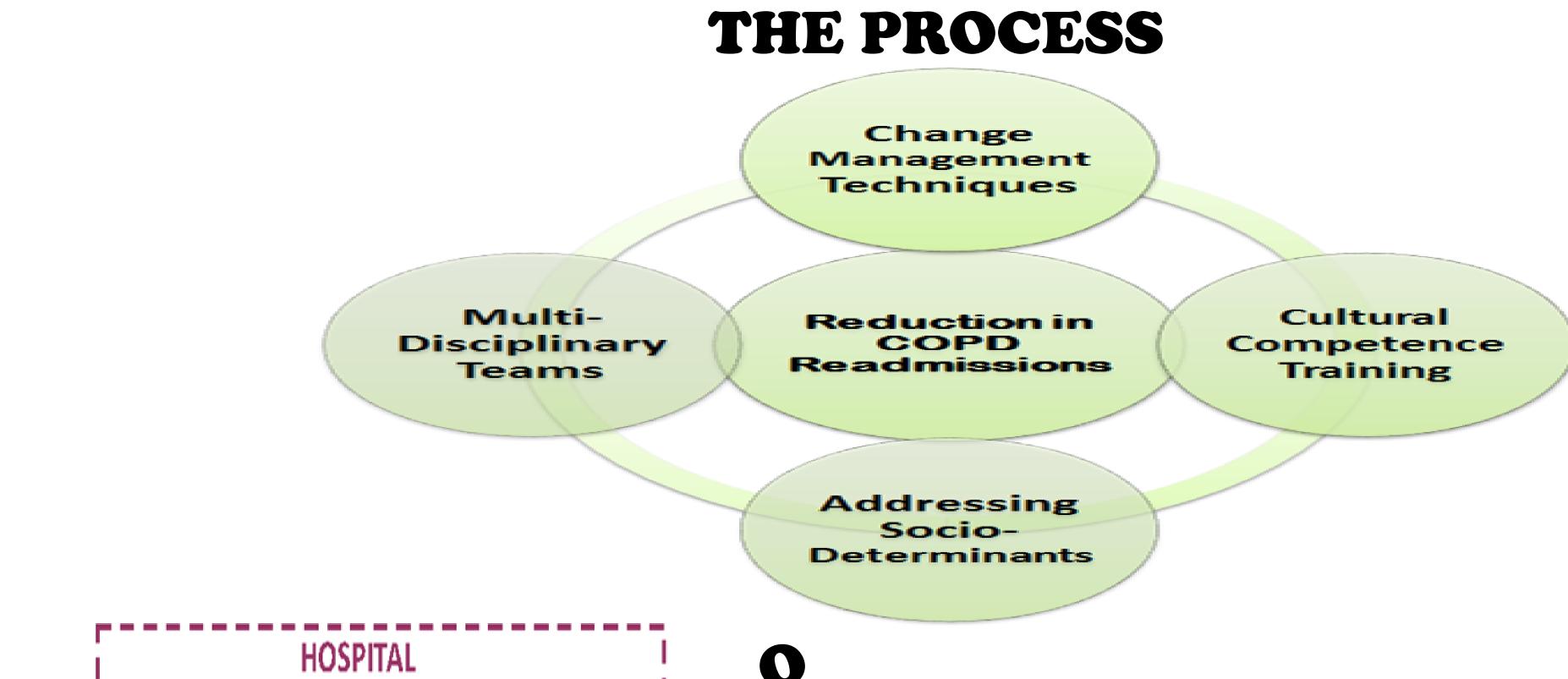
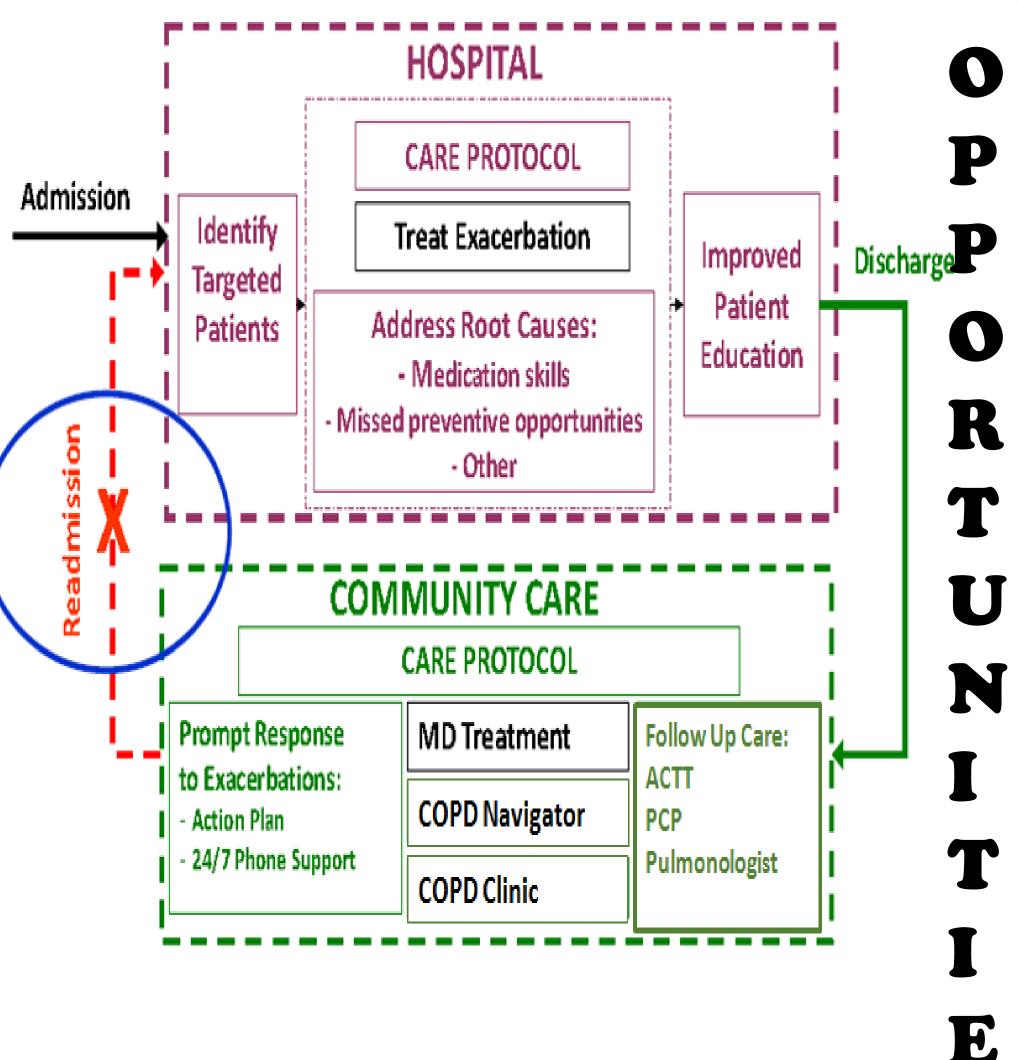
## Health Equity

