Through the Colorado Rural Health Center’s Improving Communication and Readmissions (iCARE) project, critical access hospitals (CAHs) and rural clinics are participating in a statewide effort to improve the patient experience by improving communication in transitions of care and clinical processes, and reducing avoidable hospital readmission rates.

Funding for the iCARE Program is provided through CRHC’s receipt of the Federal HRSA Medicare Rural Hospital Flexibility Program Grant, CFDA 93.241; Award 2 H54RH00056-12-00, and the Colorado Department of Public Health and Environment’s Cancer, Cardiovascular, and Pulmonary Disease Grant Program.

All data is rounded to nearest whole number
All facility data: July 2013-2015
For more information on the HARC Data Bank contact info@coruralhealth.org

Improving Communication and Readmissions in the Rural Setting
- Project Participants -

How iCARE Participants Compare to Rural Colorado

Facility Data
Critical Access Hospitals

30 day readmission average:

<table>
<thead>
<tr>
<th>Year</th>
<th>CAH</th>
<th>iCARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>2014</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>2015</td>
<td>16%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Hospital readmissions measure the ratio of patients readmitted to a CAH within 30 days with the same or similar diagnosis to the total inpatient discharges.

Rural Clinics

Diabetic patients with a LDL<100mg/dl

Since 2013, there has been a 32% improvement of patients with a reported LDL below the national benchmark.

Having an LDL below 100mg/dl is a national benchmark set by the American Association of Diabetes.

Pneumonia Vaccination
68%

Heart Disease
4%

Cholesterol Checked
55% in last 5 years

These statistics portray the importance of quality improvement initiatives.

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