CARE COORDINATION
Valley Regional Hospital

In recognition of reducing readmissions by focusing on care coordination.

Valley Regional Hospital

Achieving Five-Star Rating and Improved Care Transitions

BACKGROUND

Valley Regional Hospital (VRH) has been serving the healthcare needs of the Greater Claremont community since 1893. It has grown from a humble cottage hospital to a modern healthcare facility. Through partnerships with larger institutions, it is able to leverage additional resources and tools to provide high quality, accessible care to the community it serves.

As a rural critical access hospital and active participant in the IPRO QIN-QIO Partnership for Community Health (PCH), Valley Regional Hospital has made a commitment to healthcare quality improvement.

In 2023, the IPRO QIN-QIO and other New Hampshire Stakeholders including the Foundation for Health Communities, NH Healthcare Association, and Home Care, Hospice & Palliative Care Alliance of NH brought together staff from hospitals, home health, and nursing homes for three meetings to understand barriers to safe care transitions. Valley Regional contributed to that initial assessment and then actively participated in subsequent cross continuum sessions, sharing not only challenges but their best practices and suggestions for solutions, including enhancing communications between care settings.

APPROACH

Working closely with the IPRO QIN-QIO, the Valley Regional team assessed factors that contributed to readmissions. They then implemented revised workflows to address those factors, including:

- Case Management assesses and reviews every patient for discharge planning.
- Initial case management assessments are integrated into the electronic medical record (EMR) to facilitate data tracking and trending.
- External home health and long-term care providers facilitate discharge when needed.
- Upon discharge, patients receive written information regarding post-hospital services needed and how to access them.
- Case managers review medications, durable medical equipment (DME), transportation, and other post-discharge requirements to ensure compliance with recommendations.
- New workflows were established to ensure that providers follow up on emergency department and urgent care visits.
- Patients discharged from VRH hospital are contacted by the Primary Care Office within three days to schedule a transition of care (TOC) appointment within two weeks of discharge.
- Discharge summaries for all patients discharged from the emergency department or urgent care are reviewed by the Primary Care Office and follow-up appointments are scheduled.

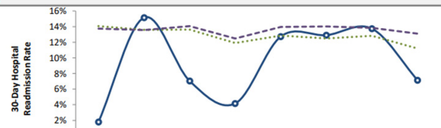
RESULTS

This continued focus on care coordination resulted in VRH reducing its readmission rate from 14.8% (10/18-9/20) to 11.9% (9/22-8/23), a relative improvement rate of 19.5%.

The HCAHPS results for Valley Regional Hospital for patients who reported that they were given information about what to do during their recovery at home was 88%, exceeding the national average of 86%.

In 2023, the hospital received a CMS Five-Star Rating and the Rural Health Performance Improvement Award for Outcomes.

IPRO QIN-QIO Hospital Care Transitions Report
VALLEY REGIONAL HOSPITAL
All Cause 30-Day Hospital Readmissions
All Cause 30-Day Hospital Readmissions are defined as any readmission to any hospital for any reason within 30 days of a previous inpatient admission.



	Q4-21	Q1-22	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
Your Hospital	1.8%	15.2%	7.0%	4.2%	12.7%	12.9%	13.7%	7.1%
State (CAH)	14.1%	13.6%	13.6%	11.9%	12.9%	12.5%	12.8%	11.2%
IPRO QIN Region (CAH)	13.8%	13.5%	14.1%	12.5%	14.0%	14.0%	13.8%	13.1%
Readmissions	1	10	5	2	7	8	7	3
- Readmitted to your hospital	1	9	4	1	3	6	3	0
- Readmitted to other hospital	0	1	1	1	4	2	4	3
Live Discharges	56	66	71	48	55	62	51	42

CONCLUSION

- Most readmissions were sepsis patients discharged to home health, within 21-30 days. This highlights an opportunity for VRH to collaborate with local home health care providers on sepsis prevention, recognition, and management.
- Collaboration between hospital and outpatient administration, providers, and clinical staff has helped VRH to ensure that patients receive more timely care, resulting in better outcomes.

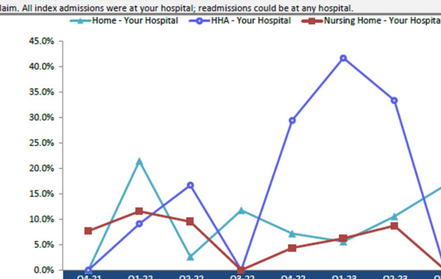
IPRO QIN-QIO Sepsis Hospital Care Transitions Report
VALLEY REGIONAL HOSPITAL
Sepsis Hospital Utilization by Select Demographics
The following shows 30-day hospital readmissions based on demographic characteristics of the Medicare Fee-For-Service population seen at your hospital and had a diagnosis code of sepsis.

