HCPro

Patient Safety Monitor Journal

Volume 15
Issue No. 5
MAY 2014

Minnesota's RARE Campaign finds success in reducing readmissions

Campaign has prevented more than 7,000 readmissions to date

As hospitals across the country search for ways to reduce readmissions in the wake of reimbursement cuts from CMS for rehospitalizations within 30 days, one statewide initiative in Minnesota may have cracked the code.

The RARE (Reducing Avoidable Readmissions Effectively) Campaign launched in July 2011 with a goal of reducing 4,000 avoidable hospital readmissions within 30 days of hospital discharge by December 31, 2012. By that date, the program had already exceeded its goal and set another: Prevent an additional 2,000 readmissions and continue to reduce readmissions by 20%.

Through the third quarter of 2013, the RARE Campaign has prevented more than 7,000 readmissions since the program began. Currently, there are 83 hospitals and six health systems participating in the program. Its success earned the campaign and its operating partners—the Institute for Clinical Systems Improvement (ICSI), the Minnesota Hospital Association (MHA), and Stratis Health—the 2013 Eisenberg Patient Safety and Quality Award, awarded by the National Quality Forum and The Joint Commission.

The hospitals and health systems participating in the campaign accounted for more than 80% of annual hospital readmissions in the state, making this a truly statewide initiative. In the end, the RARE Campaign allowed patients in Minnesota to spend 28,120 nights sleeping in their own beds instead of the hospital, and helped reduce healthcare costs by more than $55 million.

"I think one of the factors that contributed to the success of the campaigns was that we designed it so hospitals could really tailor it to their own issues and capacity and environment," says **Kim McCoy,** program manager at Stratis Health in Bloomington, Minn. "Although we set it up in a way that is based on evidence-based practices, we also gave the option for how they would participate. They could choose from a variety of interventions and programs and really make this work for them."

Focusing on five key areas

The RARE Campaign revolved around vital issues that were identified by the operating partners early on. Campaign leaders determined that these five key areas were the main contributors to hospital readmissions: comprehensive discharge planning, medication management, patient and family engagement, transition care support, and transition communications.

These five areas were developed through a review of all the existing literature, says **Kathy Cummings, RN, MA,** a project manager at the ICSI, also in Bloomington. Campaign staff found that there were a number of different programs already underway across the country, so they took information from each program and synthesized it into the five focus areas.

The program organizers used the key areas to set goals according to the Triple Aim: improving the health of populations, the experience of care, and the affordability of care. "Early on, everyone said, 'What's the magic bullet? What's the one thing we should be working on?' " Cummings says. "What we discovered by doing all that research was there was no magic bullet, but we could group things into those five categories that were very interdependent."

From the beginning

The origins of the RARE Campaign can be traced back to 2009 when the Minnesota Council of Health Plans formed a steering committee that included the ICSI, Stratis Health, and the MHA, along with a number of other healthcare representatives that were all discussing hospital readmissions and what hospitals could do to improve their readmission rates.

Stratis, the MHA, and the ICSI all began working independently, searching for best practices that hospitals could use. For example, Stratis was implementing Project RED to improve discharges, and the MHA was focusing on safe transitions of care. But in early 2011,

Patient Safety Monitor Journal (ISSN: 2157-5630 [print]; 2157-5649 [online]) is published monthly by HCPro, a division of BLR,75 Sylvan St., Suite A-101, Danvers, MA 01923. Subscription rate: $399/year. • **Patient Safety Monitor Journal,** P.O. Box 3049, Peabody, MA 01961-3049. • Copyright © 2014 HCPro, a division of BLR. All rights reserved. Printed in the USA. Except where specifically encouraged, no part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro, a division of BLR, or the Copyright Clearance Center at 978-750-8400. Please notify us immediately if you have received an unauthorized copy. • For editorial comments or questions, call 781-639-1872 or fax 781-639-7857. For renewal or subscription information, call customer service at 800-650-6787, fax 800-639-8511, or email *customerservice@hcpro.com*. • Visit our website at *www.hcpro.com*. • Occasionally, we make our subscriber list available to selected companies/vendors. If you do not wish to be included on this mailing list, please write to the marketing department at the address above. • Opinions expressed are not necessarily those of **PSMJ.** Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions. **PSMJ** is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks. MAGNET™, MAGNET RECOGNITION PROGRAM®, and ANCC MAGNET RECOGNITION® are trademarks of the American Nurses Credentialing Center (ANCC). The products and services of HCPro, a division of BLR, and The Greeley Company are neither sponsored nor endorsed by the ANCC. The acronym MRP is not a trademark of HCPro or its parent company.

