The Sixth Sense

You Don’t Have to Be Clairvoyant to Lower Your Hospitalization Rates

Eileen Freitag, Partner and Co-Director
Delta National Best Practice Hospitalization Reduction Study
SafeSide Hospitalization Reduction Campaign
Fazzi Associates
May 2012

Why

Why is there so much interest and need to reduce avoidable hospitalizations?

Every month, 15,000 Medicare beneficiaries experience a potentially preventable medical error that contributes to their death.

Incredibly High Hospitalization Rates

1. Medicare patients over age 65 are admitted to the hospital over nine million times annually.
2. 19.6% of Medicare patients discharged from a hospital are readmitted within 30 days.
3. 28.2% of Medicare patients are re-hospitalized within 60 days.*
4. Home care’s re-hospitalization rate nationally is at 27%. One out of four patients are re-hospitalized.

Source: *New England Journal of Medicine, 2009, pages 1,418-1,428

891,000 home care patients are hospitalized every year.

If We Can Reduce Unplanned Hospitalizations, How Many Fewer People Would Be Hospitalized?

<table>
<thead>
<tr>
<th>Present Percent 27%</th>
<th>Number of Home Care Patients</th>
<th>Number Re-hospitalized</th>
<th>Number of Fewer People Re-hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,300,000</td>
<td>891,000</td>
<td>NA</td>
</tr>
<tr>
<td>If 23%</td>
<td>3,300,000</td>
<td>792,000</td>
<td>99,000</td>
</tr>
<tr>
<td>If 21%</td>
<td>3,300,000</td>
<td>693,000</td>
<td>198,000</td>
</tr>
</tbody>
</table>

High home care hospitalization rates means...

$6,400,000,000

to take care of home care patients re-hospitalized.

Costs are Out of Control

If We Can Reduce Unplanned Hospitalizations, What Would it Mean in Dollars Saved?

<table>
<thead>
<tr>
<th>Percent of Home Care Patients Re-hospitalized 2010</th>
<th>27%</th>
<th>If 23%</th>
<th>If 21%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Patients Re-hospitalized</td>
<td>$891,000</td>
<td>$759,000</td>
<td>$693,000</td>
</tr>
<tr>
<td>Dollars/Patient Re-hospitalized</td>
<td>$7,200</td>
<td>$7,200</td>
<td>$7,200</td>
</tr>
<tr>
<td>Total Dollars for All Episodes</td>
<td>$6.4 B</td>
<td>$5.5 B</td>
<td>$4.9 B</td>
</tr>
<tr>
<td>Savings</td>
<td>NA</td>
<td>$0.9 B</td>
<td>$1.5 B</td>
</tr>
</tbody>
</table>

*Source: MedPAC: Improving Care: Promoting Greater Efficiency in Medicare Payment Policy for Inpatient Rehospitalization, June 2007
*Average payment in 2005
Why Reducing Avoidable Hospitalizations Is So Important

1. Home Health Compare hospitalization scores will improve.
2. Overall Home Health Compare will improve.
3. Patients and their families will not suffer the consequences… and risk of avoidable hospitalizations.
4. The country will save significant (billions) dollars.
5. Home care’s credibility will go up.
6. Two bonus reasons.

Bonus 1

Lower your hospitalization rates and you will be positioned to be an active partner in all five major Affordable Care Act Initiatives.

Options Being Considered and Their Goals

1. Value Based Contracting: Work together and lower costs.
2. Patient Centered Medical Home: Improve quality, lower costs, and be more patient focused.
3. Care Transition Programs: Improve quality and improve patient experience. Chronic care or all patient focus.
4. Bundled Payments: One payment to cover the services for the patient across health sectors.
5. Accountable Care Organizations (ACOs): Work together, lower costs, and improve quality.
What are the Goals of all These Initiatives?

1. Save money.
2. Improve quality outcomes.
3. Improve patient experience.
4. Address patients with chronic disease.
5. Reduce unplanned hospitalizations.
6. Increase the use of technology, EMR, and telehealth.

Bonus 2

Lower your hospitalization rates and you will move from being a referral source for hospitals to being a solution to a significant problem they will be having.

