Creating Interdisciplinary Programs to Reduce Avoidable Readmissions

Presented by:
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Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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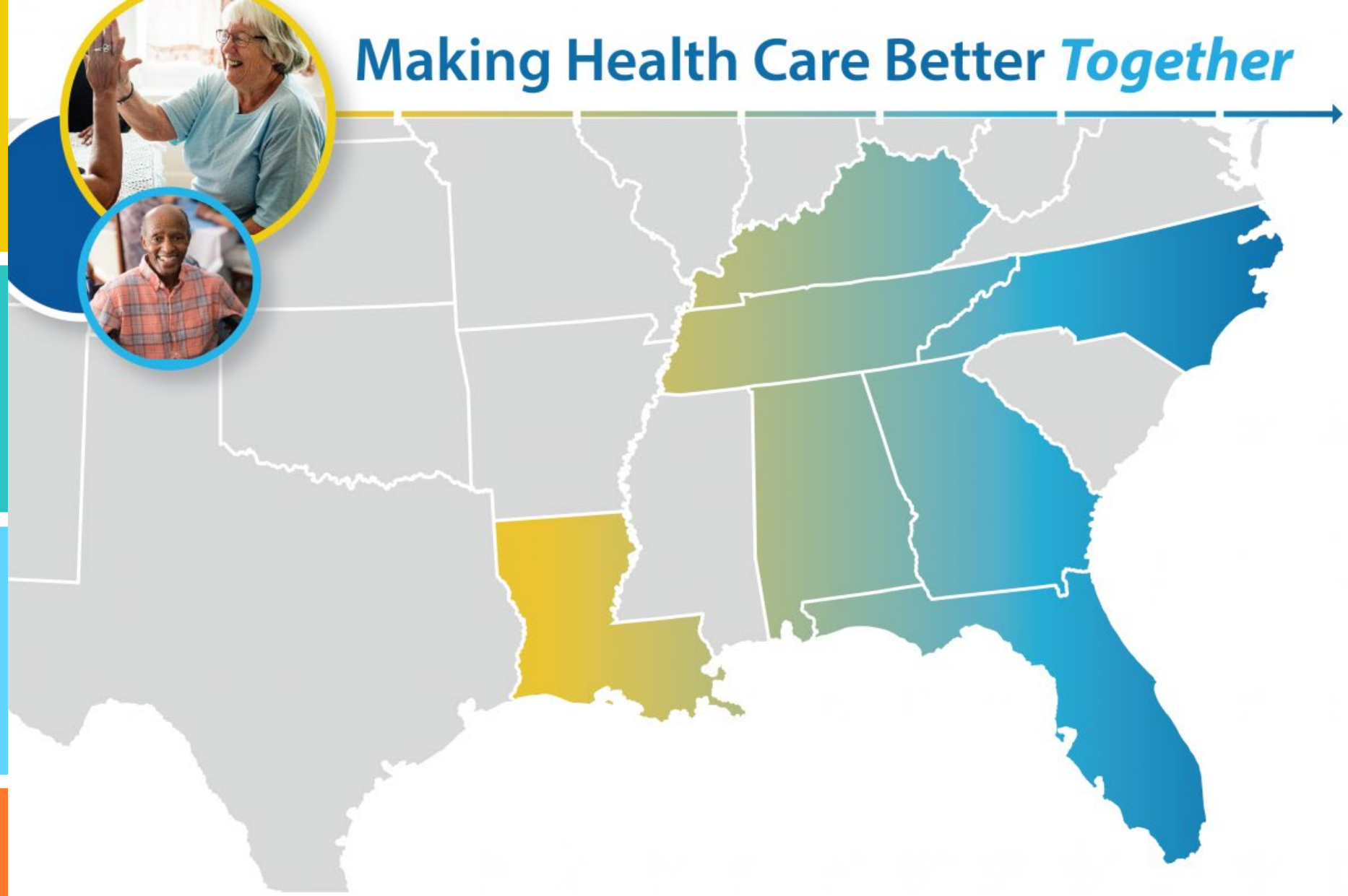
Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company.

In addition, Dr. Gaur is on the EMR transition and implementation team for the health system, providing direction to the EMR entity to adapt to the LTC environment. She has also consulted with post-acute long-term care companies to optimize medical services in PALTC facilities, integrate medical directors and clinicians into the QAPI framework and create frameworks of interdisciplinary work in the organization.

Dr. Gaur established the palliative care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.



