

BOOST Advisory Board Quotes:

“Project BOOST provides a clear plan of action for hospitals who want to improve the discharge process for their older patients. Utilizing the free resources that BOOST provides will result in decreased re-hospitalization and better patient outcomes, a win-win situation for all involved.”

-Jean Range, The Joint Commission

“The hospital discharge is a hazardous “procedure,” particularly for patients who are older, functionally impaired, and burdened by multiple medical problems. Many patients suffer adverse events shortly after discharge, often as a result of medication-related mix-ups and breakdowns in communication. Preventable bouncebacks frustrate patients and providers alike, and probably cost the healthcare system billions of dollars. Fortunately, recent work by researchers from a variety of disciplines has shown that innovative system improvements can reduce readmissions, save money, and increase patients’ confidence in their ability to manage their own conditions. Project BOOST provides an outstanding opportunity for participating hospitals to adapt many of these concepts and approaches at the local level, and to improve their own discharge processes.”

-Bill Lyons, American Geriatrics Society

“In addition to excellent medical care hospitalized older adults often need evaluation of psychological and social factors that may determine where the patient will go after discharge. Factors such as care giving needs, family supports, home and community environment, and financial resources need to be assessed and understood so that the older adult has the best chance of the fullest recovery. The principles of Project BOOST supports this comprehensive approach to care.”

-Barbara Berkman, Helen Rehr/Ruth Fizdale Professor of Health & Mental Health

“I recall a time when healthcare experts predicted that hospitals would become “one big ICU”. That time has come, and it requires that we radically change the way we think about the discharge process.

The trend towards outpatient therapy has meant that only the sickest now get admitted to the hospital. Patients who would have been cared for on the wards 5-10 years ago are now being discharged home with complicated “to-do lists” that include Infusion Clinic therapies, tests to be done, specialists to follow up with, new medication regimens to follow, and new dietary restrictions to carry out. Unfortunately, there is evidence that the ball gets dropped on many of these “to-do” items resulting in harm to patients.

As members of the healthcare team, it is our duty to ensure that our plan of management is executed reliably and that harm to patients is avoided. Project BOOST represents the collective efforts of the entire interdisciplinary team

collaborating with patients, communities, and payors to address these issues. It has been an honor to serve on the Advisory Board for Project BOOST with such an outstanding team.”

-Janet Nagamine, Kaiser Permanente/Safe and Reliable Healthcare

“Another important aspect I wanted to include is continuity but my blurb was getting too long. Hopefully someone else will capture this. In addition to this trend towards higher acuities, the continuity of care that existed when Primary Care Physicians managed hospitalized patients is often no longer there. Consistent with the needs of these high-acuity patients, Hospitalists now provide expert care in the acute setting, making a seamless and timely handoff back to the PCP and community providers critical.”

-Janet Nagamine, Kaiser Permanente/Safe and Reliable Healthcare