	Time Period: Oct-22 - Sep-23 (Rolling 4 Quarters)				
	Hospital			State	IPRO QIN Region (CAH)
	Readmits Within 30 Days	Live Discharges	Readmit %	Readmission %	Readmission %
All	2	13	15.4%	16.2%	13.8%
Gender					
Female	0	7	0.0%	17.0%	12.6%
Male	2	6	33.3%	18.1%	14.9%
Race/Ethnicity					
Asian	0	0		15.4%	#DIV/0!
Black or African American	0	0		15.0%	22.2%
Hispanic	0	1	0.0%	17.6%	0.0%
Native American	0	0		N/A	0.0%
White	2	12	16.7%	17.3%	13.5%
Other or Unknown	0	0		27.0%	22.2%
Age					
Individuals Under 65	0	0		22.2%	16.0%
Individuals 65 - 74	0	3	0.0%	19.1%	16.8%
Individuals 75 - 84	2	4	50.0%	16.9%	12.6%
Individuals 85+	0	6	0.0%	13.1%	11.2%

Critical Access Hospitals

Facility ID	Facility Name	City	State	Community	Baseline (2018-10 - 2020-09) Readmission	Discharges	Readm	August 2023 (2022-09 - 2023-08) Readmission	Discharges	Readm	RIR
301308	VALLEY REGIONAL HOSPITAL	CLAREMONT	NH	NH - North	77	520	14.8%	23	193	11.9%	19.5%

IPRO QIN-QIO Hospital Care Transitions Report
VALLEY REGIONAL HOSPITAL
Post Acute Care Readmissions
The following shows the percent of discharges that resulted in a readmission, stratified by where patients were discharged (e.g., home, home with home health services [HHA] or skilled nursing faculty [SNF]). The patient's post acute care destination was based on the status code on the claim. All index admissions were at your hospital; readmissions could be at any hospital.



Home	Q4-21	Q1-22	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
Home - Your Hospital	0.0%	21.4%	2.6%	11.8%	7.1%	5.6%	10.5%	16.7%
Home - State (CAH)	12.6%	14.0%	14.6%	8.8%	10.3%	9.4%	13.1%	12.4%
Home - IPRO QIN Region (CAH)	13.2%	13.2%	14.3%	11.9%	12.3%	12.2%	13.2%	12.3%
Readmissions	0	6	1	2	1	1	2	3
Live Discharges	25	28	38	17	14	18	19	18

Home Health Agency (HHA)	Q4-21	Q1-22	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
HHA - Your Hospital	0.0%	9.1%	16.7%	0.0%	29.4%	41.7%	33.3%	0.0%
HHA - State (CAH)	19.7%	15.9%	18.3%	15.8%	19.8%	17.7%	16.2%	16.0%
HHA - IPRO QIN Region (CAH)	17.3%	15.6%	17.1%	15.0%	16.8%	17.2%	19.3%	16.6%
Readmissions	0	1	2	0	5	5	3	0
Live Discharges	14	11	12	14	17	12	9	8

Nursing Home	Q4-21	Q1-22	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
Nursing Home - Your Hospital	7.7%	11.5%	9.5%	0.0%	4.3%	6.3%	8.7%	0.0%
Nursing home - State (CAH)	14.1%	12.8%	10.7%	12.4%	11.8%	13.9%	10.9%	7.6%
Nursing home - IPRO QIN Region (	14.1%	13.9%	13.1%	12.6%	15.7%	15.8%	13.1%	14.1%
Readmissions	1	3	2	0	1	2	2	0
Live Discharges	13	26	21	17	23	32	23	14

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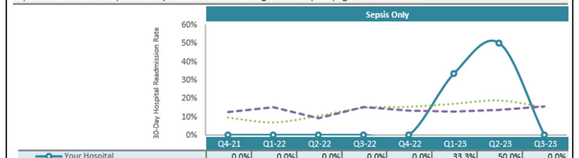
Hospital Report - Sepsis - 301308_VALLEY REGIONAL HOSPITAL_SepsisReport_2021Q4_2023Q3

IPRO QIN-QIO Sepsis Hospital Care Transitions Report
VALLEY REGIONAL HOSPITAL
All Cause 30-Day Hospital Readmissions (following an index sepsis admission)
All Cause 30-Day Hospital Readmissions are defined as any readmission to any hospital for any reason within 30 days of a previous inpatient admission. Sepsis severity based on ICD-10 coding on a claim, see page 4 for definitions.



	Q4-21	Q1-22	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23
Your Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	50.0%	0.0%
State (CAH)	9.4%	6.8%	10.3%	14.8%	15.3%	16.9%	18.8%	15.0%
IPRO QIN Region (CAH)	12.5%	15.1%	9.1%	15.2%	13.2%	12.7%	13.6%	15.5%
Readmissions	0	0	0	0	0	1	1	0
Live Discharges	4	2	8	4	3	3	2	4

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