



DIAL educates hospitals on latest healthcare trends

DIAL is committed to providing education to hospitals to enhance the dynamic landscape of healthcare. It's important to stay informed about the latest trends and developments shaping our state's hospitals. The table below compares national and Iowa hospital data.

	U.S. Hospitals	Iowa Hospitals
All	Slightly less than 5,000 Medicare-certified hospitals (including about 600 psychiatric hospitals, but not including approximately 1,300 critical access hospitals (CAHs))	125 hospitals, all categories (including four psychiatric hospitals and two transplant) 67 non-deemed CAH
Deemed	About 85% of the approximately 5,000 hospitals are deemed	Approximately 30% deemed
CAH	Approximately 37% of CAHs are deemed	12% of hospitals are deemed CAH

This month, we explore trends when hospitals transfer patients to nursing homes. DIAL will share CMS suggestions for the process to avoid hospital readmission, delay in medical treatment, and other adverse events.

We'll also examine an overview of innovations, and challenges that are influencing Iowa's healthcare system at large.

Transfer From Hospital to Nursing Home

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group released QSO 23-16-Hospitals on June 6, 2023 with requirements for hospitals when discharging patients to post-acute care (PAC) providers. The memo highlights risks to patients' health and safety that can occur due to an unsafe discharge. Centers for Medicare and Medicaid Services (CMS) identified recommendations for hospitals to improve and protect patients' health and safety with their discharge policies and procedures. Review [QSO-23-16-Hospitals](#).

What can we do to improve this process to avoid hospital readmission, delay in medical treatment, and other adverse events when patients transfer from a hospital to a nursing home?

These areas of concerns include missing or inaccurate information related to:

- Patients with serious mental illness (SMI), complex behavioral needs, and/or substance use disorder (SUD).
- Information related to a patient's acute condition may be included, but information related to the patient's underlying diagnoses of SMI and/or SUD was not included.
- Specific treatments that were implemented to help manage these conditions while in the hospital are omitted from patient information upon hospital discharge and transfer to the PAC provider, such as additional supervision that was provided throughout the patient's hospital stay (or was provided for some of the hospital stay, but discontinued prior to discharge (e.g., 24-48 hours before discharge)).
- Medications, such as an incomplete comprehensive list of all medications that have been prescribed to a patient during, and prior to, their hospital stay.
- Common omissions also include patient diagnoses or problem lists, clinical indications, lab results, and/or clear orders for the post-discharge medication regimen.
- Medication information omissions have been most commonly reported for psychotropic medications and "hard" prescriptions for narcotics (i.e., provided on paper, not electronic, as required by law).
- Skin tears, pressure ulcers, bruising, or lacerations (e.g., surgical sites); skin conditions noted upon hospital admission and/or acquired during hospitalization, including orders or instructions for cultures, treatments, or dressings.
- Durable medical equipment, such as Trilogy, CPAP/BiPAP, or high-flow oxygen that are used for respiratory treatments; and skin healing equipment like mattresses, wound vacuum machine for treatment of a variety of wounds, including surgical wounds, pressure ulcers, diabetic ulcers, etc.
- A patient's preferences and goals for care, such as their choices for treatment or their advance directives for end-of-life care.
- Communication (with PAC providers and/or caregivers) about a patient's needs at home, or how their home environment may impact their ability to maintain their health and safety after discharge from the skilled nursing facility (SNF) (e.g., risk of falls, family or caregiving involvement availability, homelessness, etc.).

Hospitals have discretion to develop their own policies and procedures to meet the requirements. However, CMS is also providing the following recommendations that providers may find helpful:

- There are several resources available that hospitals can use to improve their discharge policies and procedures, such as the Agency for Healthcare Research and Quality (AHRQ) [Re-Engineered Discharge \(RED\) Toolkit](#).
- Collaborate with PAC providers, such as agreeing on standardized processes, information, or forms that are used during discharges, such as the [InterACT Hospital to Post-Acute Care Transfer Form](#).

Telehealth Expansion

Telehealth continues to revolutionize healthcare delivery in Iowa. Hospitals across the state are expanding their telehealth services to improve access to care, especially in rural areas. This trend is driven by advances in technology and a growing recognition of the benefits of remote consultations. Hospitals are investing in new platforms and technologies to facilitate virtual visits, manage chronic conditions, and provide mental health support. The ongoing challenge is ensuring equitable access and addressing technology gaps among different patient populations.

Innovation in Patient Care

Innovations in patient care are at the forefront of Iowa's hospital strategies. With the implementation of advanced surgical techniques, Iowa hospitals are embracing cutting-edge technologies to enhance patient care. Robotics and minimally invasive procedures are becoming more common, promising quicker recovery times and improved outcomes. Additionally, hospitals are focusing on personalized medicine, tailoring treatments to individual genetic profiles to achieve better results.

Iowa hospitals are navigating a rapidly evolving healthcare environment with resilience and technical advancements. By developing and embracing more comprehensive discharge policies and procedures, hospitals can lead the pathway to reduce readmission, with the end result of improving patient care.

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