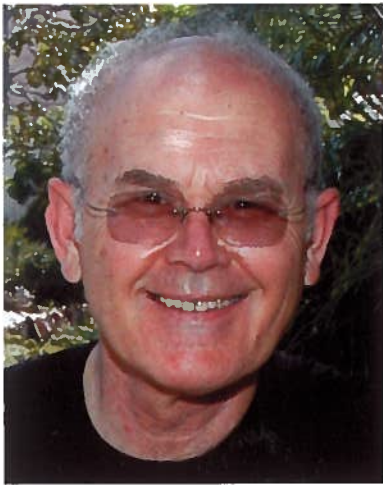


California Key Stakeholders Group Tackles Unnecessary Hospitalizations



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The California Association of Long-term Care Medicine (CALTCM), with funding from the California HealthCare Foundation (CHCF) recently convened and hosted several key stakeholders' meetings around the state to address implementation of evidence-based processes that reduce unnecessary hospital admissions and readmissions from skilled nursing facilities. Focused on the InterActII toolkit designed by Joseph Ouslander, MD and colleagues, the stakeholders group discussed how to accelerate the adoption of evidence-based programs which improve patient safety and quality of care by reducing unnecessary hospital transfers from long term care facilities.

The key stakeholders group included Aging Services of California, California Association of Health Facilities (CAHF), California Hospital Association (CHA), Health Services Advisory Group (HSAG, the QIO), California Geriatric Education Center (CGEC), Coalition for Compassionate Care of California, Culture Change Coalition, Department of Public Health, the Center for Health Care Quality, Evercare Hospice and Palliative Care, Monarch HealthCare, California Association of Physician Groups (CAPG), California HealthCare Foundation (CHCF), Country Villa Health Services, SCAN Health plan, and CALTCM leaders.

During these deliberations, a series of steps were identified to increase the adop-


tion of InterActII processes and tools, while creating linkages to other regional and national efforts such as Physician Orders for Life-Sustaining Treatment (POLST), Project BOOST, State Action on Avoidable Re-hospitalizations (STAAR) and the Advancing Excellence in America's Nursing Homes Campaign.

To ensure effective and widespread adoption, several components must be developed, including a compelling needs analysis, a business case for change, a concrete performance improvement process (like InterActII), an operating manual and protocol for replication, and methods for measurement of the critical outcomes. Expected results would include improved patient health and satisfaction, high levels of physician involvement, improved clinical competency, improved skills of front-line staff, and measurable performance



improvements, such as reduced hospital admissions and costs.

The key stakeholders have taken an important initial step by endorsing these ideas. The next phase of work is to spell out the details, beginning with a clearly articulated business case for reducing unnecessary readmissions. CALTCM is planning to seek assistance from CHCF and other potential funding sources to support the development of detailed implementation plans. Most importantly, the stakeholder group welcomes additional voices and ideas. Please contact Dr. Osterweil directly to discuss adding your organization and your brainpower to these efforts.



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