About Alliant Health Solutions

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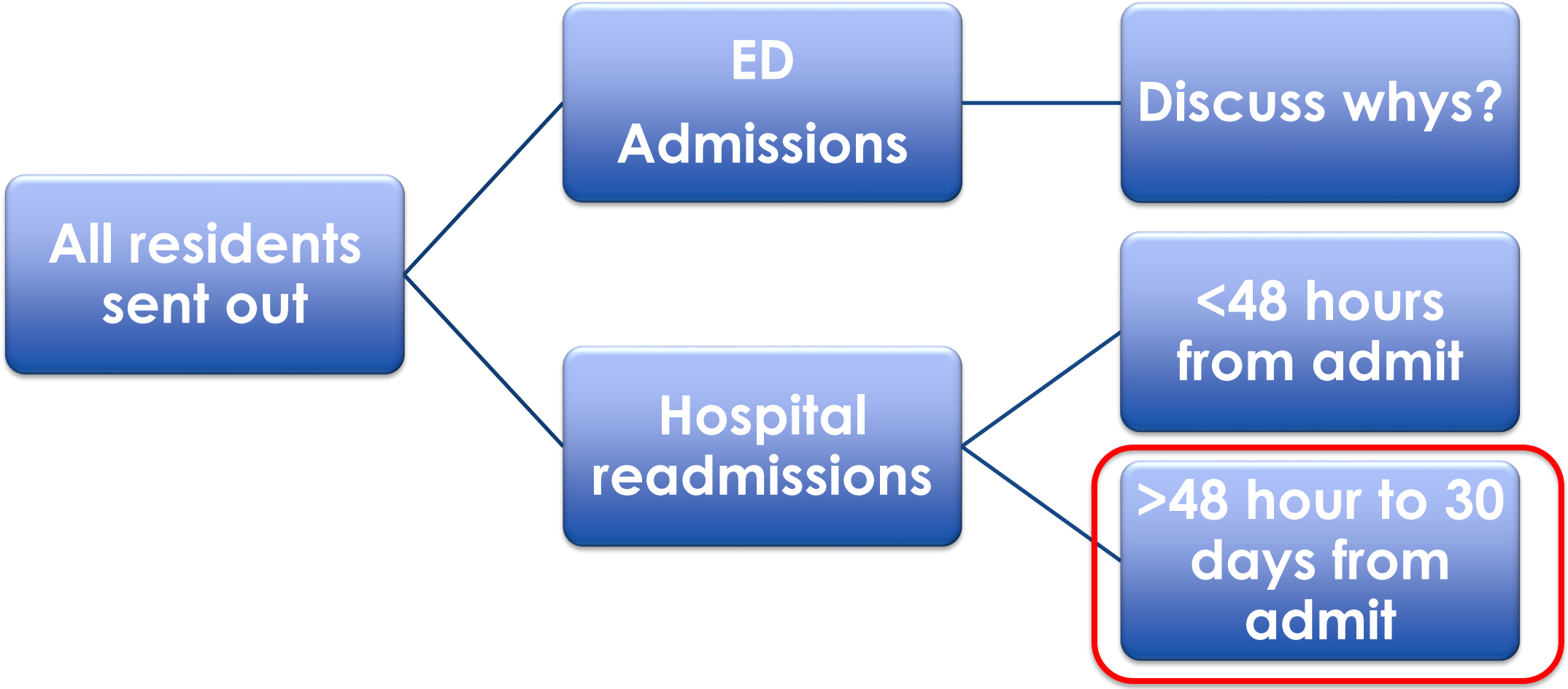
Learning Objectives

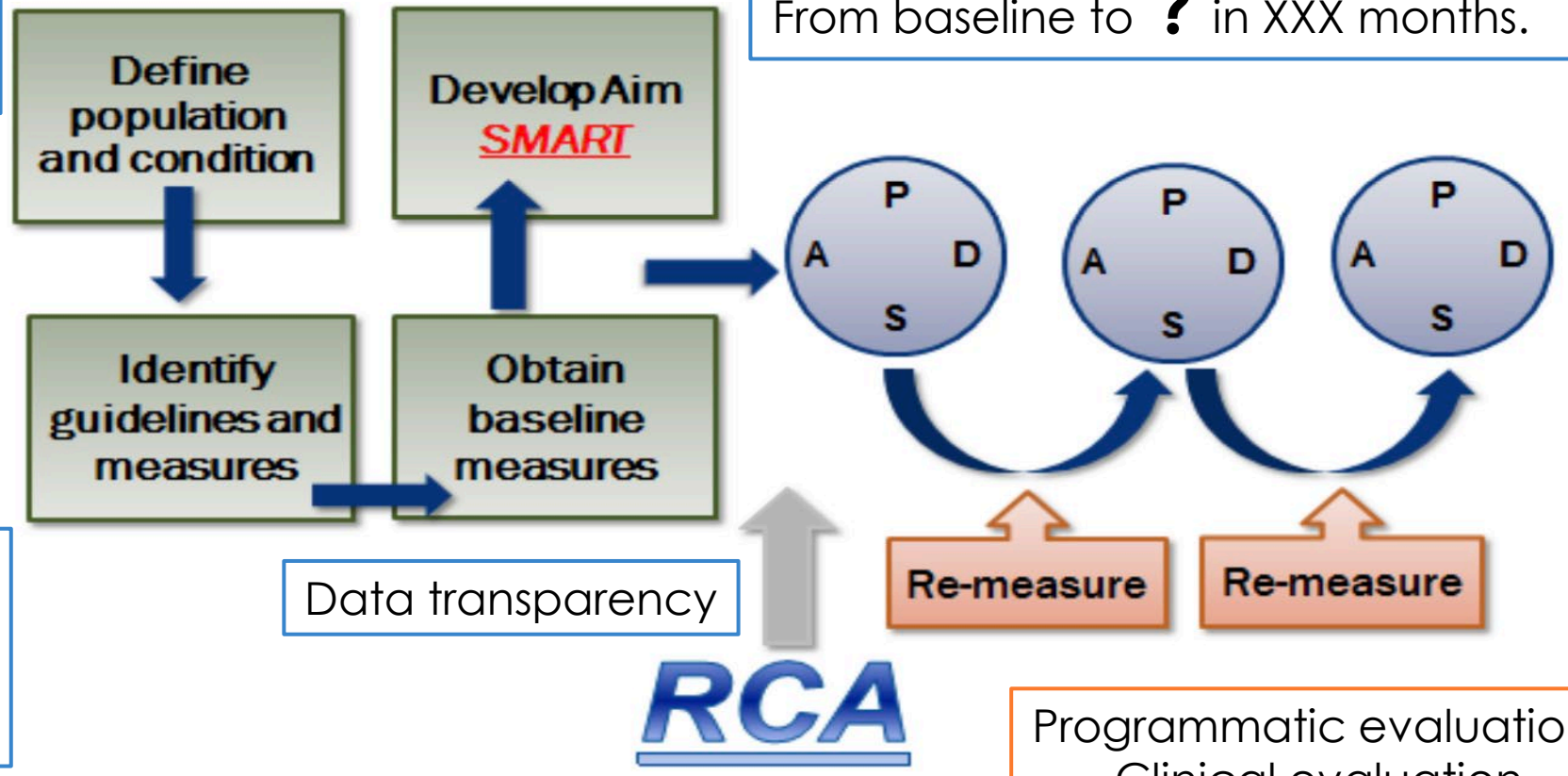
- Identify resident care processes that contribute to readmissions
- Create a PAR program to address priority areas in resident care.
- Learn how to leverage interdisciplinary team skills using PAR programs.


