

Working to Reduce Admissions Program (WRAP): “Do Something Different”

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Background & Significance: Reducing hospital readmissions has been a longstanding goal for facilities across the nation. Hospitals with high readmission rates experience a variety of negative impacts. They put unnecessary strain on their nurses and physicians, waste time and healthcare resources, and have low patient satisfaction scores (Regis, 2022). When patients experience high hospital readmission rates, it is often a result of inadequately addressed co-occurring medical, behavioral, and social needs.

Clinical Question: The Working to Reduce Admissions Program (WRAP), a team comprised of Care Managers (Social Workers, Nurses) and Pharmacists, at UVMMC was designed to meet the needs of patients experiencing high utilization of the acute care setting to achieve greater health and stability, and to help patients get the care they need outside of the hospital setting.

Evidence: Patients with high utilization are patients with needs not well met by the healthcare system as it is currently designed (Ma et al., 2023). Labson (2015) states that innovative applications of published evidence-based models and best practices designed to improve care transitions have been implemented in various settings nationwide to enhance quality performance. Leveraging these innovations, such as WRAP, is crucial to decreasing readmission rates and improving care.

Intervention Implementation: WRAP Care Managers identify the patient’s root cause of readmission ("Driver of Utilization" or DOU) through curiosity and by doing something different. WRAP aims to combine creative problem-solving strategies with patient-centered solutions that may be "outside the box" of standard healthcare delivery, without over-medicalizing or labeling the patient as non-compliant. We expect readmissions until the DOU is adequately addressed.

Evaluation: The programmatic goal is to have the patient achieve stability for that individual. The program is evaluated on the outcomes of palliative, pharmacy, and other care pathways. The annual program evaluation is completed with a review of Demographics, Pathway Utilization, Driver of Utilization, Inpatient and ED utilization rates, Length of Stay, and Revenue Impact.

Results: WRAP patients are connected at a higher rate with clinical pharmacists and palliative care to improve patient outcomes. Since 2020, WRAP has demonstrated consistent effects of reduced overall readmissions (by 60%) and reduced length of stay for readmitted patients (by 54%), which has resulted in an estimated readmission cost savings of \$6.1 million annually.

Significance / Conclusion: To impact the high utilizers of our organizations, we must do something different to gain different results. When WRAP patients receive the specialized approach of the WRAP Method, their overall health outcomes improve, as does their quality of life. With greater stability, they have fewer emergent encounters and need less inpatient care. This benefits the entire care system regarding cost savings and allocation of limited healthcare resources.