Nursing Home Readmissions Affinity Group Session #8: Leveraging Nurse-Medical Provider Communication To Reduce Avoidable Rehospitalization and ED Visits

Presented by:
Danyce Seney, RN, BSN, IP, RAC-CTA, CPHQ
Amy Daly, MA, LNHA, CHES

July 11,2023

ALLIANT HEALTH SOLUTIONS
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Danyce Seney, RN, BSN, IP, RAC-CTA, CPHQ

QUALITY IMPROVEMENT SPECIALIST

Danyce Seney is a quality improvement specialist and registered nurse with certifications in Lean, Infection Control Preventionist and Educator for Adult Learners.

Danyce supports skilled nursing facilities in utilizing a quality improvement framework to implement evidence-based interventions and strategies to improve patient safety and immunization rates and reduce avoidable readmissions.

Email: DSeney@ipro.org

Amy Daly, MA, NHA

SENIOR QUALITY IMPROVEMENT SPECIALIST

Amy Daly is a licensed nursing home administrator with over 20 years of leadership and long-term care management experience. In addition to her prior work as a vice president of long-term care and facility administrator, Amy has served on the boards of the Genesee Health Facilities Association (as treasurer and education committee member) and the Genesee Health Facilities Foundation. Amy serves as a New York State Department of Health Informal Dispute Resolution (IDR) panel member and has been an adjunct clinical instructor of dental hygiene at Monroe Community College. Amy has a master's in health promotion and a bachelor's in health sciences.