All residents sent out
ED Admissions
Discuss whys?
Hospital readmissions
<48 hours from admit
>48 hour to 30 days from admit

Project Flow

All (re)admission within 30 days by cause

From baseline to ? in XXX months.



Hospital vs. Emergency Department admissions

Data transparency

Programmatic evaluation
Clinical evaluation

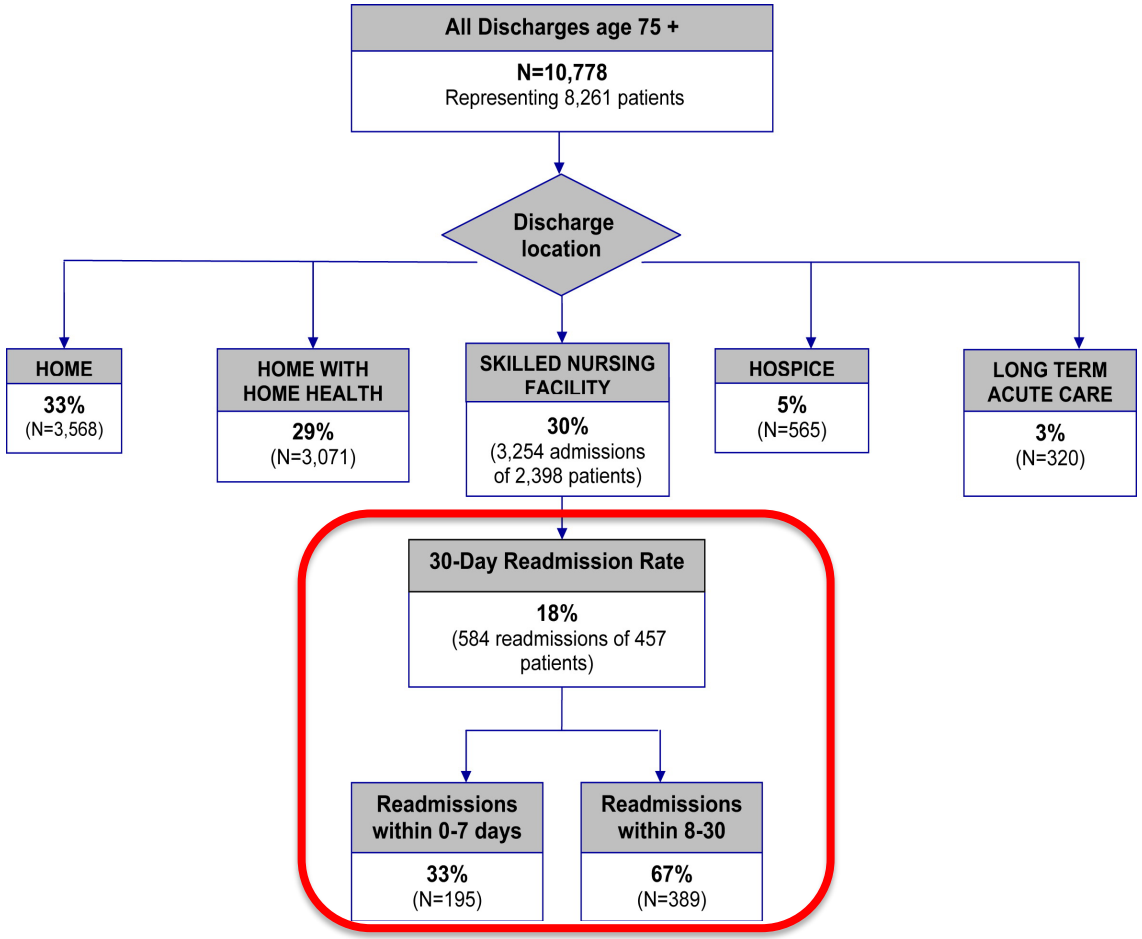
https://quality.allianthealth.org/wp-content/uploads/2020/02/QI-Workbook-Final-Version_2.pdf

