Decrease 30-Day Readmission Rate for Bariatric Surgery Procedures

The Problem
The Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Semi-Annual Report (SAR) for the period 7/1/12 to 6/30/13 indicated high outlier readmission rates for Laparoscopic Roux-en-Y Gastric Bypass, Sleeve Gastrectomy and Laparoscopic Adjustable Gastric Band procedures at Beth Israel Deaconess Medical Center.

Aim/Goal
The interdisciplinary BIDMC MBSAQIP Committee reviewed SAR reports highlighting the high outlier status and determined to decrease 30-day readmissions. The team aimed to design interventions to decrease the 30-day readmission rate for all bariatric procedures.

Key Aims:
- Review all 30-day readmissions during MBSAQIP QA Meetings
- Designate process for ongoing review of readmissions and high-risk patients prior to discharge
- Identify clinical/operational processes to prevent readmissions

The Team
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The Interventions
- Regular review of readmissions data at MBSAQIP Committee QA meetings; MBSCR, NP, Surgeons will meet on a monthly basis to review readmissions captured in the MBSAQIP database.
- Bariatric NP reviews charts for readmissions to ascertain potential areas of improvement prior to discharge that may impact 30-day readmissions. Updates are provided at subsequent MBSAQIP QA committee meetings.
- Bariatric clinical co-coordinator and clinical RN reviewed pre-op education information and updated educational tool used at surgeon pre-op visit. Clinical RN created a patient friendly oral intake form for patients to utilize at home following weight loss surgery.
- Bariatric NP monitors Farr 9 in-patient nursing and collaborates with clinical resource nurse and nurse director to review and update post-op discharge guidelines.

The Results/Progress to Date

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Readmission Type</th>
<th>7/1/12-6/30/13</th>
<th>1/1/13-12/31/13</th>
<th>7/1/13-6/30/14</th>
<th>1/1/14-12/31/14</th>
</tr>
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<tbody>
<tr>
<td>Lap Roux-en-Y Gastric Bypass</td>
<td>All Cause</td>
<td>19.61%</td>
<td>16.33%</td>
<td>8.82%</td>
<td>4.17%</td>
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<td>14.29%</td>
<td>8.82%</td>
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<tr>
<td>Lap Sleeve Gastrectomy</td>
<td>All Cause</td>
<td>6.25%</td>
<td>6.96%</td>
<td>5.83%</td>
<td>1.53%</td>
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<tr>
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<td>Related</td>
<td>5.22%</td>
<td>4.17%</td>
<td>1.53%</td>
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<tr>
<td>Lap Gastric Band</td>
<td>All Cause</td>
<td>8.24%</td>
<td>6.35%</td>
<td>7.89%</td>
<td>8.00%</td>
</tr>
<tr>
<td></td>
<td>Related</td>
<td>3.17%</td>
<td>5.26%</td>
<td>4.00%</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: Readmission rates now within expected goal.

Next Steps/What Should Happen Next
- Ongoing monitoring and review of readmissions.
- Agreed to participate with upcoming MBSAQIP QCDR to decrease incidence and prevalence of 30-day readmissions.

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