

# ReInforcedCare™

*Using technology, analysis, and the human touch  
to improve post-discharge patient experiences.*

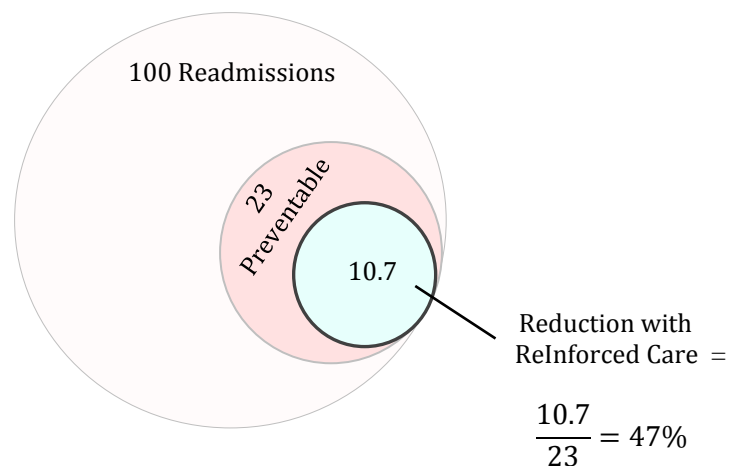
## Readmission Reductions with ReInforced Care



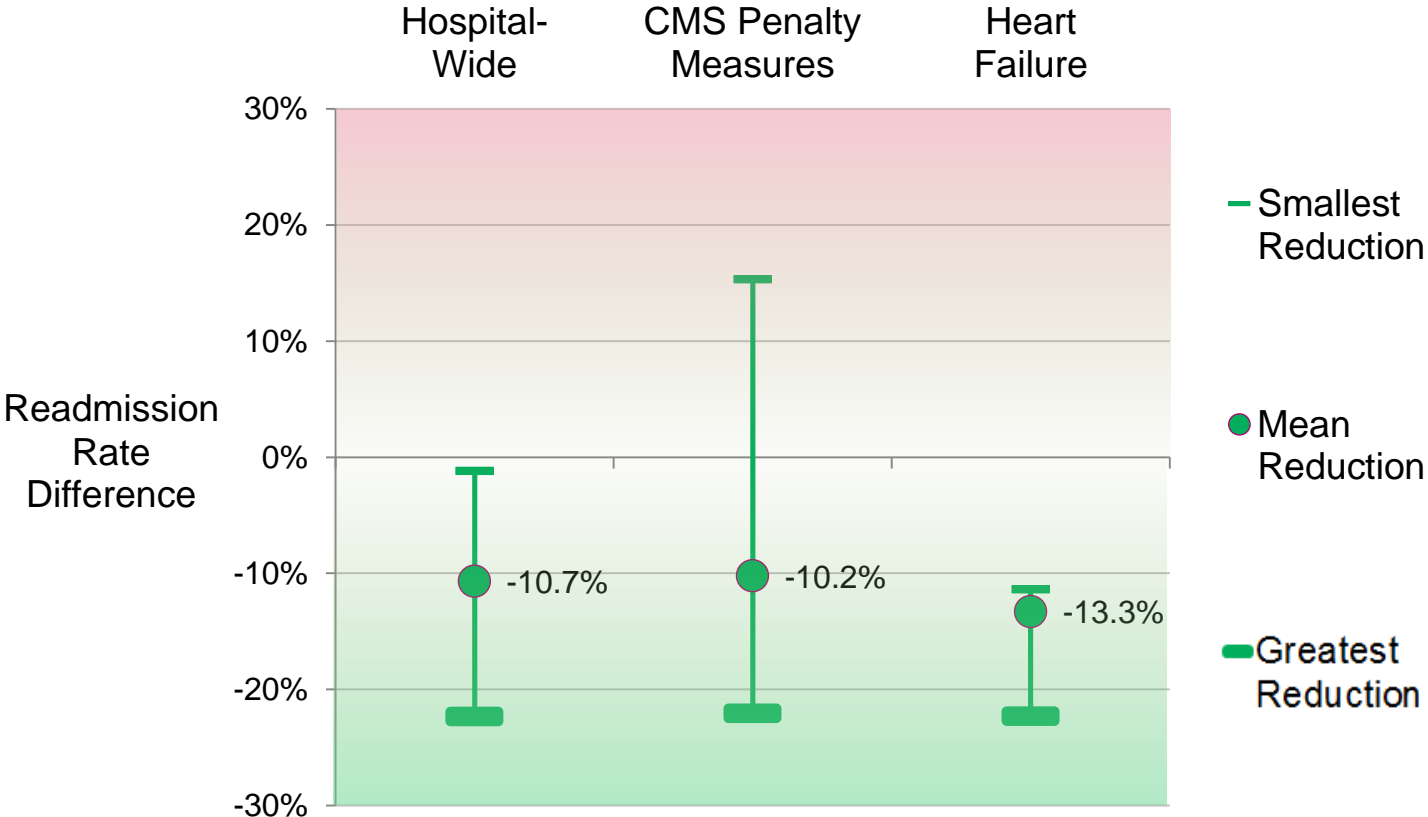
On a daily basis we hear directly from patients and their caregivers about their experiences both while inpatient and post-discharge. Whether that experience was positive or negative, whether the transition home was smooth or rocky, we are there to offer a sympathetic ear, to provide a needed phone number, or to connect them with the right person who can assist them. If their need is urgent, we can immediately triage the issue to a clinician.

