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Recent **federal legislation** imposes **financial penalties on hospitals that experience excessive patient readmissions within 30 days** . A new study published today in the *Journal of Hospital Medicine* looks at the potential of a program designed to improve the discharge process and prevent avoidable rehospitalizations.

Developed by the Society of Hospital Medicine, Project BOOST (Better Outcomes by Optimizing Safe Transitions) Mentoring Program focuses on identifying patients at highest risk for readmissions, communicating discharge plans effectively, and ensuring close follow-up through phone calls and timely doctors' appointments. An integral component is the use of physician mentors to facilitate implementation of BOOST tools at participating hospitals. To assess the effectiveness of BOOST, researchers studied hospitals varying in geography, size, and academic affiliation that implemented BOOST. While 30 hospitals had implemented the program when the study was initiated, only 11 were able to provide hospital unit–specific data for the study. Notably, hospitals received no funding to participate in BOOST.

The investigators found that the average rate of 30 day rehospitalization in BOOST units was 14.7 percent prior to implementing the program and 12.7 percent twelve months later, reflecting an absolute reduction of 2 percent and a relative reduction of 13.6 percent. Rehospitalization rates for similar hospital units that did not implement BOOST were 14.0 percent in the pre-intervention period and 14.1 percent in the post-intervention period. The average absolute reduction in readmission rates in BOOST units compared with other units was 2.0 percent, or a nearly 14 percent relative reduction.

"Our findings support that among the sites willing and able to share the outcome data required for the study, there was significant improvement," said lead BOOST analyst Luke Hansen, MD, MHS, of the Northwestern University Feinberg School of Medicine. "There is more work to do to fully engage non-academic sites in quality improvement research like ours and to understand what makes for fertile ground for implementing changes included in the BOOST toolkit."

“We are encouraged by our initial findings and learned substantially from this initial implementation and evaluation,” added BOOST Principal Investigator, Mark V. Williams, MD, MHM, of the Northwestern University Feinberg School of Medicine. “Subsequent Project BOOST collaboration with greater than 130 hospitals has been modified and bolstered to increase the intensity of the BOOST intervention,” he said.

In an accompanying editorial, Ashish Jha, MD, MPH, of the Harvard School of Public Health, noted that the study’s findings suggest only a small improvement among a very select group of hospitals. “Hospitals will need to find ways to reduce readmissions, and programs like BOOST, even when executed perfectly, will be necessary but likely insufficient. Improving the quality of care transitions is critically important. But to truly get to better outcomes for older Americans, hospitals will need to think beyond their four walls,” he wrote.

In another accompanying editorial, Andrew Auerbach, MD, MPH, of the UCSF School of Medicine, and his colleagues pointed to several shortcomings, but they stated that “the authors provide the necessary start down the road towards a fuller understanding of real world efforts to reduce readmissions. The nuances and flaws of this study provide ample fodder for others working in the field.”