Poll

What is the most common reason for admission from your facility to the hospital?

- Congestive heart failure
- Sepsis
- Fall and fracture
- Dehydration

Frequency and Diagnoses Associated With 7- and 30-Day Readmission of Skilled Nursing Facility Patients



- Cardiovascular disorders- 27%
  - –congestive heart failure (11%)
- Infections- 36%
  - –Pneumonia (12%)
  - –sepsis (8%)

https://www.jamda.com/article/S1525-8610(10)00078-2/fulltext

Case Study:

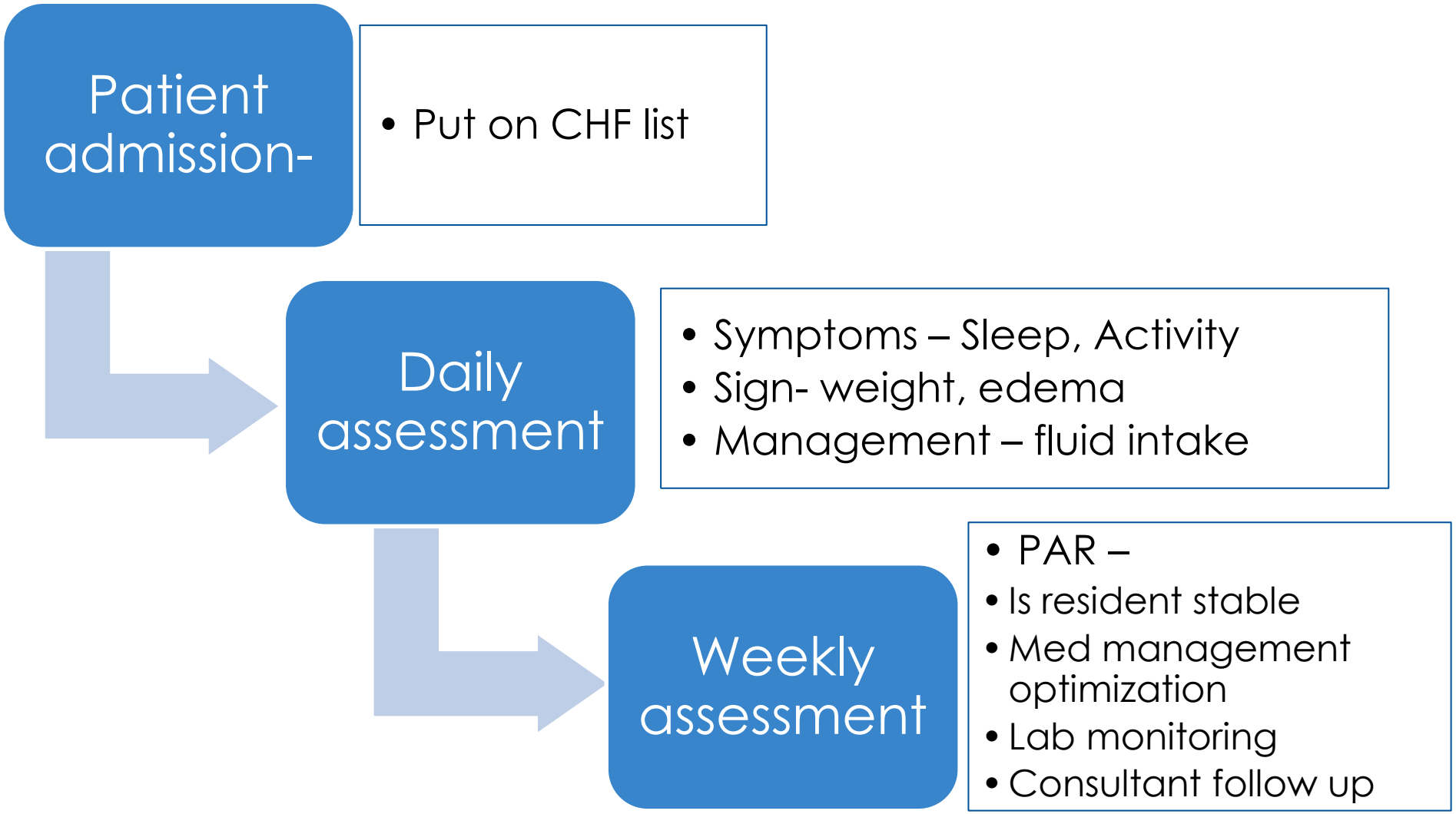
- Patient is an 81-year-old male with past medical history of atrial fibrillation on Eliquis, type 2 diabetes mellitus on insulin, hypertension, congestive heart failure, chronic pain disorder, history of non-Hodgkin's lymphoma in remission, carotid artery disease bilateral, BPH, hyperlipidemia, chronic kidney disease.
- Developed acute shortness of breath during night shift, transferred to the hospital and admitted for acute congestive heart failure