HOSPITALS MAKE ALMOST NO HEADWAY IN CUTTING READMISSIONS
American Medical News: October 10, 2011

• About 1 in 6 Medicare patients was rehospitalized within 30 days in 2009 – a rate that must improve by October 2012 to avoid penalties.

• Patients hospitalized for CHF, pneumonia, surgery, hip fractures or other medical conditions had 2009 rates either the same or slightly higher than 2004.

• Source: Dartmouth Atlas of Health Care review of all 10.7 million Medicare hospitalized discharges from July 1, 2003 to June 30, 2009.
Some Hospitals Are About to Have Even Bigger Problems

- CMS is now focusing on hospitals and demanding that they reduce avoidable re-hospitalizations.
- Effective October 1, 2012, hospitals will be asked to reduce the re-hospitalization of patients with three conditions:
  - AMI (Anterior Myocardial Infarction or Heart Attack)
  - Pneumonia
  - Congestive Heart Failure
- Hospitals who do not lower their rates will be penalized 1% first year, 2% in 2014 and 3% in 2015.

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So Why Focus on Reducing Avoidable Hospitalizations?

1. Improve home care’s overall quality scores.
2. Help patients avoid trauma of unplanned hospitalizations.
3. Lower overall cost.
4. Save the country billions of dollars.
5. Respond to the plight hospitals will soon face.
6. Position your agency as a solution and partner in new health care initiatives.

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The Foundation for Creating an Optimal Hospitalization Reduction Program

1. Insights from Briggs National Hospitalization Reduction Study.
2. Insights from the 2012 Ohio Move to Improve Project.
3. Literature study of best practices in goal setting, accountability theory, change theory, complexity and hospitalization reduction programs.
4. Insights from 25+ years of Fazzi benchmark, operational reviews, change efforts and hospitalization programs.
The Delta Study to Reduce Hospitalizations:
A National Study to Reduce Avoidable Hospitalizations Through Home Care

Dr. Bob Fazzi, Co-Director
Eileen Freitag, Co-Director
Fazzi Associates
October 2011

Facts on the Delta Study
• Sponsor: Delta Health Technologies
• Co-sponsor: National Association for Home Care & Hospice
• Affiliated Sponsors
  • Home Health Quality Improvement (HHQI) National Campaign
  • NAHC Forum of State Associations
  • Community Health Accreditation Program
  • The Joint Commission
  • American Physical Therapy Association
  • Fazzi Associates, Inc.

How the Delta Study Worked
Phase I. Recruited National Steering Committee of co-sponsors, affiliated sponsors, and industry experts.

Phase II. Conducted a National Input Survey on the web to get recommendations from leaders on issues that they felt needed to be addressed or questions that needed to be asked. Goal: 500. Actual: 3,600 plus.

Phase III. Held National Expert Design Forum in San Diego with Steering Committee to design the national survey.
National Steering Committee

• Barbara Brooks, VNA Care Network & Hospice, MA
• Barbara Goodman, LHC Group, LA
• Barbara Knott, Bon Secours Home Care, MD
• Beth Ancil, Henry Ford Health System, MI
• Caroline Pestrak, Elmhurst Memorial Home Care, IL
• Donna Baldwin, Banner Homecare, AZ
• Ellen Bolch, THA Group, Inc., GA
• Karen Thomas, Oxford HealthCare Home Health and Hospice, MO
• Laura Reilly, Visiting Nurse Association of Colorado, CO

National Steering Committee

• Linda R. Huffer, American Nursing Care, OH
• Mary Lou Carraller, Scripps Home Health Services, CA
• Patty Upham, FirstHealth Home Care, NC
• Sharon Andersson, Conway Regional HomeCare, AR
• Stacy Olinger, Evergreen Home Health Services, WA
• Susan Freeman, Alacare Home Health & Hospice, AL
• Valerie Landell, VNA of Cincinnati & Northern Kentucky, OH
• Vicki Hines, VNS of Rochester and Monroe County, NY
• Wanda Coley, Wellcare Home Health Services, NC

