NW15 began a care transition coalition in the prior contract period.

In September 2011, CMS extended a request for proposal for a small, short-term project to examine potentially preventable hospitalizations in a subset of facilities in Northwest Denver.

NW15 responded to the RFP and the Special Project began in October 2011.

In February 2012, NW15 received a stop work at the convenience of the government.
NW15 and the participating facilities/community members felt that this work should continue and could be rolled into the NW coalition work.

With the approval of the NW15 COR, in March 2012, the project was reviewed, revised and transitioned to the coalition.

Work on this important topic continues with a steering committee and two workgroups.
Hospitalization data collected from participating facilities (n=7) using their individual facility hospitalization logs.

Challenges with the available data included:

- Incomplete logs/missing admission and discharge information
- Inconsistent hospitalization categorization
- Classification of “other”
Admitting Diagnosis
January - April: 2011 Baseline and 2012 Follow-Up
(n=209 admissions in 2011; 205 admissions in 2012)
Data Collection and Analysis  (cont.)

- Total number of Hospitalizations (Jan–Apr)
  - 2011–209
  - 2012–205

- Number of Days Hospitalized

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Range</td>
<td>1–130 days</td>
<td>1–234 days</td>
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<tr>
<td>Mean</td>
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<td>10.1 days</td>
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<tr>
<td>Median</td>
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<td>4 days</td>
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</table>

- Number of Hospitals Involved–3 hospitals account for approximately 75% of admissions
December 2011–NW15 MRB reviewed preliminary data and proposed the following as the top four reasons for hospital admissions:

- Infections (all types)
- Fluid–Related Hospitalizations
- Altered Mental Status
- Falls/Accidents
Progress

- Full coalition face-to-face meeting was held in June
- Coalition members selected to topic areas to address
  - Fluid-related admissions
  - Infection (all cause)-related admissions
- Formed two workgroups
- Currently examining interventions
Potential Interventions

- Fluid-related workgroup
  - Collaboration with MEI on a patient education “mini-movie” related to fluid balance (near completion)
  - Collect “best-practice” examples and share with participants
  - Communication tool (NW4)
  - Focus on staff education
    - Physicians—dialysis prescription and sodium loading
    - Staff—sodium loading and fluid volume
    - Patients—education on fluid-related topics
Potential Interventions

- Infections-related workgroup
  - Vascular access related infections—education
  - Communication tool—NW4
  - Diabetic foot infections
    - Resource list for PCPs and Nephrologists
    - Patient education materials
    - Staff education materials