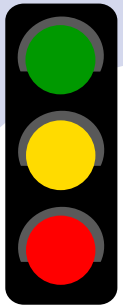
Wt Readings from Last 3 Encounters:	
10/02	97.3 kg (214 lb 8 oz)
09/25	95.3 kg (210 lb)
08/10	93 kg (205 lb 0.4 oz)

Chronic Disease Needs Chronic Management

- Patient at Risk Meeting:
  - CHF
  - Behavior
  - Fall
  - Other chronic geriatric conditions

Process


Patient admission-
• Put on CHF list
Daily assessment
• Symptoms – Sleep, Activity
• Sign- weight, edema
• Management – fluid intake
Weekly assessment
• PAR –
• Is resident stable
• Med management optimization
• Lab monitoring
• Consultant follow up



Zone Tool
Heart Failure

Every Day:

- ✓ Weigh yourself in the morning before breakfast and write it down
- ✓ Eat low-salt/low-sodium foods
- ✓ Balance activity and rest periods
- ✓ Check for swelling in your feet, ankles, legs and stomach
- ✓ Take your medicine the way you should take it

All Clear Zone..... *This is the safety zone if you have:*

- No shortness of breath
- No weight gain more than 2 pounds (it may change 1 or 2 pounds some days.)
- No swelling of your feet, ankles, legs or stomach
- No chest pain

Warning Zone..... Inform Clinician

- Weight gain of 3 pounds in 1 day or a weight gain of 5 pounds or more in 1 week
- More swelling of your feet, ankles, legs or stomach
- Difficulty breathing when lying down. Feeling the need to sleep up in a chair.
- Feeling uneasy; you know something is not right
- No energy or feeling more tired
- More shortness of breath
- Dry hacking cough
- Dizziness

Medical Alert Zone .... Call Clinician NOW

- A hard time breathing
- Unrelieved shortness of breath while sitting still
- Chest pain
- Confusion or can't think clearly

This material from the NC Program on Health Literacy was adapted by GMCF for Alliant Quality the Medicare Quality Innovation Network - Quality Improvement Organization for Georgia and North Carolina, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 11SOW-GMCFQIN-C3-15-05

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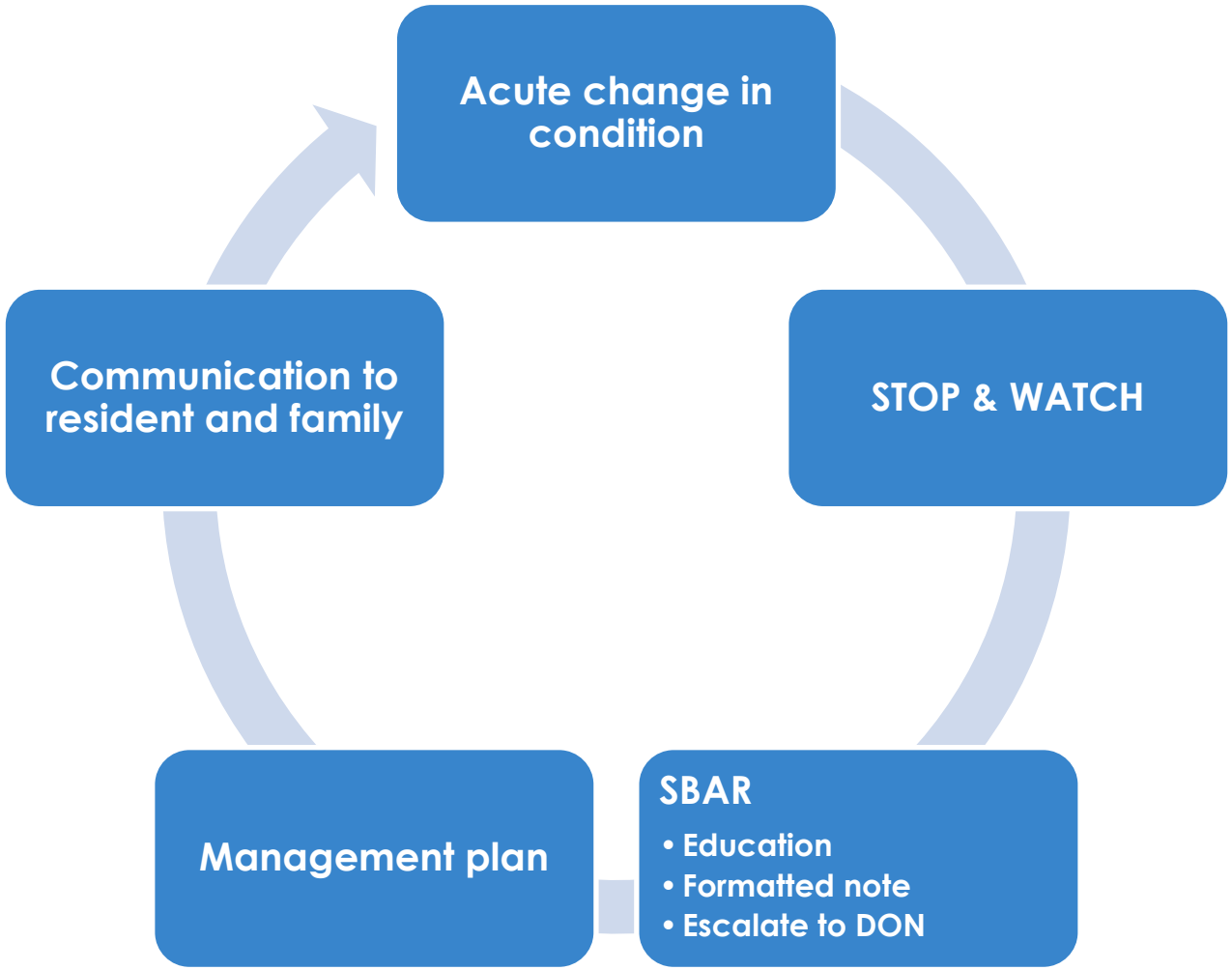