## Decreasing COPD Readmission

## THE PROBLEM

African-American patients with Chronic Obstructive Pulmonary Disease (COPD) are more likely to be readmitted to the acute care setting within 30 days of discharge than Caucasian patients. At Palmetto Health, a multidisciplinary team (acute care, discharge planning, outpatient care and community health) works to provide a improved continuum of care process; and identify opportunities to reduce disparities, share resources and eliminate socio-determinants





Race	2015	2016
African Americans	21.61%	17.50%
Caucasian	14.45%	13.14%
Disparity Rate Reduction Between Groups	7.96%	4.09%

RESULTS

OPPORTUNITY IDENTIFIED	Integrated team for COPD mapping	Use of Readmission Alert System	Hire COPD Navigator	Deploy Community Advocate: interview readmissions, address socio- determinants
PATIENT SUPPORT	Standardize continuum of care from acute care to post home care	Timely notifications of readmissions	Timely focus on readmits, liaison between acute care/ home care	Open to discharge visits and support for other needs
CAREGIVER SUPPORT	Immediate identification of clinical needs and resolution	Timely support and engagement of caregiver when readmissions occur	Liaison between clinical and non- clinical needs	Support and liaison to address sociodeterminants and navigating healthcare system

Palmetto Health Columbia, South Carolina