



# STate Action on Avoidable Rehospitalizations



*An initiative of The Commonwealth Fund & the Institute for Healthcare Improvement*

## MA STAAR Collaborative

# The Next Year in the MA STAAR Initiative

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- Two 1.5-day state-wide Learning Sessions plus monthly content coaching calls
- State Leaders and IAs facilitate monthly networking/peer coaching calls
- Improvement Science in Action Workshop (for day-to-day leaders in hospitals, SNFs, HC agencies and OPs) plus monthly coaching calls
- IHI and expert faculty will facilitate Learning Networks for clinicians and staff in OP, SNFs and HC Agencies
- MA STAAR State Leaders and State-wide Steering Committee Meetings align initiatives and address systemic barriers



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# STAAR Policy Committee

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## Five priority topics

1. Focus on scalable changes and how-to guidance
2. Determine how to assess patients effectively
3. Better link to other efforts
4. Better engage CCT partners
5. Align incentives/disincentives in ACA efforts

## Other themes.....

- CCTs have been transformative
- QI expertise needs to be imbedded in organizations to create culture change
- Great value in distilling the lessons learned
- IHI to complement efforts of the QIO



# Engagement in STAAR Collaboratives

State	Cohort 1	Cohort 2	Total
Massachusetts	22	28	50 (69% of MA hospitals)
Michigan	28	38	66 (47% of MI hospitals)
Washington	14	17	31 (36% of WA hospitals)
Total	64	66	130

Learning Communities	Participants
Skilled Nursing Facilities	100+
Office Practices	~40
Home Health Care	~70

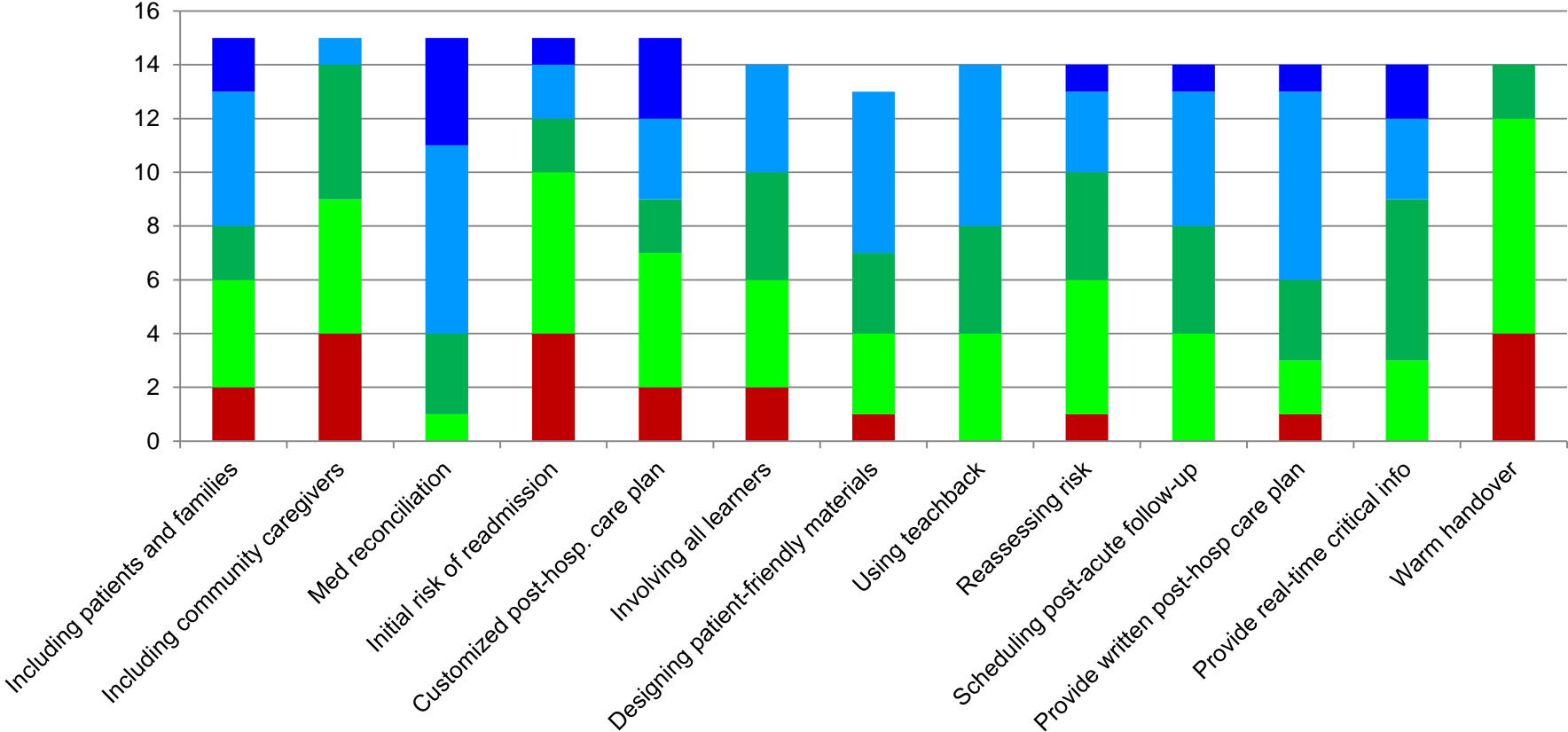


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# What Changes Are You Working On?

