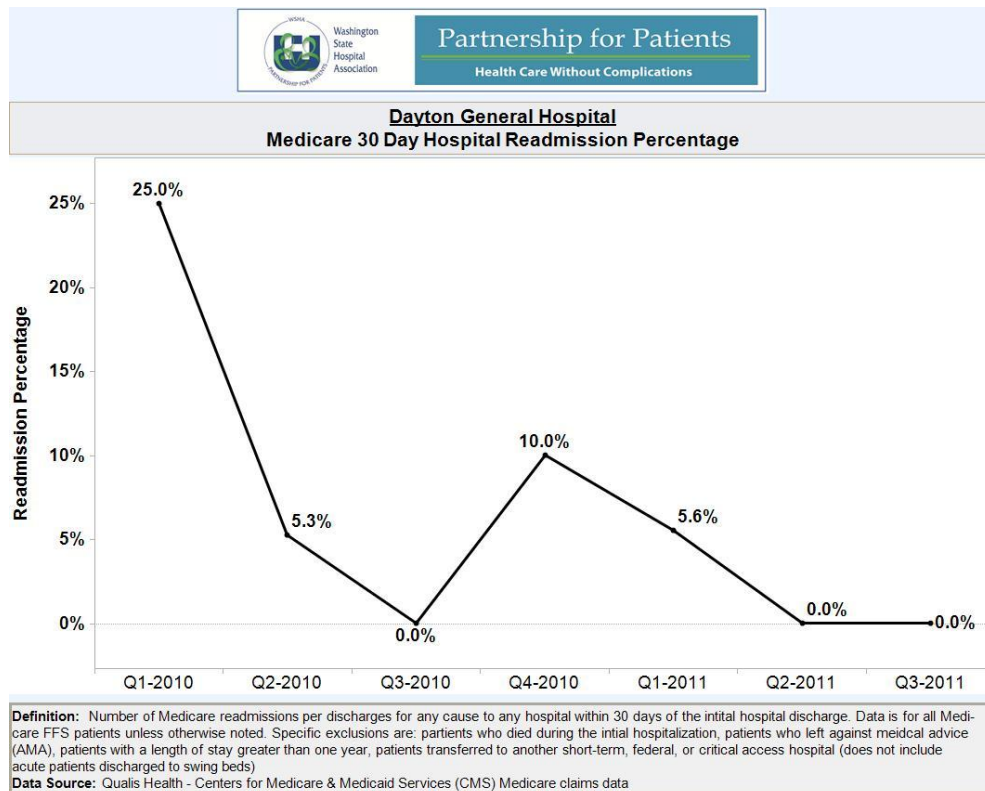


Dayton General Hospital Reducing Readmissions

Dayton General Hospital is a 25-bed critical access hospital in the southeast corner of Washington State. With the closest metropolitan hospital nearly an hour away, the small community of Dayton is the primary health services provider for the 4,000 residents of Columbia County. They are also an excellent example of how a systematic, coordinated approach to care transitions can reduce readmissions rates.

“Being small can have its downfalls, but it also has its advantages,” said Courtney Gritman RN, Dayton General Hospital Quality Improvement Coordinator. “Because we have a small, strong community we know what resources are available and we can pool them. We know the patients’ socioeconomic backgrounds, and whether or not they have someone at home to care for them. And we can make sure they have what they need to recover when they go home.”



Dayton’s readmission rates dropped from 25% to zero between the first quarter of 2010 and the third quarter of 2011. Gritman cites several factors in their reduced rates.

The most important of these is arranging the patients’ home care needs before they leave the hospital. “Most of our patients are elderly,” she explained. “If they do not have a family member at home then we make sure they are going to either have some other

caregiver in the home or look at other options for assistance.”

At Dayton, all members of nursing staff serve as discharge planners. They also play a key role in follow-up appointments, scheduling the appointment for the patient and in some cases, even accompanying the patient to their appointment.

Having swing beds in the hospital proved to be an advantage as well. Patients stay longer in the same room and bed, which means less chance of infection and better continuity of care. “With swing beds we have our patients for a longer period of stay so we can make sure they have care at home. It gives us the time to explore the options they have for assistance after they are discharged. And there is no transition of care because they have the same staff caring for them and not a whole new team.”

That continuity of care extends out into the community. Dayton General does not have a hospitalist. With a limited number of providers in Dayton, there is a good chance that the provider who cares for the patient in the hospital is either the patient’s regular physician or from the same group practice. The doctors know their patients and there is less opportunity for miscommunication due to patient hand-off between providers.

And last but not least, Gritman said a new computer system has improved the efficiency of medication reconciliations and reduced errors, allowing better communication between providers and pharmacists.

According to the 2010 Hospital Survey of Patient Safety Culture by the Agency for Healthcare Research and Quality, “Handoffs and Transitions” ranks the lowest of 12 domains of patient safety culture and “Information Exchange with Other Settings” ranks the second lowest on the medical office version of that survey. Dayton General’s success with readmissions supports the importance of continuity of care and communication in keeping patients from returning to the hospital.