



More Volume, Not More Staff

Efforts to reduce readmissions benefit from remote technology, which allows current staff to monitor more patients.

Reducing hospital readmissions for congestive heart failure patients has been a priority at Saddleback Memorial Medical Center in Laguna Hills, CA, for the past five to six years. The 250-staffed-bed hospital is located across the street from Laguna Woods, an elderly community of 24,000 people. "We are limited in how we can grow the hospital in terms of beds, so we have to make sure that we are efficient and on point as it relates to the number of days that patients should be in acute care," says LaDonna Butler, RN, executive vice president and chief operating officer.

The hospital launched a discharge outreach program in November 2007. Once or twice a week, Laurie Carson, an advanced practice nurse who is the heart-failure outreach care coordinator, meets with and helps educate CHF patients enrolled in the program. Within the first two years of the program, Saddleback Memorial reduced readmission rate for CHF patients by 50%.

But the hospital was limited in the number of patients it could enroll in the program. These programs are expensive to run, says Butler, and there is not a lot of reimbursement to keep patients healthy. Yet reducing readmissions for elderly patients with chronic illnesses like CHF can significantly reduce healthcare costs, because many of these patients also suffer from dementia or respiratory problems. It's costly to treat them in terms of length of stay in acute care settings, Butler explains. "We feel that we are paying ourselves if we can keep them out of the medical center, because reimbursement is going down on all fronts."

"We had one major coordinator, and we wanted her to see more patients," says Louise Della Bella, MN, RN, executive director of clinical resources and social services. "So we started looking at ways to increase volume without increasing the number of staff we needed to run our

program."

The hospital implemented Ideal Life's Bluetooth-enabled wireless remote health monitoring system about seven months ago. For CHF patients, weight is an important measure to track, so patients receive a scale in their home that automatically transmits data to the heart-failure coordinator and the patient's physician—if desired. That data can then be used to create and implement an action plan in real time. For instance, if the patient's weight is beyond the targeted range, the system alerts the physician and heart-failure coordinator immediately so they can intervene, rather than having a two- to three-day wait until the patient has a scheduled appointment.

The technology, which costs around \$150 for each device, plus a monthly \$35 fee for the wireless service, helps close the loop for patients who are no longer in the hospital or being seen regularly by physicians. It complements the outreach program, allowing the care coordinator to enhance her volume, says Della Bella. "Instead of 80 patients, she can have 120 patients."

It also helps empower patients, which often leads to better results because they understand their care plan better. Part of Saddleback Memorial's outreach program is focused on teaching patients how to manage their illness, what the signs are, and what they should tell their physicians. Providers don't have the resources to babysit patients, says Della Bella. "The technology helps us cut loose a little bit and say, 'We won't be seeing you every day, but we will have your data coming in and can work on action plans that need to be taken.'" In addition, the patient has a record that can be printed, brought to the physician, and discussed. "It's key to help patients be more independent and make more knowledgeable decisions," says Della Bella.

As the technology becomes more sophisticated and providers become more knowledgeable in using the data to drive decisions, organizations can create better processes to minimize readmissions, says Butler. "More importantly, patients can get back to functional lifestyles that they can enjoy."

—*Carrie Vaughan*

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