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• Keith Crownover, Delta Health Technologies
• Bonnie Yingling, Delta Health Technologies
• Mary St. Pierre, National Association for Home Care & Hospice
• Margherita Labson, The Joint Commission
• Eve Esslinger, WVMI & Quality Insights
• Jill Manna, WVMI & Quality Insights
• Michael Grogan, Community Health Accreditation Program (CHAP)
National Sponsors and Staff

- Terry Duncombe, Community Health Accreditation Program (CHAP)
- Heather Smith, American Physical Therapy Association
- Sherl Brand, Forum of State Associations
- Dr. Bob Fazzi, Fazzi Associates
- Eileen Freitag, Fazzi Associates
- Lynn Harlow, Fazzi Associates
- Ebru Kardan, Fazzi Associates
- Cindy Krafft, Fazzi Associates
- Dr. Carl Townsend, Fazzi Associates

How the Delta Study Worked

Phase IV. Field tested survey, refined, and tested more. Ultimately developed valid and reliable survey.

Phase V. On July 21, 2011 CMS released the updated HH Compare scores. We identified agencies with the lowest 20% hospitalization scores, highest 20%, and most improved from previous scores.

Phase VI. Conducted a 25 to 40 minute phone survey with 792 agencies from August 1 to September 23, 2011.

Location of Agencies by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>49</td>
</tr>
<tr>
<td>Region II</td>
<td>39</td>
</tr>
<tr>
<td>Region III</td>
<td>84</td>
</tr>
<tr>
<td>Region IV</td>
<td>171</td>
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<td>Region V</td>
<td>149</td>
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<td>Region VI</td>
<td>136</td>
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<td>Region VII</td>
<td>45</td>
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<td>Region VIII</td>
<td>26</td>
</tr>
<tr>
<td>Region IX</td>
<td>60</td>
</tr>
<tr>
<td>Region X</td>
<td>33</td>
</tr>
</tbody>
</table>
How the Delta Study Worked

Phase VII. Analyzed findings and prepared initial presentation for the NAHC Annual Meeting.

Phase VIII. Prepare and presented free best practice webinars and national report for the entire field. Both provided by Delta and NAHC.

Phase IX. Initiating a series of National Hospitalization Avoidance Model – SafeSide - for reducing avoidable hospitalizations based on:
  • Findings from the National Delta Study
  • Research on other best practice studies
  • Research on contemporary management practice.

Facts on the National Study

1. Length: Nine months.
2. Research Model Used: Best practice. Important goal was to find practices that were proven and would be of help to agencies.
3. Focus: Agencies in the top 20% of most successful agencies, the bottom 20%, and the most improved 20%.
4. Eligibility Criteria:
   • Budget in excess of $500,000.
   • Eight or more measures with percentages in the July 2011 Home Health Compare scores.
   • Hospitalization was one of those measures.
   • Had a completed cost report filed with CMS.

Facts About the Study

5. Number of agencies surveyed: 792
6. States surveyed: 48
7. Types of agencies: All
8. Segmentations:
   • Hospitals vs. Freestanding
   • Urban vs. Rural
   • For Profit vs. Not for Profit vs. Governmental
   • Sizes: $500K to $999K, $1M to $2.99M, $3M to $5.99M, $6M to $9.99M, and $10M+
   • Quality Scores: Low, Medium, and High
Facts About Participants

- **Ownership**
  - Hospital Based 25%
  - Freestanding 75%

- **Size**
  - $500K to $999K 7%
  - $1M to $2.99M 42%
  - $3M to $5.99M 28%
  - $6M to $9.99M 13%
  - $10M+ 10%

- **Status**
  - Proprietary 52%
  - Private 27%
  - Government 10%
  - Other 11%

- **Location**
  - Urban 33%
  - Rural 67%

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Key Decisions Made During the Study

1. Focus on the top 20% and bottom 20% in each state and not national. Rationale: Environmental factors shape scores.

2. Reduce the number of “Most Improved.” Rationale: Many still were in highest level of hospitalizations.

3. Increase surveys of those with the best scores and those with the worst scores. Rationale: More to be learned.

4. Segment out the practices of the top 5% and lowest 5%. Rationale: Greatest differences found here.

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Interesting Insights

- Twenty-two distinct strategies were identified by the field.
- Most agencies we studied used more than one strategy. National average: ten.
- The top five strategies did not cost money.
- Agencies who were successful were also very “intentional” in their efforts to reduce hospitalizations.
What Does “Intentional” Mean?