they realized they could have a greater impact across the entire state if they partnered together. In March the idea of a statewide campaign was suggested. By May the operations team had formed and met—something it would do every week throughout the campaign—and by July it launched the campaign. "We were building the airplane as we were flying it," Cummings says.

Collaboration rather than competition

One of the key reasons that the RARE Campaign was such an overwhelming success was because the ICSI, the MHA, and Stratis chose to make a statement that patient safety and reducing readmissions would be considered collaboration rather than competition.

"I'm not sure how other states view it, but there has been an agreement here that patient safety is not something we should compete on," Cummings says.

Although financial repercussions from CMS have put more pressure on hospitals to focus their attention on reducing 30-day readmissions, signing on to be a part of the RARE Campaign required a bit more commitment from hospitals and health systems across the state, says **Kattie Bear-Pfaffendorf, MBA**, a patient safety and quality specialist at MHA in St. Paul, Minn.

"Being part of the RARE Campaign is even a little more than that," she says. "You can work on readmissions [on your own], but you don't have to share your data and you don't have to work with your community partners. But being part of the RARE Campaign means you're going to do both of those things."

Hospitals that signed on to be a part of the campaign were held to a high set of standards, McCoy adds. They had to agree to work toward the established goals and share their data with the operating partners. They were also required to do an organizational assessment to determine what evidence-based practices they would implement. In return, the hospitals got support and guidance from patient safety experts in the campaign, and they were able to look at readmissions data and success stories from other participating hospitals. Having that unifying data source and transparency was crucial to the success of the program.

"They had to agree that they would share their results and their data with us and they would share their data with other participating hospitals, and they had to agree to publically disclose their participation in a campaign," McCoy says. "They had to make a commitment. I don't think this kind of campaign is something to be taken lightly."

Another key was having a go-to resource in the RARE website *(www.rarereadmissions.org)*, a central hub for hospitals. "It's been our hub of information and best practices to give out to everybody," Cummings says.

Although hospitals were the main driver behind the campaign, community partners—such as skilled nursing facilities, home health providers, state health agencies, and patient advocacy groups—were included in supporting the campaign's goals. To date, more than 100 community partners have agreed to participate.

Community partners were invited to play a support role, McCoy says. They weren't given specific responsibilities or held to certain standards, but they were encouraged to work with hospitals and voice support for reducing readmissions.

"Hospitals were invited to be formal members, but we did that recognizing that readmissions are not specific to and not the sole responsibility of hospitals," McCoy says. "They really needed to engage with skilled nursing facilities, home health agencies, primary care providers, and the other community resources to truly make a significant impact on readmissions."

Can the RARE model work in other states?

The campaign is set to wind down in June, although Cummings says the operating team is planning additional initiatives after the program's conclusion. In the meantime, states around the country are looking at Minnesota as the gold standard for reducing readmissions.

Because the RARE Campaign is based on well-documented best practices, organizers believe its success is transferrable to other states, provided hospitals are willing to reach Minnesota's level of collaboration and commitment. The most important aspect of the campaign was the organizational assessment, Cummings says. "That's crucial to start with, to find out where is their burning platform," she says. "You need to find out where are the opportunities for them to improve, and then create a dedicated team to work with them on that."

Most importantly, Cummings says, hospitals need to be willing to collaborate on reducing readmissions, something that has been historically commonplace in Minnesota, the campaign organizers say.