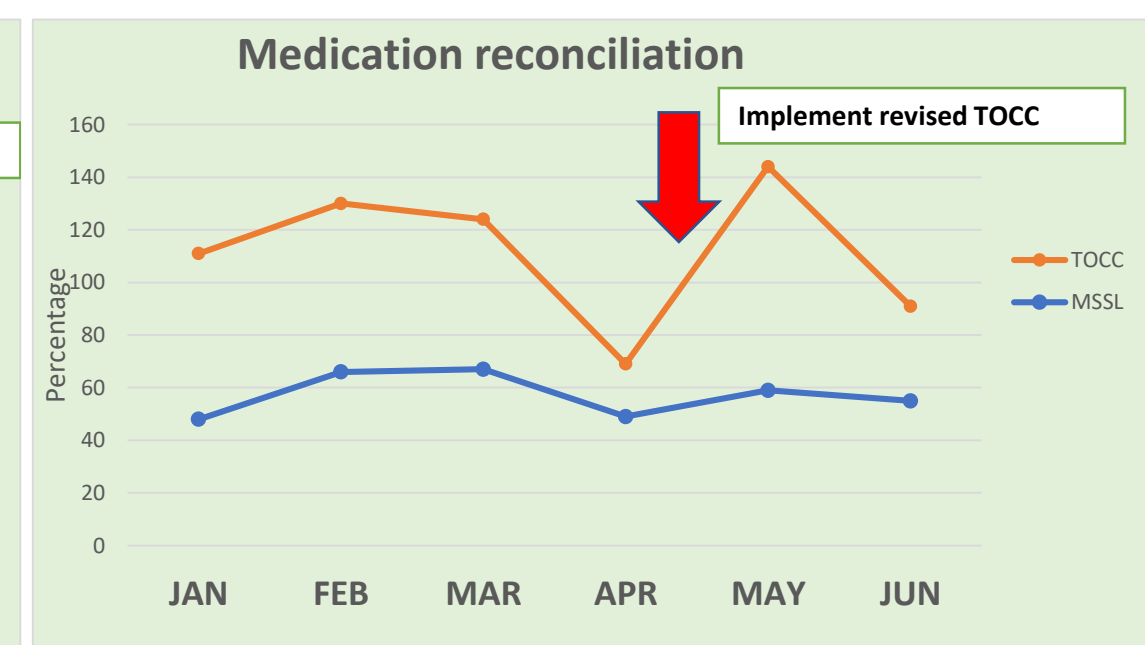
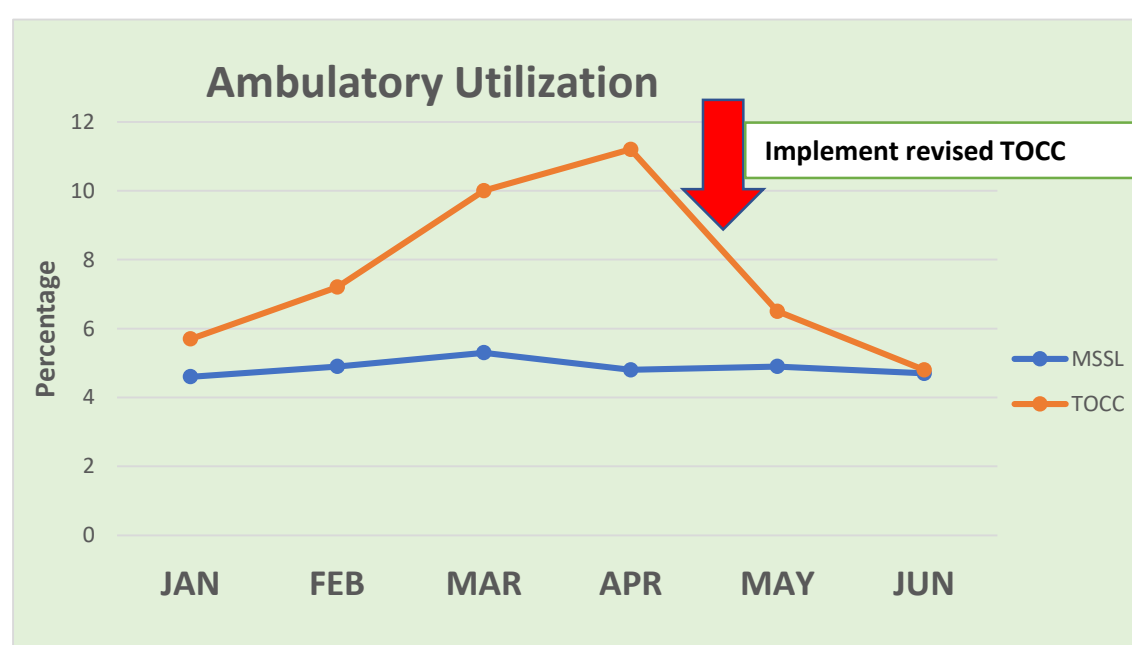
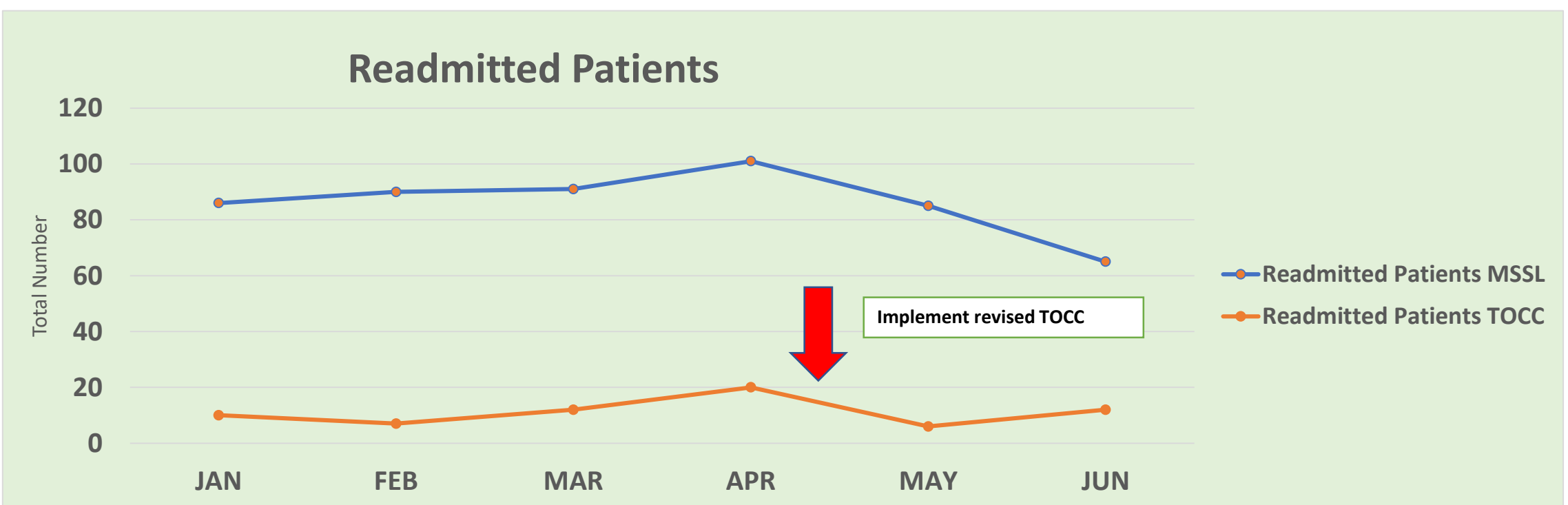
- ❖ Share TOCC information via team meeting
- ❖ 5 mins 5 points huddle, nursing newsletter

Patient/caregiver engagement

- 1) Engage with patients and families from admission through transition
- 2) Gather information from patients and caregivers
- 3) Inform using TOCC Rack card
- 4) Collaborate with community agencies



RESULTS



LESSONS LEARNED

- When RED was initiated and implemented, TOCC readmission rate been decreased and medication reconciliation rate has been increased. Correct data collection such as discharge disposition, preferred contact information, and intervention rate by TOCC have improved every month.
- Evaluation period was too short to show progressive outcomes and MSSL was introduced to use new EMR, therefore, staffs need time to adjust new EMR to collect data. However, TOCC readmission rate and quality of care outcomes show better consequences since revised TOCC has been launched.

NEXT STEPS

- Continue to perform revised TOCC for continuing outcomes
- Continue to collaborate with multidisciplinary team, TOCC, and leadership committee
- Determine gaps periodically and implement revised plan to achieve goal

REFERENCE

Agency for Health care Research and Quality (AHRQ). (2017). Re-Engineered Discharge (RED) Toolkit. Retrieved from <http://ahrq.gov/news/newsroom/case-studies/201522.html>

CONTACTS

- MyungHwa Clara Kim, MS, NP-C
mk3193@cumc.columbia.edu
- Monica Baioneta, Thank you for your help!