• Agencies identified a specific strategy as one that they believed helped reduce avoidable hospitalizations.
• Agencies purposely used the strategy and measured results.
• Agencies built practices and processes around each strategy.
• Intentionality…

Does Being Intentional Work?  
A Two Question Test

1. Have you ever been involved in preparing for an accreditation survey?
   □ Yes
   □ No
   □ Can’t Remember

2. As the day of the survey approached, how intense was your effort to prepare for the survey?
   1. Not Intense. I needed some easy days at work.
   2. Somewhat Intense. Less stressful than a normal day.
   3. Average. Same level of intensity as any other day.
   4. Intense. More intense than most days.
   5. High Intensity. High anxiety/high work. I was crazed.
Results

What Were the Intentional Strategies That Emerged From the Study?

- 24 Hour Availability/Response System
- Agency Awareness & Support
- Audit Practices
- Care Management
- Care Transitions
- Data Driven Strategies
- Disease Management
- Fall Prevention
- Formal Hospitalization Avoidance Program
- Front Loading
- Non-medical Support Services
- One Person in Charge
- Patient/Caregiver Education
- Point of Care
- Risk Assessment
- Staff Education
- Strategies with ERs
- Strategies with Hospitals
- Strategies with Physicians
- Telehealth
- Telephonic Practices

How Frequently Were the Strategies Used?

1. Fall Prevention: 94.9%
2. Agency Awareness & Support: 92.5%
3. Front Loading: 89.0%
4. Medication Mgt: 78.8%
5. 24 Hour Availability/Response System: 78.5%
6. Staff Education: 77.2%
7. Care Mgt: 76.6%
8. One Person in Charge: 73.3%
9. Patient/Caregiver Education: 70.6%
10. Risk Assessment: 69.4%
11. Formal Hospitalization Avoidance Program: 69.4%
12. Audit Practices: 69.2%
13. Point of Care: 63.5%
14. Data Driven Strategies: 62.1%
15. Disease Management: 61%
16. Non-medical Support Services: 53.8%
17. Telephonic Practices: 51%
18. Strategies with Physicians: 41.7%
19. Care Transitions: 41.7%
20. Strategies with Hospitals: 38.9%
21. Telehealth: 32.5%
22. Strategies with ERs: 13.5%
Let’s Start With Middle Level Options

15. Disease Management: 61%
14. Data Driven Strategies: 62.1%
13. Point of Care: 63.5%
12. Audit Practices: 69.2%
11. Formal Hospitalization Avoidance Program: 69.4%

More Frequently Used Options

10. Risk Assessment: 69.4%
9. Patient/Caregiver Education: 70.6%
8. One Person in Charge: 73.3%
7. Care Management: 76.6%
6. Staff Education: 77.2%

The Top Five Strategies for Reducing Unplanned Hospitalizations

5. 24 Hour Availability/Response System: 78.5%
4. Medication Management: 78.8%
3. Front Loading: 89.0%
2. Agency Awareness, Culture & Support: 92.5%
1. Fall Prevention: 94.9%

Note: Agencies used multiple strategies.
Strategy 5: 24 Hour Availability/Response Practices

Call Back in Less Than 20 Minutes

- 76% of agencies expect patients/families to be called back within 20 minutes.
- 56% expect patients/families to be called back within 15 minutes.
- 32% send a nurse out for an assessment visit.
- 74% use a standard protocol when unable to reach the primary or covering MD.

Strategy 4: Medication Management

Move From Medication Recording to Medication Management

- Most clinicians record what medications a patient has in order to reduce medication conflicts, i.e. “Show me your box of pills.”
- Modified teachback approach asks the patient three questions:
  1. What is this medication used for?
  2. How often are you supposed to take it each day?
  3. How are you supposed to take it?

