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## Focus on Patients, Not Conditions to Reduce Readmissions

Efforts to reduce hospital readmissions should address individual patients rather than their conditions, according to healthcare providers, *Becker's Hospital Review* [reports](#).

This means providers must think about patients after discharge and ensure they fully understand discharge and prescription instructions. According to the report, patients were discharged with generic medication, had the brand name at home and took both. As a result, patients were double-dosing themselves and sometimes ending up back in the hospital.

Faced with a 30-day Medicare readmission rate above the national average of 16 percent, hospitals should implement a care transition program in an effort to reduce readmissions. For example, the hospital can send wellness coaches to patient homes to clarify confusing medication instructions.

## New AHRQ Research Finds Evidence Lacking on Value of Preoperative Testing

A new research review from AHRQ found that, with the exception of cataract surgery, there is a lack of reliable evidence about benefits, harms and resource utilization associated with routine or “per protocol” preoperative testing.

Preoperative testing—including blood and urine tests, chest radiography and electrocardiograms—has long been part of the preoperative care process to determine patients’ fitness for anesthesia and to identify patients at high risk for perioperative complications.

According to the review, **“Benefits and Harms of Routine Preoperative Testing: A Comparative Effectiveness Review,”** no conclusions could be drawn about the value of routine preoperative testing for other procedures. Given the large number of patients undergoing elective surgery, better evidence is needed to indicate when routine testing improves patient outcomes and reduces potential harms.

## **JAMA Study Finds TeamSTEPPS® Associated With Reduction in Medical Errors**

Implementation of AHRQ's TeamSTEPPS® team training program, along with other interventions, led to a significant reduction in medical errors and preventable adverse events among hospitalized children, according to an article published in *The Journal of the American Medical Association*.

The study, which examined an intervention involving 84 resident physicians and 1,255 patient admissions in 2009 and 2010 on two inpatient units at Boston Children's Hospital, found that errors decreased from 33.8 to 18.3 per 100 admissions.

The **abstract** and article, titled "Rates of Medical Errors and Preventable Adverse Events Among Hospitalized Children Following Implementation of a Resident Handoff Bundle," credited a "handoff bundle" with improvements in verbal and written handoff processes that helped to prevent errors.

TeamSTEPPS, developed jointly by AHRQ and the Department of Defense, was one of the programs used to create the Boston Children's handoff bundle.

### **Save the Date**

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21	Improving Community Health Through Wellness and Nutrition (rescheduled from Nov., available for registration)
March 31	Statewide Perinatal Safety Learning Collaborative
April 4	Transforming Care at the Bedside
May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29	Adverse Drug Events

[Click here to register.](#)