This type of patient support leads to multiple positive outcomes. Patients feel an ongoing sense of caring; communication with providers is improved; and readmissions are reduced. Below we show our record over the past five years in reducing readmission rates, in collaborating with our client hospitals.

The overall reduction of 10.7% is noteworthy both at first glance and when one considers the proportion of readmissions that are even preventable. Researchers' best estimate for this fraction is [23%](#).<sup>1</sup> Instead of viewing the 10.7% as part of all readmissions, if we treat it as part of that preventable 23%, we find the resulting reduction of 47% to be substantial indeed.



### Readmission Reductions for All Hospitals Partnering with Reinforced Care, 2011 – 2016 (Summary)



Results for RIC patients are compared with those for matching patients (those with similar characteristics). Adjustment for severity of illness was conducted using logistic regression. Each hospital is weighted equally. Heart Failure results shown are for programs tailored to this Dx.

**Readmission Rate (RAR) Reductions  
for All Hospitals Partnering with ReInforced Care (RIC),  
2011 – 2016 (Details)**

	Hospital-Wide		CMS Penalty Measures (AMI, HF, PN, COPD, THA/TKA)		Heart Failure	
	Overall	Range	Overall	Range	Overall	Range
<b>Relative RAR Difference with RIC</b>	<b>-10.7%</b>	-22% to -1%	-10.2% <b>(-13.0%</b> when program is tailored to Dx)	-22% to 15%	-5.7% <b>(-13.3%</b> when program is tailored to Dx)	-22% to 26%
<b>Absolute RAR Difference with RIC (percentage points)</b>	<b>-1.5</b>	-2.4 to -0.1	<b>-1.8</b>	-3.8 to 2.5	<b>-1.4</b>	-4.7 to 3.6
<b>Statistical Significance (p)</b>	<b>&lt;.000001</b>	.002 to .78	<b>&lt;.001</b>	.006 to .71	<b>&lt;.10</b>	.09 to .73
<b>Total Discharges</b>	205,455	7,797 to 87,514	31,190	1,440 to 12,493	8,791	884 to 4,269
<b>RIC Discharges</b>	90,183	1,752 to 24,907	12,083	508 to 3,579	3,075	162 to 1,092

Results for RIC patients are compared with those for matching patients (those with similar characteristics). Adjustment for severity of illness was conducted using logistic regression. Each hospital is weighted equally. More information available upon request.

<sup>1</sup>van Walraven C, Jennings A, Forster AJ (2012). A meta-analysis of hospital 30-day avoidable readmission rates. *J Eval Clin Pract.* Dec; 18(6): 1211-8. <http://www.ncbi.nlm.nih.gov/pubmed/22070191>