**Background**

- One-fifth of patients with Medicare are readmitted within 30 days of hospital discharge; 34% are readmitted within 90 days.
- The Society of Hospital Medicine (SHM) developed Project BOOST (Better Outcomes for Older adults through Safe Transitions) to help hospitals improve their discharge processes, reduce 30 day readmission rates and improve patient satisfaction scores.
- Project BOOST utilizes expert mentors to facilitate implementation of an evidence-based process to improve the safety and patient-centeredness of the discharge transition and reduce readmissions.
- A web-based toolkit (www.hospitalmedicine.org/BOOST) was developed and includes specific components addressing these issues.
- Previous research indicates that hospital quality improvement initiatives often face difficulties gaining momentum or achieving meaningful and lasting change. We sought to examine the successes and failures experienced by sites during Project BOOST’s implementation.

**Methods**

- We used content analysis to synthesize data from BOOST program application materials, Project BOOST online community discussions, and structured phone interviews with project leaders from each of the 6 pilot sites.
- The interview guide consisted of 15 questions that ranged from how broken all of our care processes have been from the time the patient arrives in the ED until they leave...
- The resulting themes were then compared to the demographic and process information, including location, type of hospital, bed size and description of their hospital and hospitalist program.
- Quotations representative of the most common themes were selected and are reported here.

**Results**

<table>
<thead>
<tr>
<th>BARRIER THEMES</th>
<th>FACILITATOR THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnitude of the difficulty implementing interventions to change the discharge process</td>
<td>Building teamwork and collaboration</td>
</tr>
<tr>
<td>Insufficient hospital leadership support</td>
<td>Fostering the belief that Project BOOST improves patient care</td>
</tr>
<tr>
<td>Lack of protected time or dedicated resources</td>
<td>Successful results reinforced the benefits of the effort</td>
</tr>
<tr>
<td>Lack of front line buy-in</td>
<td>Starting small and then expanding</td>
</tr>
<tr>
<td>Inadequate understanding of the current status of the hospital’s discharge process</td>
<td>Mentorship</td>
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</tbody>
</table>

- “The biggest surprise was that the nurses were not more excited about it. We had a lot of trouble gaining momentum with the nurses on the floor as we chose to roll this out on.”
- “I think it is surprising how broken all of our care processes have been from the time the patient arrives in the ED until they leave…”
- “I think the most surprising thing to us is the overall resistance of the organization to change.”
- “I think it is really improved collaboration around transitions between the nurses and physician as well as pharmacists who started this year.”
- “Right now it is only on two floors, and initially our vision was to try and take it hospital wide and I would say that was to our own detriment.”
- “I think what was surprising to everyone, you would think it would be easy to just make appointments and get the medication but it actually a quite extensive process.”
- “I think the most positive thing has been really, really, really, the people who are doing QI for the first time, like seeing them adopt something for the first time and really give input, and really laying some groundwork for putting more thought into transition in care in particular but QI in general.”
- “Right now [Project BOOST] is only on one floor, a 32 bed unit. The next step would be to go to medicine division or all hospitalists. Our plan is to go slow, we do not want BOOST to fail because we are rushing. We want everything streamlined and integrated when we roll it out. We want this to be sustainable before we expand. Sustainability is our first priority.”

**Limitations**

- Our findings are limited given the sample size of six pilot sites, but these sites included a large academic medical center, a smaller rural hospital, and urban and suburban sites.
- We did not evaluate the barriers and facilitators to joining a QI collaborative.

**Conclusions**

- Overall, we found commonly shared barriers and facilitators among the pilot hospitals implementing Project BOOST, even in sight of their differing locations, size, and type. The unique mentorship element of Project BOOST proved extremely valuable in helping sites overcome their distinctive challenges and identify facilitators for success.
- Project BOOST appears to be a well-received platform for controlled, structured improvement to enhance a hospital’s discharge process.
- Our findings are consistent with other quality improvement research.

**Next Steps**

- Project BOOST is currently collecting outcomes data from 45 hospitals nationwide. One year outcome data should be available in Fall 2010

**Acknowledgments**

- We would like to thank The John A. Hartford Foundation for their generous support of this project.

**References**