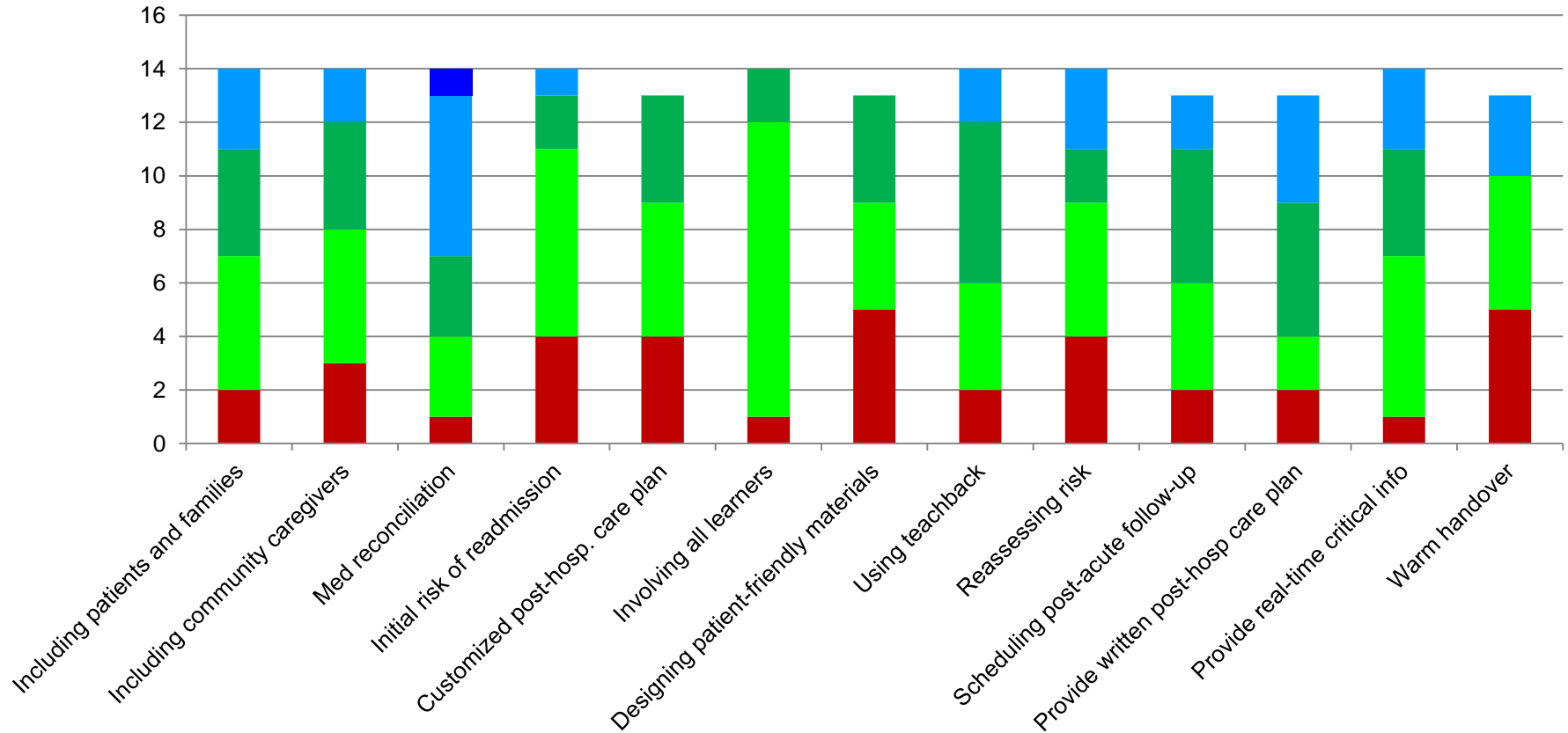
Change Status: Cohort 1



■ no changes being tested    
 ■ testing    
 ■ implementing    
 ■ spreading    
 ■ spread complete/already established