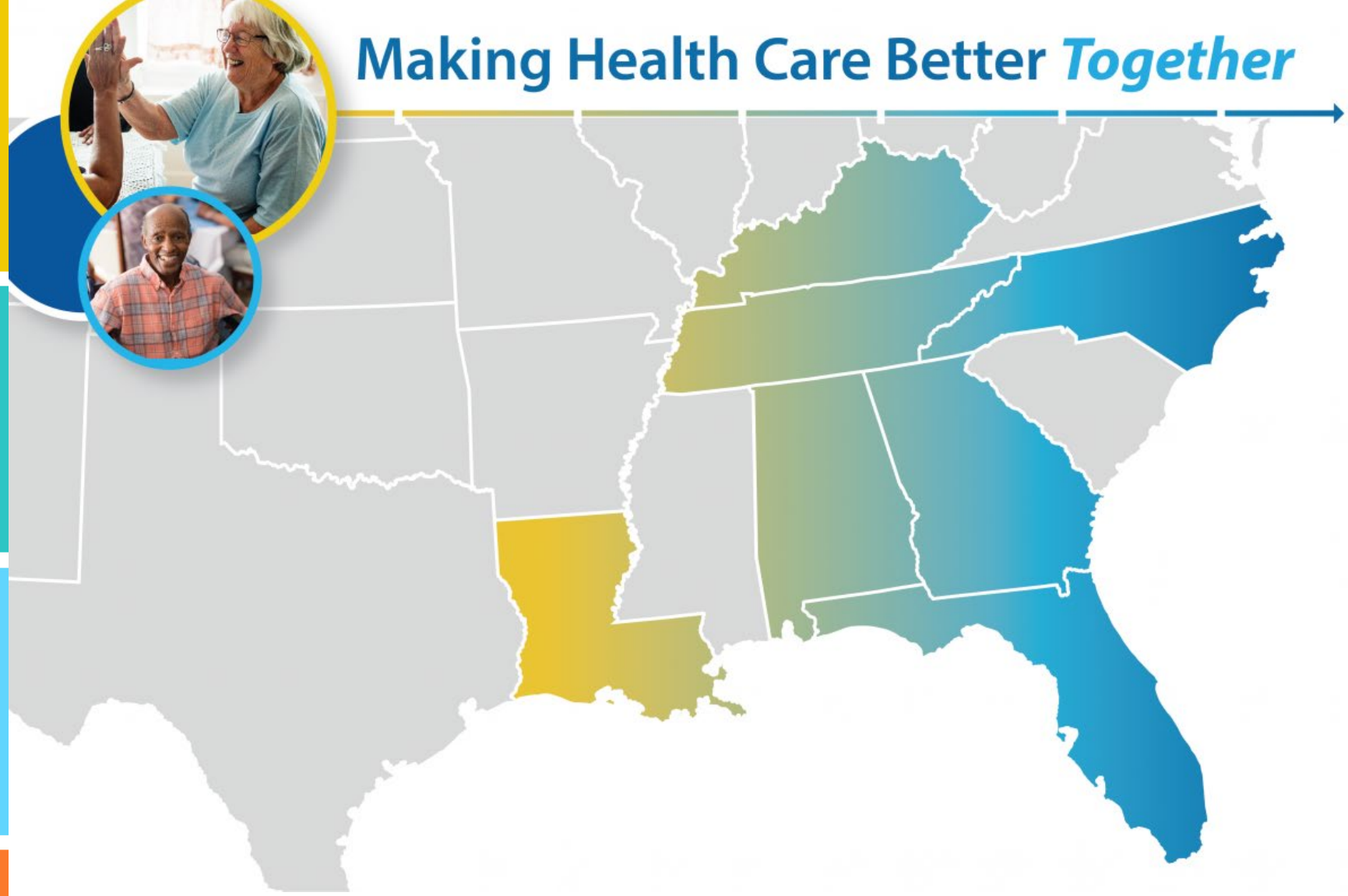
Email: adaly@ipro.org

Julie Clark, BS, LPTA

TENNESSEE STATE QUALITY MANAGER

Julie is a licensed physical therapist assistant with more than eight years of experience managing rehab departments while treating patients in long-term care, hospital, outpatient, home health, and inpatient hospital settings. She has a bachelor's degree in healthcare leadership. Julie has served as a state quality improvement manager in Tennessee since 2012, collaborating with long-term care, hospitals, community coalitions, families, and Medicare beneficiaries as they work to make health care better. Julie's areas of expertise include geriatric seating and positioning, QAPI, NHSN, MDS quality measure review, falls reductions, community coalition development and process improvement in varied topics, including infection control, vaccines and COVID-19.

Contact: Julie.clark@allianthealth.org
Office: 919-745-4731



About Alliant Health Solutions

ALLIANT HEALTH SOLUTIONS | QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Prior Sessions

Session	Focus Area	Recording and Materials
1	Facility Capabilities and Impact on Admissions, Re-Admissions, ED Visits	A Fresh Look at Best Practices to Reduce Readmissions: Facility Capabilities and Impact on Admissions, Re-Admissions and ED Visits - Session 1 - NQIIC (allianthealth.org)
2	Detecting and Communicating Changes in the Condition	Detecting and Communicating Change of Condition - Session 2 - NQIIC (allianthealth.org)
3	Clinical Decision Support Tools and Advanced Care Planning	Clinical Decision Support Tools and Advance Planning: Engaging the Patient and Care Partner - Session 3 - NQIIC (allianthealth.org)
4	Assessing Readmission Risk	Nursing Home Readmission Affinity Group Session 4: Managing Readmission Risk - NQIIC (allianthealth.org)
5	Engaging the Interdisciplinary Team	Nursing Home Readmission Affinity Group Session 5: Engaging the Interdisciplinary Team - NQIIC (allianthealth.org)
6	Engaging Patients and Care Partners	Nursing Home Readmission Affinity Group Session 6: Engaging the Patient and Care Partner - NQIIC (allianthealth.org)
7	Communicating Across the Care Continuum	Nursing Home Readmissions Affinity Group Session 7: Communicating Across the Care Continuum - NQIIC (allianthealth.org)

https://pathway-interact.com/

decisionguide.org

Learning Objectives

- Learn from one facility's team how engaging providers and establishing a culture of continual communication impacts transfer decisions and readmissions.
- Identify strategies to strengthen telephone communication with providers.
- Understand how to leverage evidenced-based tools to improve communication with providers and decrease avoidable rehospitalizations and ED visits.