Strategy 3: Front Loading

Front Load High Risk Patients for at Least Two Weeks

<table>
<thead>
<tr>
<th>Week Hospitalization Occurred</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 1 week</td>
<td>25.44%</td>
</tr>
<tr>
<td>Within 2 weeks</td>
<td>44.65%</td>
</tr>
<tr>
<td>Within 3 weeks</td>
<td>57.93%</td>
</tr>
</tbody>
</table>
Strategy 2:
Agency Awareness, Culture and Support
Why Having a Culture With Leadership and Accountability is So Critical to Reducing Avoidable Hospitalizations

Reality:
In the long run, people hit only what they aim at.
David Thoreau

Question:
Is a commitment to quality and reducing hospitalization really part of your agency’s culture?


• Who is Mike Phillips?
• What does Mike Phillips and Prince have to do with reducing hospitalization?
• What do they have to do with our future?

Strategy 1. Fall Prevention
Top Seven Risk Factors for Falls
1. Difficulty walking/transferring
2. Balance impairment
3. Multiple medications
4. Postural hypotension
5. Vision/hearing impairment
6. Feet and shoes
7. Home hazards

Source: Connecticut Collaboration for Fall Prevention, Yale 2005
Fall Prevention

30 plus clinical trials showed that fall prevention programs reduce falls by 36%.

Strategy: Fall Prevention
*Ensure Fall Prevention Assessment Done on all Patients*

Average time to complete a Fall Risk Assessment after completing an OASIS assessment: 2 minutes.

Source: Connecticut Collaboration for Fall Prevention, Yale 2005

Stop

Something Is Wrong!!!
The Problem and the Opportunity

<table>
<thead>
<tr>
<th>Strategy</th>
<th>% in Top 20%</th>
<th>% in Top 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Prevention</td>
<td>95.7%</td>
<td>93.9%</td>
</tr>
<tr>
<td>Agency Awareness &amp; Support</td>
<td>93.5%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Front Loading</td>
<td>90.3%</td>
<td>87.6%</td>
</tr>
<tr>
<td>Medication Management</td>
<td>76.8%</td>
<td>81.2%</td>
</tr>
<tr>
<td>24 Hour Availability/Response System</td>
<td>77.8%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Staff Education</td>
<td>75.7%</td>
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<td>Care Management</td>
<td>77.8%</td>
<td>75.2%</td>
</tr>
<tr>
<td>One Person in Charge</td>
<td>75.7%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Patient/Caregiver Education</td>
<td>70.8%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>67.8%</td>
<td>71.3%</td>
</tr>
</tbody>
</table>

What Does This All Mean?

• All practices can work... and can fail.

• The difference in success and failure is not the practice, but the implementation and management of the practices.

• For most agencies, the answer will not cost money, can be immediately implemented and will be effective.

• It starts with the development of a new model, one based on accountability and leadership.

A Model that Emerged:

SafeSide

Hospitalization Reduction Model
CMS Quotes on Patient Safety

1. “We will support efforts to help keep patients safe.”  
   HHS Secretary Kathleen Sebelius

2. “A patient safety movement is afoot in the US health system,”  
   Dr. Donald Berwick, CMS Administrator

   “To err on the safe side”

SafeSide
Hospitalization Reduction Program

Parameters for the Program

1. Must include a logical standardized foundation and room for agencies to focus on unique best practice.

2. Must be fully implementable in six months or less.

3. Must cost little or no money.

4. Must be focused, use existing agency resources, and not require huge changes or too much complexity.

5. Must be based on solid management principles.

Insights Used in Creating the SafeSide Program

1. Insights from Briggs National Hospitalization Reduction Study.

2. Insights from the 2012 Ohio Move to Improve Project.

3. Literature study of best practices in goal setting, accountability theory, change theory, complexity and hospitalization reduction programs.

4. Insights from 25+ years of Fazzi benchmark, operational reviews, change efforts and hospitalization programs.

Goals for Your Program

1. To measurably reduce avoidable hospitalizations.
2. To utilize a process that impacts and lowers cost.
3. To develop a hospitalization reduction program that helps your agency become a respected and valued member of new health care initiatives in your area.
4. To build the program around solid principles.

