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## **Identifying Targets for Preventable Post-Prostatectomy Readmission via a Novel Qualitative Approach**

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### **Introduction/Objective**

Post-operative readmissions are an important target for quality improvement. Implementation of readmission reduction interventions requires collaboration across the spectrum of stakeholders, representing significant logistical demand. Using a focus group approach at the Michigan Urological Surgery Improvement Collaborative (MUSIC)-wide Meeting, we leveraged experience with a Lean framework to identify drivers, interventions, and implementation approaches for reducing post-radical prostatectomy (RP) readmission.

### **Methods**

MUSIC Collaborative-wide Meeting attendees self-selected to one of 12 focus groups. A brief presentation on post-RP readmission and the results of Lean evaluations at two MUSIC practices was shown. Within groups, attendees identified potential interventions for reducing readmission and key stakeholders for implementation and sustainment. Groups reported to the larger audience for discussion and elaboration. Input was recorded and then coded for emerging themes.

### **Results**

130 attendees representing 35 urology practices and 32 hospitals participated in the focus groups, including 45 urologists, 32 practice administrators/data abstractors, 18 urology trainees, 5 advanced practice providers, 4 nurses and 3 patient advocates.

Each group identified a breadth of post-RP readmission drivers, interventions, and implementation strategies. All groups noted that a significant number of readmissions were preventable. Six primary themes affecting preventable readmissions emerged: patient education, non-urologist provider education, care team fragmentation, resource constraints, provider knowledge gaps, and patient medical optimization.

Patient education was overwhelmingly cited as a primary target. Components of this included consistent messaging, complete information (e.g., expected vs. concerning symptoms), volume and timing of patient instruction, and multi-medium information (written, oral, video).

### **Conclusions**

We present an efficient alternative to traditional qualitative methods, overcoming logistical barriers around stakeholder engagement to identify targets for reducing post-RP readmission. Patient education emerged as a primary target for preventable readmission.

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