Nurse-Physician Communication in the Long-Term Care Setting: Perceived Barriers and Impact on Patient Safety (Tjia et al., 2009)

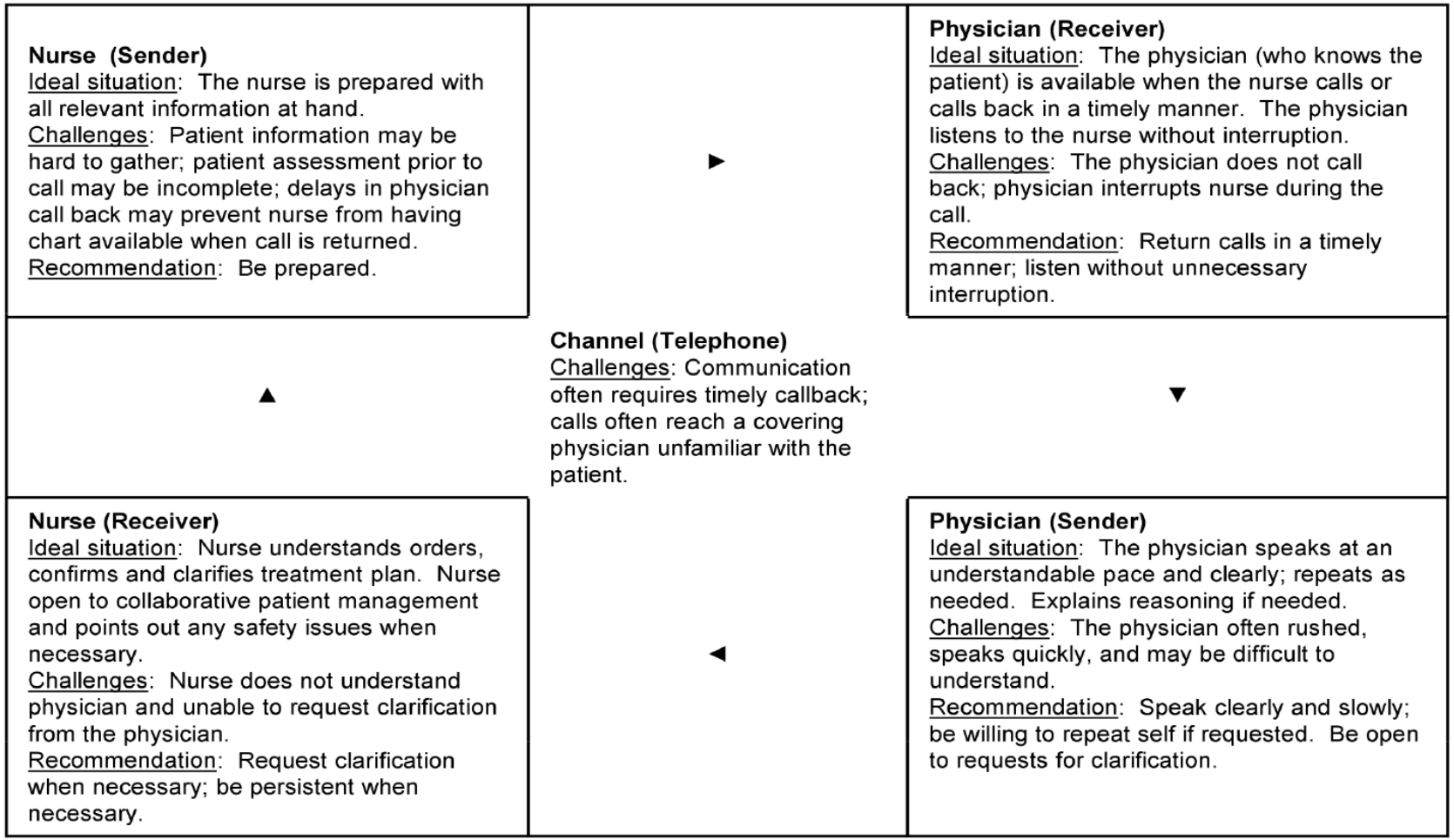


Figure 1. Communication-Health Information Processing (C-HIP) Model of Nurse-Physician Telephone Communication in the Long-Term Care Setting

NHC Johnson City's Readmissions Journey

- NHC Johnson City's Readmission Rate: 9.160%
- National Average Readmission Rate: 20.07%.