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People

Patient admission-

- Put on CHF list

Daily assessment

- Symptoms – Sleep, Activity
- Sign- weight, edema
- Management – fluid intake

Weekly assessment -PAR –

- Is resident stable
- Med management optimization
- Lab monitoring
- Consultant follow up

Institute Safety Culture

- Avoid these major pitfalls
  - –Non-transparency in data
  - –Finding a person responsible – it's the system
  - –Not having an educator – Staff education + team = 31% → 8%

(https://onlinejcf.com/article/S1071-9164(15)00390-5/fulltext)

Factors Associated With Highest Readmission

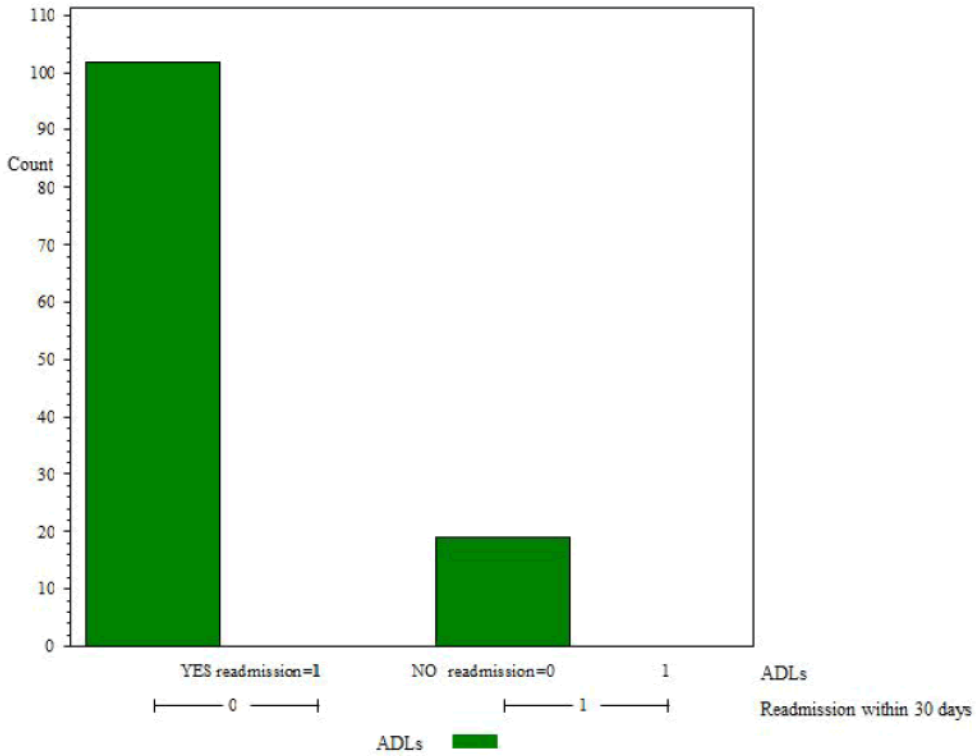

Figure 2: ADLs.

