



### Featured VITAS Expert

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## CE Webinar for Healthcare Professionals

# Reducing Readmissions and Length of Stay

**GOAL:** To help healthcare professionals improve care coordination for patients with advanced illness and to reduce hospital readmissions and length of stay (LOS). This webinar examines the factors that define hospital readmissions, identifies conditions that can lead to penalties, and explores Medicare’s Hospital Readmission Reduction Program (HRRP) within the context of healthcare reform and an aging population.

### Key Takeaways:

1. The Centers for Medicare and Medicaid Services (CMS) now calculates the value of healthcare as a function of quality and cost. Under the CMS’ HRRP, hospitals can be penalized for patient readmissions to the hospital within 30 days of discharge for several conditions such as pneumonia, COPD, heart failure, or acute myocardial infarction.
2. In 2019, 15% of Medicare beneficiaries 65 and older were readmitted within 30 days of discharge. Compared to non-readmitted patients, readmitted patients have a higher risk of death (2-10x higher) and longer LOS in intensive care units (ICU, 2-3x longer)—stays that are associated with dramatically higher hospital mortality and healthcare costs.
3. Evidence suggests that enrollment in hospice reduces hospital readmissions, decreases acute-care utilization, lowers healthcare costs, improves patient/family satisfaction with care, and keeps patients in their preferred setting for end-of-life care.
4. Common reasons for hospital readmissions are failure in discharge planning, insufficient outpatient and community care, and severe progressive illness in patients.
5. Hospice can provide advanced therapies for high-acuity patients in their preferred setting for care (home, nursing home, assisted living community), keeping them out of the hospital and ICU.



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