Reporting period: Oct 1, 2021 - Sept 30, 2022

NHC Health Care Johnson City Team

- Tyler Williams - Administrator
- Charity Vogt - DON
- Don E. Adams III, M.D. - Medical Director
- Scott Flemmer - Regional Nurse
- Jay Nason - Regional Vice President

Improving Communication

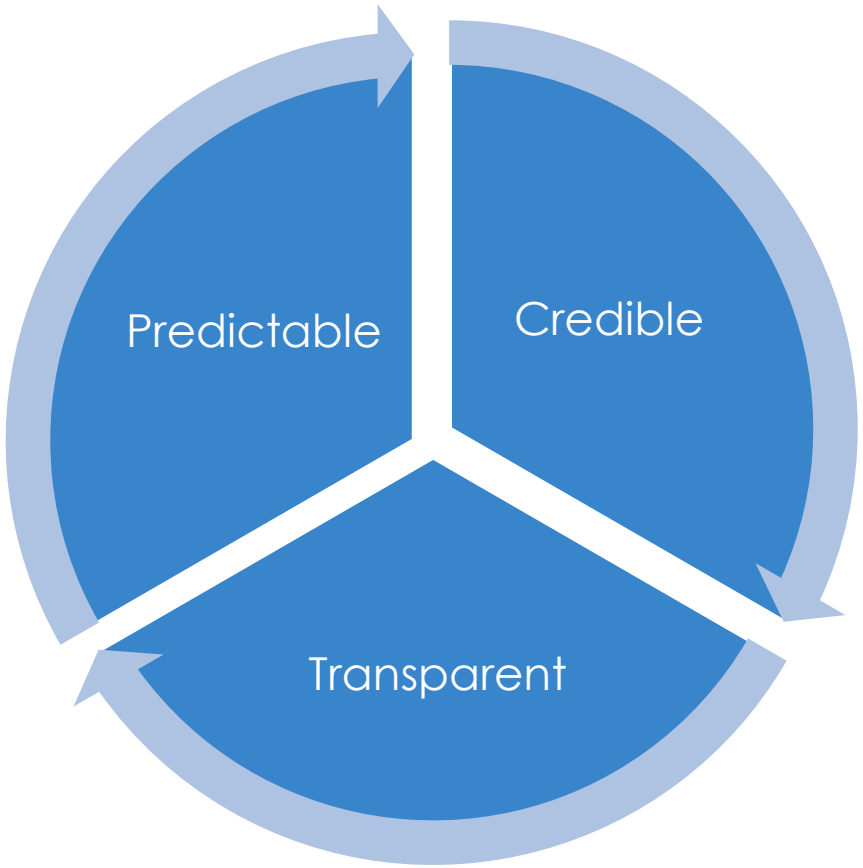
Learning from **NHC Johnson City**

Culture change. Reviewing hospital transfers and trends as an embedded practice.

On-call system and engaged providers.

Capabilities and skills to take action. Responding to changes and concerns.

Creating A Culture of Trust - Leslie Eber, MD, CMD



Building Trust in Nursing Home Communities with Leslie Eber

Use Tomorrow

Share key takeaways from today with your team and discuss one strategy to improve communication with your medical team.

Questions?

Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

•

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

•

Reduce adverse drug events

•

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

•

Increase use of cardiac rehabilitation programs

•

Reduce instances of uncontrolled diabetes

•

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

•

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

•

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

•

Provide virtual events to support infection control and prevention

•

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

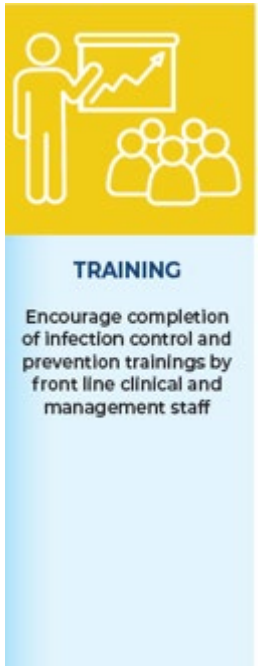
Encourage completion of infection control and prevention trainings by front line clinical and management staff

ALLIANT HEALTH SOLUTIONS
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Scan the QR codes or Click the Links to Complete the Assessments!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership in this key area to ensure plans are in place to achieve and maintain health quality and equity!