9X more likely to be readmitted

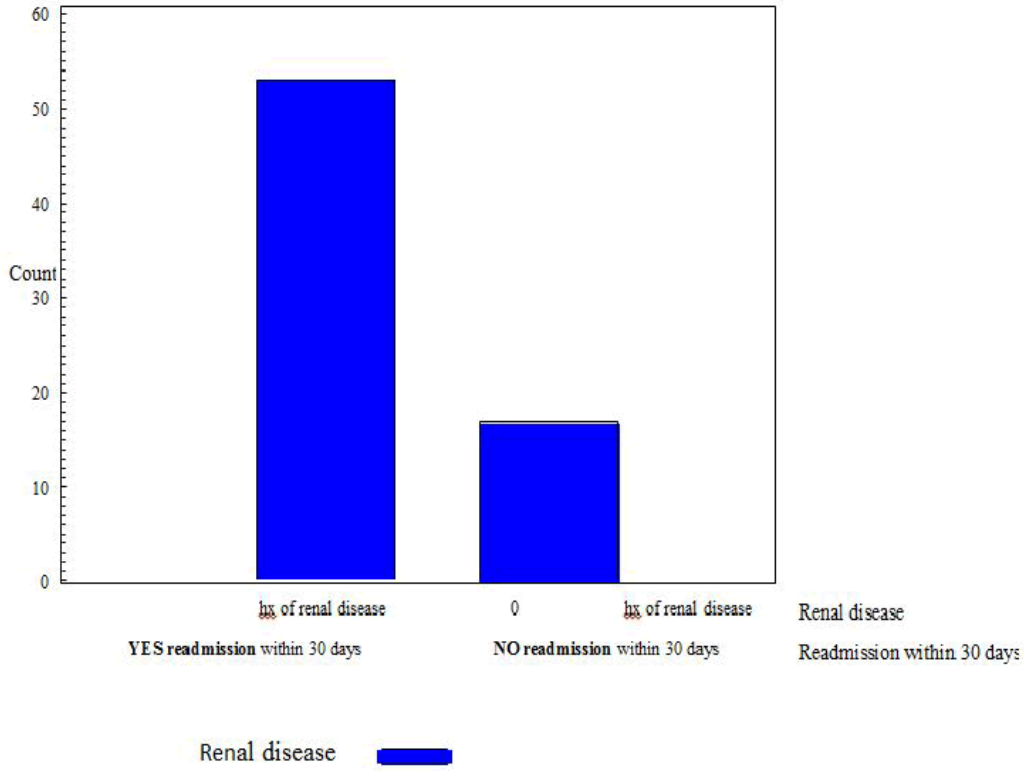

Figure 1: Renal disease.

87% more likely to be readmitted

https://www.openaccessjournals.com/articles/factors-associated-with-heartfailure-readmissions-from-skillednursing-facilities.html

