



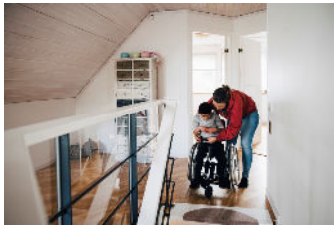
## Background

Thirty-day hospital readmissions are a key quality metric tied to reimbursement. Children with medical complexity (CMC) defined by chronic conditions, functional impairment, and high healthcare needs are at disproportionate risk. Although CMC represent approximately 6% of the pediatric population, they account for nearly 40% of Medicaid spending, 41% of hospital days, and over 40% of pediatric inpatient mortality. Fragmented care and limited continuity contribute to preventable readmissions, highlighting the need for coordinated care models.



## Objectives/Purpose

To evaluate the impact of a structured, multidisciplinary care-coordination model on 30-day hospital readmission rates among children with medical complexity enrolled in a Pediatric Complex Care Clinic.



## Methods

**Design:** Quality improvement initiative using a retrospective cohort analysis (2023).

**Setting & Population:** All CMC patients actively enrolled in the Cleveland Clinic Pediatric Complex Care Clinic

**Intervention:** Multidisciplinary care team including a primary care provider, nurse care coordinator, social worker, dietitian, and psychologist. Interventions included routine follow-ups, proactive post-discharge outreach, and coordinated communication across inpatient, outpatient, and emergency settings.

**Measurement Tools:**

Internally validated HER embedded 30-day Readmission Risk Score  
Actual 30-day readmission events



## Outcomes

**Average predicted readmission risk:** 37.7%

**Observed 30-day readmission rate:** 17.7%

**Absolute reduction:** 20 percentage points



Despite high predicted risk, patients enrolled in the Pediatric Complex Care Clinic demonstrated significantly lower observed readmission rates. This cohort achieved the **highest readmission performance among all Cleveland Clinic Foundation pediatric primary care practices in Ohio** during the reporting period.

## Conclusion

Multidisciplinary care coordination significantly reduces 30-day hospital readmissions for children with medical complexity. Integrated care-coordination models improve continuity of care, reduce preventable hospitalizations, and optimize healthcare utilization for this high-risk population. These findings support scaling coordinated care models and advancing policy and reimbursement strategies that sustain interdisciplinary pediatric care



## References

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