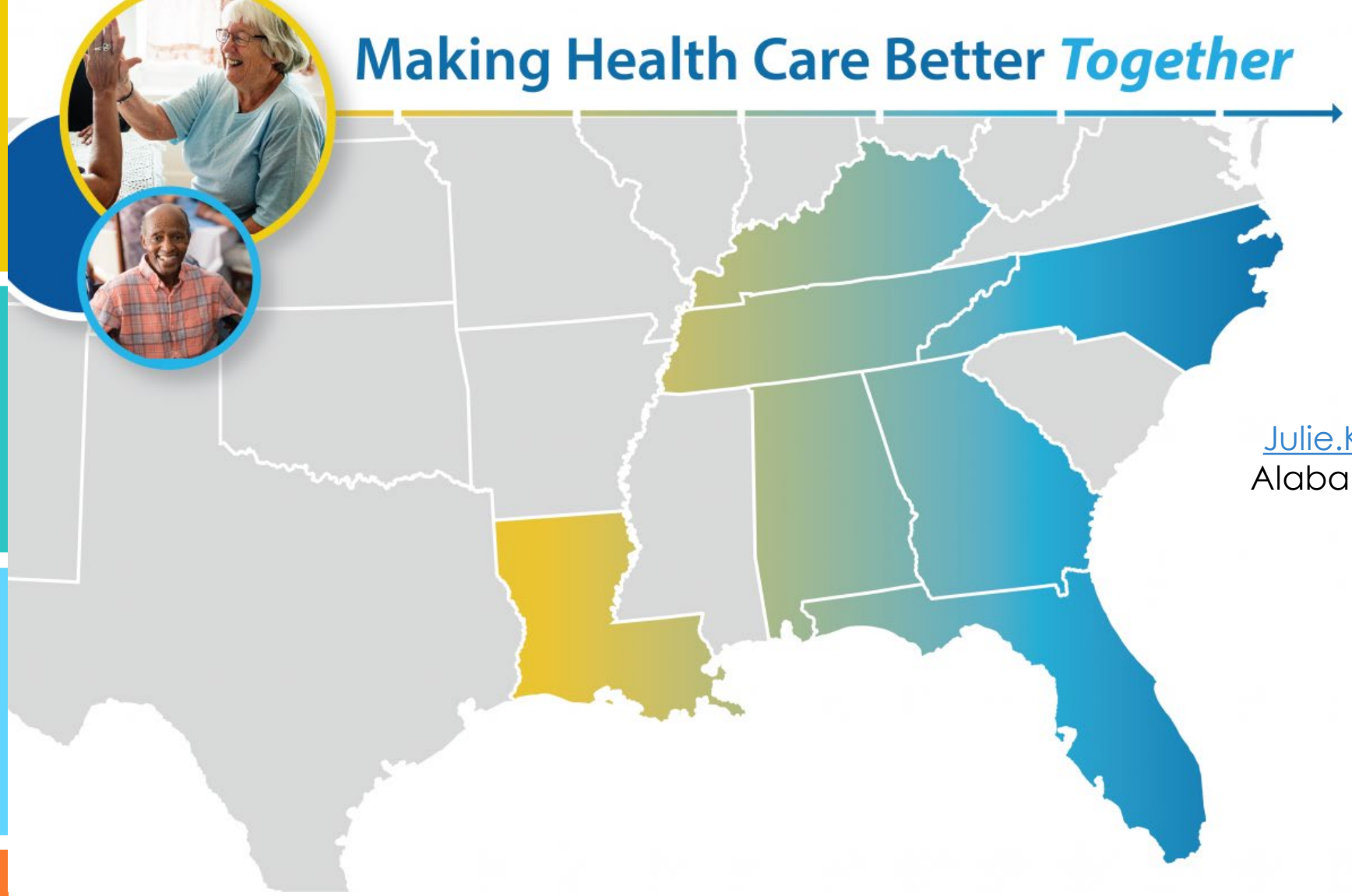
Please scan the QR code below and complete the assessment.



Nursing Home Infection Prevention (NHIP) Initiative Training Assessment

https://bit.ly/NHIPAssessment

ALLIANT HEALTH SOLUTIONS | QIN–QIO Quality Innovation Network - Quality Improvement Organizations CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP



Julie Kueker
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana

Leighann Sauls
Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors

ALLIANT HEALTH SOLUTIONS | QIN–QIO Quality Innovation Network - Quality Improvement Organizations CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

ALLIANT HEALTH SOLUTIONS | QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Making Health Care Better *Together*

ALABAMA · FLORIDA · GEORGIA · KENTUCKY · LOUISIANA · NORTH CAROLINA · TENNESSEE

@AlliantQIO

Alliant Health Solutions

@AlliantQIO

AlliantQIO

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO TO1-NH TO1-PCH--4025-06/30/23

ALLIANT HEALTH SOLUTIONS | QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP