A3 Healthcare 90-Day Readmissions Improvement Sprint

Individualized consulting.
Shared structure.
Measurable results.

Enroll anytime until December 15, 2026.

A focused 90-day consulting sprint to validate measurement, diagnose readmission drivers, and target improvement.

We're serious about moving metrics. And prefer to do it quickly.

A3 Healthcare®

MEASURE ACCURATELY. DIAGNOSE INTELLIGENTLY. INTERVENE INTENTIONALLY.

The A3 90-Day Readmissions Improvement Sprint starts where most readmissions programs don't: with the measurement itself.

We validate who should be in your denominator, identify the key drivers behind your readmissions, and help your team match interventions to the problems actually occurring — before adding another initiative, technology, or layer of work.

Don't add another intervention until you know exactly what you're trying to fix.

Program Objective

This work is designed to help hospitals build a more precise, data-informed approach to reducing readmissions.

Together, we will:

- **Validate the measure** — clarify index admissions, exclusions, payer-specific definitions, and how readmissions are currently being calculated.
- **Diagnose the drivers** — identify the segments, patterns, and key drivers contributing to readmissions.
- **Prepare for changes** — assess how evolving CMS & payer requirements, emerging diagnoses such as sepsis, and AI-enabled coding and documentation affect future measurement and performance.
- **Target the response** — translate findings into focused strategies that work with what you have and address both measurement and process changes.

The Readmissions Impact

3%

Medicare payments at risk through HRRP and commerical value based contracts

~$16K

Average cost of one hospital readmission

Public reporting and quality scores

Higher costs and increased capacity strains

The American Hospital Association projects that 75–82% of hospitals will face readmission penalties by FY27.

Your Readmission Sprint Roadmap

A focused path from insight to action - built for real progress.

1 DAYS 1-30 VALIDATE & FOCUS

- Sprint Kickoff & Working Session
- A3-Guided Analysis 1:1 Coaching
- Population & Measurement Profile Delivered

OUTCOME

An **accurate** population and measurement plan.

2 DAYS 31-60 DIAGNOSE

- Live Virtual Working Session
- A3-Guided Analysis 1:1 Coaching
- Readmission Diagnostic Profile Delivered

OUTCOME

An **analytical** understanding of key drivers.

3 DAYS 61-90 ACT & SUSTAIN

- Live Virtual Working Session
- A3-Guided Analysis 1:1 Coaching
- Readmissons Action Blueprint Delivered

OUTCOME

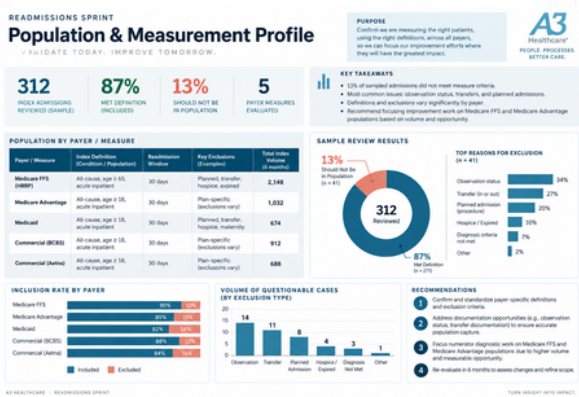
An **actionable** plan to reduce readmission and sustain impact.

THREE ITERATIONS OF ADVANCED PARTNERSHIP WORK.

Three co-created deliverables

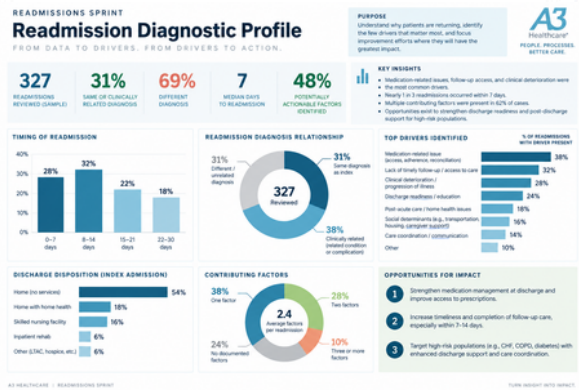
By combining measurement rigor with diagnostic insight and actionable planning, we deliver three practical outputs that position you for lasting improvement.

1 Population & Measurement Profile



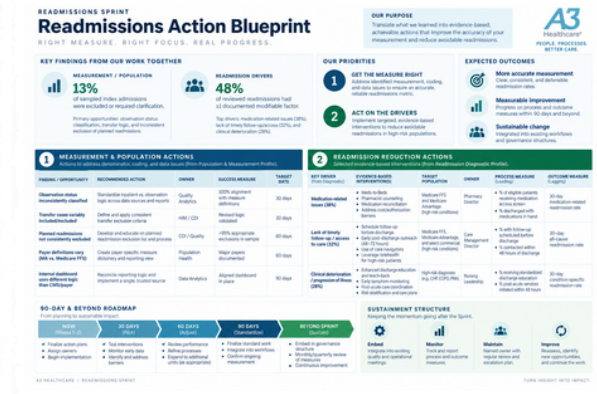
A clear, validated view of the population being measured, including index admissions by payer, applicable definitions and exclusions, and opportunities to improve the accuracy and consistency of readmissions measurement.

2 Readmission Diagnostic Profile



A focused analysis of readmission patterns, key drivers, priority segments and improvement opportunities to better understand where and why readmissions are occurring.

3 Readmissions Action Blueprint



A targeted improvement plan that strengthens measurement and denominator integrity, establishes a sustainable tool for ongoing readmissions monitoring, and focuses process-improvement strategies on the drivers most likely to influence readmissions.

Sprint Outcome

At the end of 90 days, your organization will have more than a list of recommended interventions. You will have a validated understanding of what you are measuring, a clear diagnosis of what is driving your readmissions, and a focused action plan for where to invest time, resources, and improvement effort.

Built around your team

The Sprint is collaborative by design—bringing the right people together to drive clarity, alignment, and measurable progress.

This Sprint Is For Hospitals that...

- Already have a team focused on readmissions, but need greater clarity around measurement, key drivers, or where to focus next.
- Have multiple readmissions initiatives underway but are unable to breakthrough performance.
- Want to validate how index admissions and readmissions are defined and quantified across specific payers.
- Need a structured diagnostic process before investing in another intervention, technology, or program.
- Want to learn a proven methodology to apply to other VBP initiatiaves.

Already have a readmissions committee or team? Perfect.

The Sprint is designed to work with your existing structure. We will help identify which team members should participate in each phase based on the work being completed.

Not every team member needs to participate in every session. We understand the real world.

Recommended Sprint Team

Executive Sponsor
Removes barriers and supports decisions

Sprint Lead
Coordinates the team and serves as primary contact

Data / Analytics Lead
Supports data preparation and measure validation

Revenue Cycle / Payer SME
Provides payer and reimbursement expertise

Clinical Quality / Coding Reviewer(s) Supports targeted case review

Operational SME(s
Joins as needed based on identified drivers

Program Investment

$16,000 per organization team

Strategically priced at roughly the cost of a single readmission, the Sprint combines individualized consulting with the shared learning, peer insight, and momentum of a collaborative.

What Your Investment Includes

- Individualized 1:1 consulting and coaching with A3 experts
- Facilitated sprint working sessions
- Hands-on analysis of your organization's data, payer profiles, and readmission patterns
- A3 diagnostic tools, templates, and review methodology
- Three customized, co-created deliverables: Population & Measurement Profile, Readmission Diagnostic Profile, and Readmissions Action Blueprint.

Ready to Enroll?

Enroll your organization anytime through December 15, 2026.

Enrollment is intentionally limited to ensure individualized consulting and support for each participating organization.

Click here to request the participation agreement and reserve your organization's place.

Want to Learn More?

Schedule a 20-minute consultation

Meet with us to discuss your organization's readmissions priorities and determine whether the Sprint is the right fit.

Expert Advisors

Erin Zeringue, FACHE
President
A3 Healthcare

Erin is a GE-certified Lean Six Sigma Master Black with more than 25 years of healthcare leadership and performance improvement experience. A former Vice President of Quality, Patient Safety, and Performance Improvement, Erin has led and supported initiatives focused on readmissions, patient safety, throughput, care transitions, public reporting, and op excellence.

She partners with health systems across the country to turn complex data into focused improvement strategies, helping teams strengthen measurement, identify key drivers, and target the processes most likely to improve outcomes. She also brings expertise in the practical application of emerging technologies, including AI, to support better decision-making and more efficient healthcare operations.

Erin is a nationally recognized speaker on healthcare performance and innovation. She recently completed Harvard's AI in Healthcare program and holds master's degrees in Health Administration and Business Administration from the University of Alabama at Birmingham.

Natalie McCall
Principal
NBM Advisory

Natalie is a healthcare transformation leader with 15 years of experience spanning both the payer and provider sides of the industry. Most recently, she served as Vice President of Health Care Value for Louisiana Blue, where she led strategies focused on value-based reimbursement, provider performance, and innovative approaches to improving healthcare value.

Earlier in her career, Natalie worked in process improvement at a large health system where she earned her Lean Six Sigma Black Belt, and in healthcare consulting with HealthScape Advisors in Chicago. Her combined experience in reimbursement, performance improvement, and provider strategy brings a valuable perspective to understanding how readmissions are measured, managed, and influenced across different payer environments.

Natalie holds a B.S. in Business from the University of Notre Dame and a Master's in Health Care Transformation from the McCombs School of Business at the University of Texas at Austin. She has also shared her expertise through published articles and speaking engagements.