

Decrease 30-Day Readmission Rate for Bariatric Surgery Procedures

The Problem

The Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Semi-Annual Report (SAR) for the period 7/1/12 to 6/30/13 indicated high outlier readmission rates for Laparoscopic Roux-en-Y Gastric Bypass, Sleeve Gastrectomy and Laparoscopic Adjustable Gastric Band procedures at Beth Israel Deaconess Medical Center.

Aim/Goal

The interdisciplinary BIDMC MBSAQIP Committee reviewed SAR reports highlighting the high outlier status and determined to decrease 30-day readmissions. The team aimed to design interventions to decrease the 30-day readmission rate for all bariatric procedures.

Key Aims:

- Review all 30-day readmissions during MBSAQIP QA Meetings
- Designate process for ongoing review of readmissions and high-risk patients prior to discharge
- Identify clinical/operational processes to prevent readmissions

The Team

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The Interventions

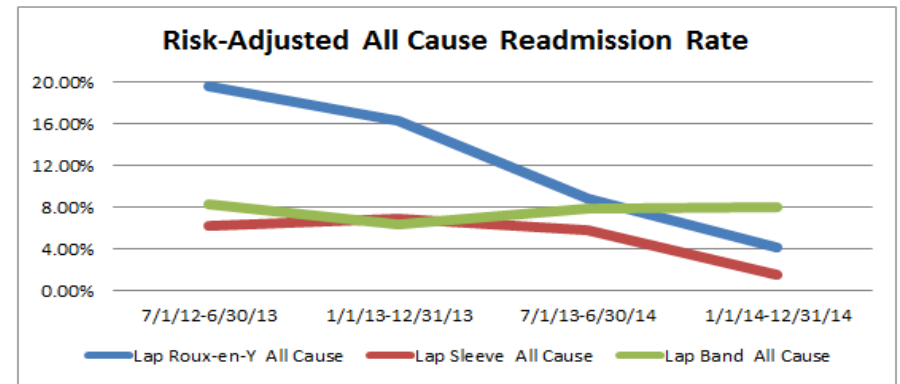
- Regular review of readmissions data at MBSAQIP Committee QA meetings; MBSCR, NP, Surgeons will meet on a monthly basis to review readmissions captured in the MBSAQIP database.
- Bariatric NP reviews charts for readmissions to ascertain potential areas of improvement prior to discharge that may impact 30-day readmissions. Updates are provided at subsequent MBSAQIP QA committee meetings.
- Bariatric clinical co-coordinator and clinical RN reviewed pre-op education information and updated educational tool used at surgeon pre-op visit. Clinical RN created a patient friendly oral intake form for patients to utilize at home following weight loss surgery.
- Bariatric NP monitors Farr 9 in-patient nursing and collaborates with clinical resource nurse and nurse director to review and update post-op discharge guidelines.

- Provided administrators a “Telephone Triage Guideline” to assist in screening patient calls following discharge.
- Engaged bariatric registered dietitians to communicate with inpatient staff to plan an in-service regarding post-op diets at discharge following bariatric surgery (dehydration identified as consistent reason for readmission).
- Agreed to participate with MBSAQIP Quality Clinical Data Registry (QCDR) project to decrease incidence and prevalence of 30 day readmissions.

The Results/Progress to Date

Risk-Adjusted Readmission Rate

Procedure	Readmission Type	7/1/12-6/30/13	1/1/13-12/31/13	7/1/13-6/30/14	1/1/14-12/31/14
Lap Roux-en-Y Gastric Bypass	All Cause	19.61%	16.33%	8.82%	4.17%
	Related		14.29%	8.82%	0.00%
Lap Sleeve Gastrectomy	All Cause	6.25%	6.96%	5.83%	1.53%
	Related		5.22%	4.17%	1.53%
Lap Gastric Band	All Cause	8.24%	6.35%	7.89%	8.00%
	Related		3.17%	5.26%	4.00%



Conclusion: Readmission rates now within expected goal.

Next Steps/What Should Happen Next

- Ongoing monitoring and review of readmissions.
- Agreed to participate with upcoming MBSAQIP QCDR to decrease incidence and prevalence of 30- day readmissions.

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