



CT HOSPITAL READMISSIONS

PEOPLE GO INTO THE HOSPITAL WITH DIFFERENT HEALTH CHALLENGES.



But everyone goes to get healthier and trusts that when they are discharged, they will be on track.



So it's a problem that for every 100 hospital admissions in CT covered by Medicare, there are 17 readmissions among those over age 65 and 25 among those under age 65 with disabilities.



IT'S TRUE THAT SOMETIMES, THE READMISSION IS WHAT'S BEST FOR THE PATIENT.

But most of the time, being readmitted within 30 days is **UNPLANNED**, which means that the patient's progress has stopped or reversed.

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
21	22	23	24	25	26	27
28	29	30				

The patient
doesn't follow
medical orders

BOTH THE HOSPITAL
AND THE PATIENT
CONTRIBUTE TO
THESE UNPLANNED
READMISSIONS.

The hospital
provides bad
follow-up care.



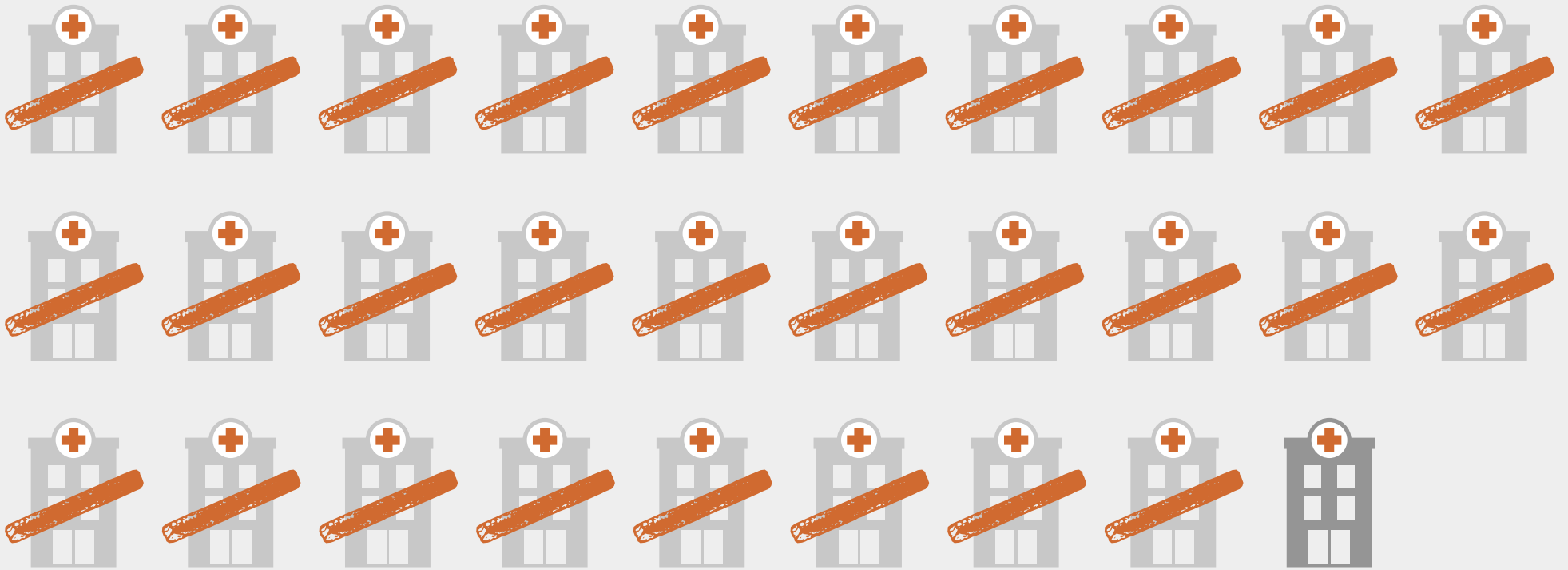
WHILE BOTH THE HOSPITAL AND THE PATIENT CONTRIBUTE TO UNPLANNED READMISSIONS,

Medicare considers a 30-day readmission for a handful of conditions like pneumonia, heart attack, or elective knee replacement to be an avoidable health system failure. It's begun penalizing hospitals with high readmissions rates.



MEDICARE PENALIZED OVER 90% OF CT HOSPITALS

FOR 2015-2016, ONE OF THE HIGHEST PERCENTAGES NATIONALLY.



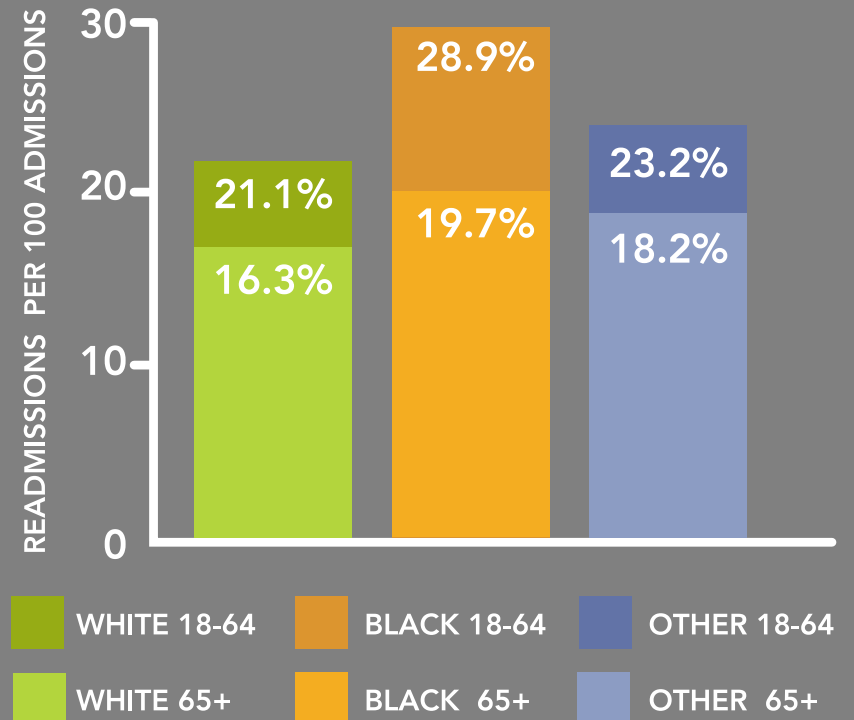
30-DAY READMISSIONS BECOME A HEALTH EQUITY ISSUE.

Vulnerable populations—
people of color and people
with disabilities—have higher
Medicare readmission rates in CT.

And readmissions are a health equity
issue beyond Medicare beneficiaries.
For example, younger Black and Hispanic
women in CT are more likely to be
readmitted with complications after
giving birth.

Readmissions Per 100 Medicare Admissions

CONNECTICUT, CALENDAR YEAR 2014



WHAT CAN BE DONE?

A. ADOPT A PATIENT-CENTERED DISCHARGE PROCESS

to make sure that all patients, even those with low health literacy or limited English proficiency, understand what they must do once out of the hospital to get healthy.

B. IMPROVE COORDINATION WITH THE PATIENT'S OTHER SOURCES OF CARE,

like primary care doctors and community-based providers, so patients keep getting care that gets them healthy.

C. REDUCE COMPLICATIONS DURING THE INITIAL HOSPITAL STAY,

like post-surgical infections, that might bring a patient back in.

PROGRESS THROUGH PARTNERSHIP

The Connecticut Hospital Association and the Connecticut State Medical Society are among the partners actively working to advance solutions to the factors driving unplanned readmissions.



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Changing Systems, Improving Lives.