# What Changes Are You Working On?

## Change Status: Cohort 2



■ no changes being tested

■ testing

■ implementing

■ spreading

■ spread complete/already established



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# Cohort 1

MA Hospitals	Warm handover	Provide real-time critical info	Provide post-hosp care plan	Provide written post-acute FU interventions	Scheduling post-acute materials	Using teachback	Reassessing risk	Involving all learners	Designing patient-friendly materials	Customized post-hosp. care plan	Initial risk of readmission	Med reconciliation	Including community caregivers	Including patients and families
Baystate Medical Center	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Berkshire Medical Center	●	●	●	○	●	●	●	○	●	●	●	●	●	●
Beth Israel Deaconess Medical Center	●	●	●	●	●	○	●	●	●	●	○	●	●	●
Brigham and Women's Hospital	●	○	●	●	●	●	●	●	●	●	●	●	●	●
Cambridge Health Alliance	●	●	●	●	●	○	●	●	●	●	●	●	●	○
Cooley Dickinson Hospital														
Fairview Hospital														
Faulkner Hospital														
Lahey Clinic Medical Center	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Massachusetts General Hospital	●	○	●	●	●	○	●	●	●	●	●	●	●	○
MetroWest Medical Center	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newton-Wellesley Hospital	●	●	●	●	●	●	●	●	●	●	●	●	●	○
North Shore Medical Center	●	●	●	●	●	●	●	●	●	●	○	●	●	●
Northeast Hospital Corporation	●	●	●	○	●	●	●	●	●	●	●	●	●	●
Saint Vincent Hospital														
Saints Medical Center	●	●	●	●	●	●	●	●	●	●	●	●	●	●
South Shore Hospital	●	●	●	●	○									
St. Elizabeth's Medical Center	●	○	●	●	●	●	●	●	●	●	●	●	●	●
Sturdy Memorial Hospital	○	●	●	○	●	●	●	●	●	●	●	●	●	○
Tufts Medical Center														
UMass Memorial Medical Center	○	○	●	○	○	○	●	●	●	●	●	●	●	●
VA Boston Healthcare System														

**Key**

- Unknown ○
- No changes being tested ○
- Testing ○
- Implementing ●
- Spreading ●
- Spread complete/Established ●

# Cohort 2

MA Hospitals	Using teachback	Reassessing risk	Provide written post-acute FU interventions	Provide real-time critical info	Warm handover	Involve all learners	Involving patient-friendly materials	Designing patient-friendly materials	Customized post-hosp. care plan	Initial risk of readmission	Med reconciliation	Including community caregivers	Including patients and families
Baystate Franklin Medical Cen	○	○	○	○	○	○	○	○	○	○	○	○	○
Baystate Mary Lane Hospital													
BIDMC Needham	○	○	○	○	○	○	○	○	○	○	○	○	○
Cape Cod Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Carney Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Emerson Hospital													
Falmouth Hospital													
Good Samaritan Medical Cent	○	○	○	○	○	○	○	○	○	○	○	○	○
Hallmark Health System	○	○	○	○	○	○	○	○	○	○	○	○	○
Harrington Hospital													
Heywood Hospital													
Holy Family Hospital & Medic	○	○	○	○	○	○	○	○	○	○	○	○	○
Holyoke Medical Center	○	○	○	○	○	○	○	○	○	○	○	○	○
Jordan Hospital													
Lawrence General Hospital													
Lowell General Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Merrimack Valley Hospital													
Milford Regional Medical Cen	○	○	○	○	○	○	○	○	○	○	○	○	○
Milton Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Morton Hospital & Medical Ctr													
Mt. Auburn Hospital													
New England Baptist Hospital													
Noble Hospital													
Norwood Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Sisters of Providence Health Sys													
St. Anne's Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Winchester Hospital	○	○	○	○	○	○	○	○	○	○	○	○	○
Wing Memorial Hospital and Med Ctr													

Key	
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# Learning Session

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- 2 day program
- Just under 200 attendees (~180)
- 68% of cohort 1 teams attended
- 61% of cohort 2 teams attended
- ~25% were from continuum partners

# Ring of Knowledge: Successes

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- Strong cross-continuum team engagement
- Lots going on related to post-hospital care follow-up (collaborations with continuum partners, ASAPs etc.)
- Some are conducting visits to get new ideas
- Patient teaching with pilot populations (some are spreading to all)
- Interest in MDRs and involving pharmacy

# Ring of Knowledge: Challenges

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- MD follow-up visits
- Coordinating calls to the patient
- Growing work from pilot to all
- Engaging staff and continuum partners

# Improvement Science in Action

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- 1 day program with follow-up calls
- 85 participants
  - 50% from hospital
  - 20% from SNF
  - ~15% home health
  - Others from ASAPs, payors

# Thank you!

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