The Model and Approach

How to Create a SafeSide™ Program

1. Get a Leader
   Immediate
2. Get a Number
   Immediate
3. Get the Tools and Structure
   Immediate
4. Data Informed Improvements
   Two Months

Importance of Leadership for SafeSide

“The one thing that distinguished success projects from less success was not money, the idea or the importance of the project. It was the leader”.

Dr. Steven Schroeder
President/CEO
Robert Wood Johnson Foundation
1990 - 2001
Importance of Data and Numbers
Bowling and SafeSide

Percentage: 100%  Score: 300
Percentage: 83%  Score: 249
Percentage: 58%  Score: 174
Percentage: 34%  Score: 102

Home Health Care Quality Scores
Assuming you have 10 hospitalizations/month resulting in your HH Compare scores being 30%, what would happen if you reduced the number of hospitalizations by a fixed amount?

<table>
<thead>
<tr>
<th>Goal</th>
<th>Amount of Reduction</th>
<th>HHC Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>-</td>
<td>30%</td>
</tr>
<tr>
<td>10 to 9</td>
<td>1 Less</td>
<td>27%</td>
</tr>
<tr>
<td>10 to 8</td>
<td>2 Less</td>
<td>24%</td>
</tr>
<tr>
<td>10 to 7</td>
<td>3 Less</td>
<td>21%</td>
</tr>
<tr>
<td>10 to 5</td>
<td>5 Less</td>
<td>15%</td>
</tr>
</tbody>
</table>

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Tool: Real Time Audits

1. Within two working days of every hospitalization.
2. Focus on defining primary diagnosis and causes.
3. Conducted by Team Supervisor.
4. Establish trend and frequency charts.
5. Used as part of data informed decision making.
### Structure:
**SafeSide Project Director:** Senior Manager

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hospitalization Tracking and Trending</th>
<th>Real Time Audits</th>
<th>Monthly Planning and Improvement Meeting</th>
<th>Targeted Improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>SafeSide Components</td>
<td>SafeSide Hospitalization Dashboard</td>
<td>SafeSide 48-Hour Audit</td>
<td>SafeSide Monthly Planning and Improvement Meeting</td>
<td>• Process&lt;br&gt;• Practice&lt;br&gt;• Education&lt;br&gt;• Strategies</td>
</tr>
<tr>
<td>Lead</td>
<td>QI/PI</td>
<td>Clinical Director/ Supervisor</td>
<td>SafeSide Project Director</td>
<td>Clinical Director</td>
</tr>
</tbody>
</table>

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### The Most Important Monthly Meeting of All

**Second Planning and Improvement Meeting**

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To Reduce Avoidable Hospitalizations, Consider the Advice of the World’s #1 TQM Guru

“It is not enough to do your best, you must KNOW what to do, and then do it.”

*W. Edward Deming*
Six Premises of the Ideal Hospitalization Reduction Program

1. You can’t improve unless you have specific targets and goals and the means to measure your success in these areas in real time.

2. Having goals that are impossible or too difficult works against you. So too is having goals that are too easy.

3. Having too many options or strategies to meet your goal will not help, it can actually work against you.

4. You need to improve your chances by knowing the right strategies. You need to identify and focus on data informed improvements and strategies.

5. Having the right improvements is not enough. You can’t improve unless those responsible for implementing strategies are accountable.

6. You can’t improve unless you create a fully integrated, goal oriented, highly accountable improvement system. Key word: System.
Observation by Health Care Improvement Expert
Atul Gawande, TED. How do we health medicine, March 2012

“Making systems work is the great task of my generation of physicians and scientist. But I would go further, and say that making systems work – whether in healthcare, education, climate change, making a pathway out of poverty – is the great task of our generation as whole.”

The Optimal Hospitalization Reduction Program Must Have

1. Leaders who are accountable.
2. Leaders who hold their team accountable.
3. Ability to collect data and audits in real time.
4. Ability to implement data informed strategies
5. Approach hospitalization reduction as system.

As You Initiate Change to Lower Hospitalization Levels, Remember the J Curve of Change

- Whenever you initiate change, it never goes exactly how you expect.
- There is often resistance and the belief by some that the change won’t work.
- Like the letter J, the path may go down but it will go up.
- Having a clear vision and an unwavering commitment for reducing hospitalizations will absolutely lead to success.
