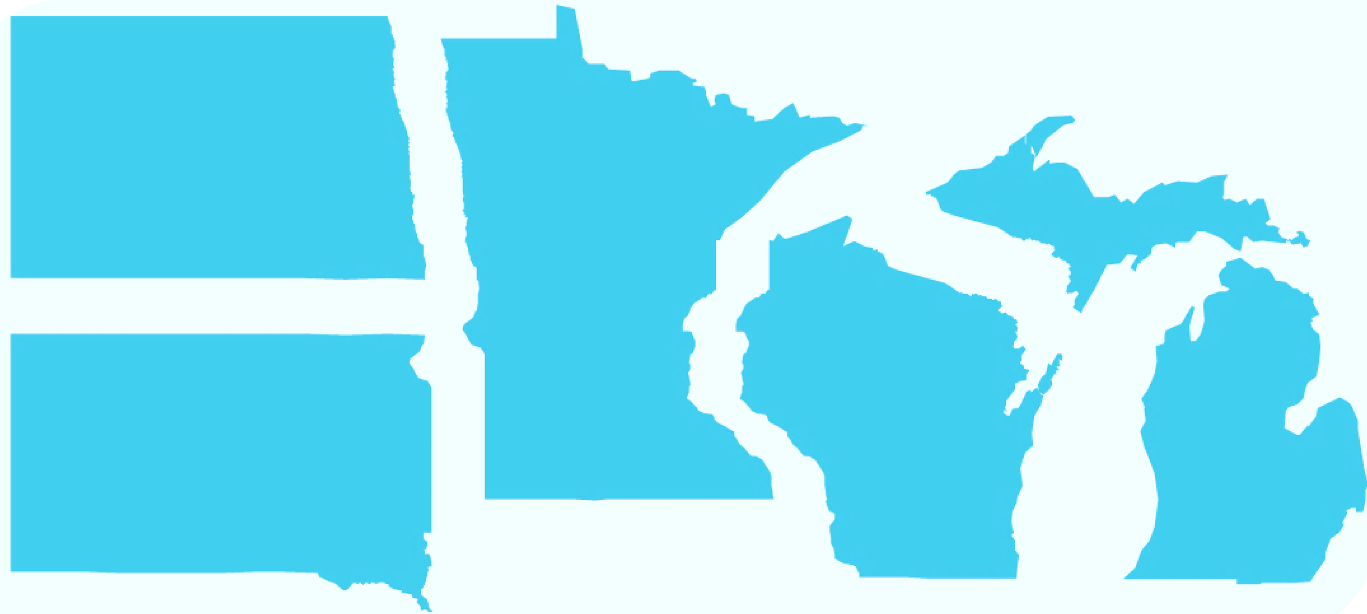
Superior Health Readmission Sprint

A QIO/ESRD Collaboration to Improve Transitions Across the Care Continuum



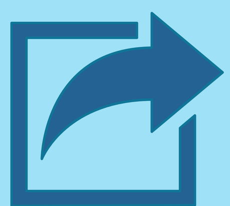
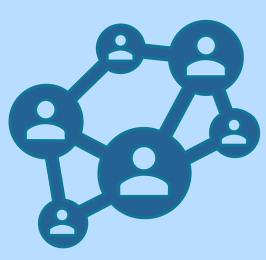
84 Participants from
31 Hospitals
17 Dialysis Facilities

Root Cause Analysis identified transitions in care processes as major contributors to readmission rates in dialysis patients

Common goal to reduce readmissions for Medicare beneficiaries in both QIO and ESRD Network statement of work

Collaborated to create and implement an improvement sprint for both hospital and dialysis facilities

A sprint is a rapid implementation program designed to amplify the impact of a facility's efforts on a given topic

	Invited Superior Health hospitals and dialysis facilities to enroll - personalized invitations to dialysis facilities with high readmission rates and/or local hospital registration
	Four learning webinars January 2023 – April 2023 to facilitate in-depth learning and foster interactive dialogue, sharing evidence-based tools and resources to develop tactical steps to implement innovations
	Dialysis facilities completed Transitions in Care Assessment to identify opportunities for improvement in transitions in care processes. The assessment was created based on the Forum of ESRD Network's Transitions of Care Toolkit and the MN Hospital Association Transitions in Care Roadmap
	Provided toolkit of resources to aid in addressing gaps identified on Transitions in Care Assessment
	Group collaboration in the social networking site, Superior Health Connect, to share challenges and best practices, and promote networking with colleagues across care systems and specialties
	Provide one-on-one coaching calls May 2023 and beyond to assist with follow-up needs and track progress upon conclusion of sprint

*Note: Final improvement data not yet available as Sprint is in process. Tracking readmission rates, at time of poster, 9 dialysis facilities have maintained or improved their readmission rates.

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