Innovative Interventions

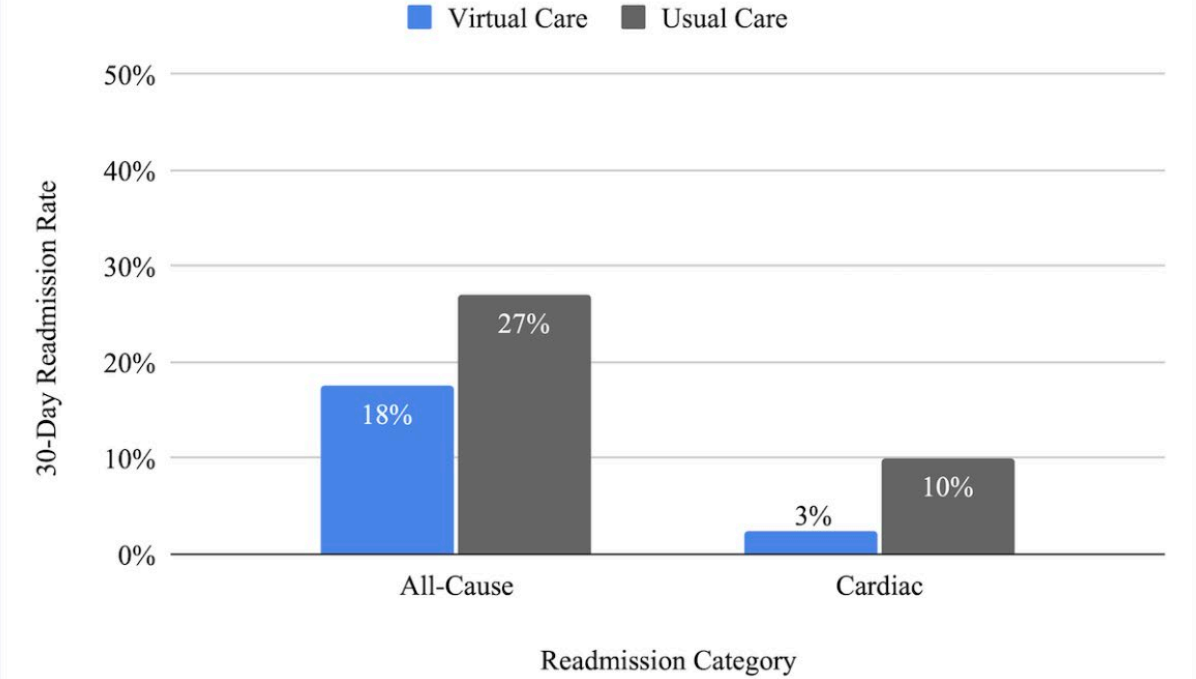

Figure 3. Readmission rate by cause [3,15].
View this figure

https://cardio.jmir.org/2021/1/e29101/

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

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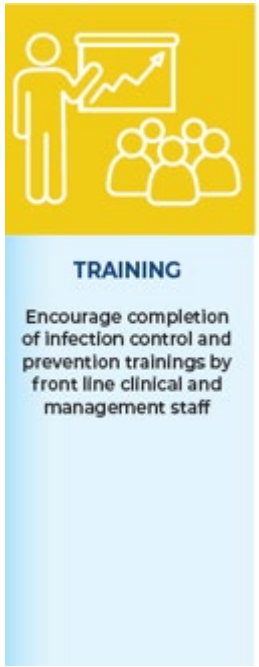
Scan the QR codes or Click the Links to Complete the Assessments!

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

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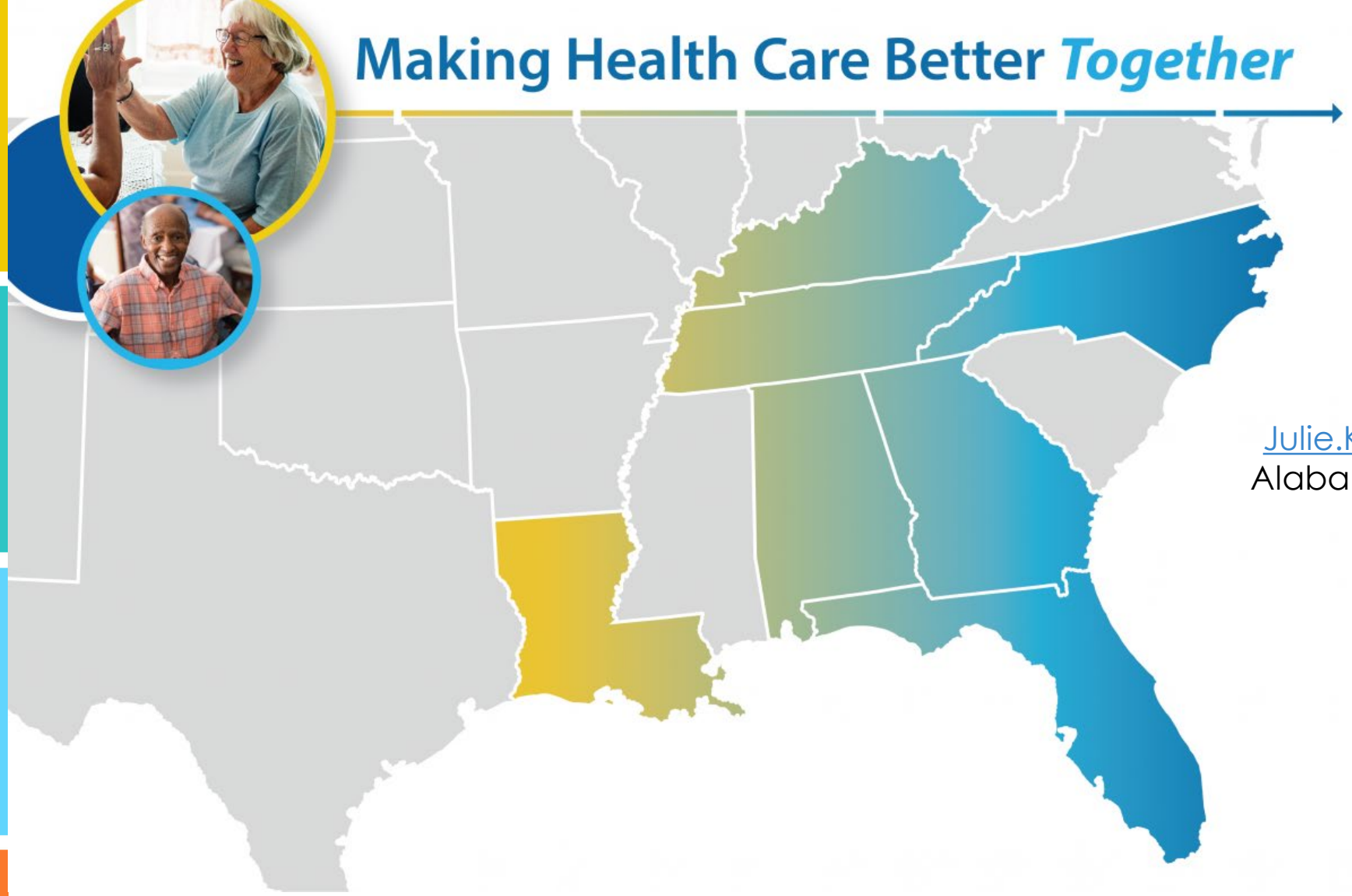

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