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## **AHRQ Releases Toolkit to Reduce Hospital Readmissions**

Every year millions of patients are readmitted to hospitals, and many of those stays could have been prevented. The [Re-Engineered Discharge \(RED\) Toolkit](#), funded by the Agency for Healthcare Research and Quality, can help hospitals reduce readmission rates by replicating the discharge process that resulted in 30 percent fewer hospital readmissions and emergency department visits.

The RED toolkit provides complete implementation guidance and is adapted to address language barriers, cross cultural issues and disparities in healthcare communication and trust. The toolkit includes five tools that provide step-by-step instructions to provide a springboard for hospitals to proactively address avoidable readmissions. Below is a brief description of each tool.

**An Overview of the RED Toolkit** This document explains why hospitals would want to Re-Engineer their discharge processes, provides evidence of the RED's impact and introduces each of the tools in the toolkit.

**How to Begin the ReEngineered Discharge (RED) Implementation at Your Hospital** This document outlines the steps you need to take to begin implementation at your hospital. It will help you consider all aspects of implementation, from planning your implementation team to identifying potential barriers.

**How to Deliver the ReEngineered Discharge at Your Hospital** This document describes various tasks the Discharge Educators undertake to implement the RED components, from reconciling medication lists to reviewing the After Hospital Care Plan (AHCP) with the patient. The manual includes instruction about how to create the AHCP, the booklet for patients with instructions about how to take care of themselves after leaving the hospital. The AHCP includes a medication schedule, a schedule of follow-up appointments, information about the patient's condition(s) and guidance on diet and exercise.

**How to Deliver the RED to Diverse Populations** A culturally competent approach ensures the effective delivery of the RED to all eligible patients and improves the quality of healthcare service. This tool assists Discharge Educators in delivering the RED to patients from diverse backgrounds, including diverse language, culture, race, ethnicity, education, and literacy and social circumstance.

**How to Conduct a Post-discharge Follow-up Phone Call** The post-discharge reinforcement phone call is scheduled within 72 hours of a patient's hospital discharge. The objectives are to review appointments, medicines, medical issues, and what to do if a non-emergent problem arises. This document provides a script for the telephone call, as well as scenarios of actual calls and a role play exercise that can be used in training callers.

**How to Monitor RED Implementation and Outcomes** This document will help you begin to examine your hospital's current rate of readmissions and implement a program to monitor your hospital's progress.

**Understanding and Enhancing the Role of Family Caregivers in the Re-Engineered Discharge** This tool is intended to highlight the roles and needs of family caregivers in the hospital so that they are partners in improving transitions and reducing readmissions.

**After Hospital Care Plan (AHCP) Template - English (.doc)** The After Hospital Care Plan (AHCP) is a spiral-bound, color booklet that is designed to clearly present the information needed by patients to prepare them for the days between discharge and the first visit with their ambulatory care physician. The personalized AHCP lists medications and upcoming appointments and tests; provides a color-coded calendar of upcoming appointments; and is designed to help the patient prepare for his/her upcoming appointment (patient activation).

**After Hospital Care Plan (AHCP) Template - Spanish (.doc)**

## **Exposing Newborns to More Dirt and Germs Could Lower Allergy, Asthma Risk**

Though a parent's instinct may be to protect their newborn from things like household bacteria, dander and allergens, new research from Johns Hopkins Children's Center suggests infants who are exposed to these irritants during their first year of life are less likely to experience allergies, wheezing and asthma.

According to the Centers for Disease Control and Prevention (CDC), 7 million children in the United States are affected by asthma. A condition costing the U.S. \$56 billion each year, asthma caused 3,388 deaths in 2009.

While previous studies have shown that children who grow up on farms have lower allergy and asthma rates, due to being regularly exposed to microorganisms in soil, others have suggested inner-city-dwelling kids exposed to roach and mouse allergens have increased asthma risks.

According to the study, compared with children not exposed, infants who lived in homes with mouse and cat dander and cockroach droppings during their first year had lower wheezing rates at age 3. But interestingly, the more allergens the infants were exposed to, the greater the protective effect; infants exposed to all three allergens had a lower risk than those who were exposed to none, one or two of them.

The study also observed that infants who lived in homes with a greater variety of bacteria were not as likely to develop environmental allergies and wheezing by age 3. Their findings could help to inform preventive strategies for allergies and wheezing, which can both lead to asthma.

## **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.

June 18	TeamSTEPPS Train the Trainer
Sept. 18	Adverse Drug Events
Sept. 29	Geriatric Emergency Department Guidelines

[Click here to register.](#)

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