Creating Interdisciplinary Programs to Reduce Avoidable Readmissions

Presented by:
Swati Gaur, MD, MBA, CMD, AGSF

October 10, 2023
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.
Making Health Care Better *Together*

About Alliant Health Solutions
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
All (re)admission within 30 days by cause

Hospital vs. Emergency Department admissions

Data transparency

Programmatic evaluation
Clinical evaluation

From baseline to ? in XXX months.

Project Flow
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

<table>
<thead>
<tr>
<th>Wt Readings from Last 3 Encounters:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02</td>
<td>97.3 kg (214 lb 8 oz)</td>
</tr>
<tr>
<td>09/25</td>
<td>95.3 kg (210 lb)</td>
</tr>
<tr>
<td>08/10</td>
<td>93 kg (205 lb 0.4 oz)</td>
</tr>
</tbody>
</table>
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
- Signs – 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

Acute change in condition

Communication to resident and family

STOP & WATCH

Management plan

SBAR
- Education
- Formatted note
- Escalate to DON

This material from the Atul Program on Health Care was adapted by AMDT 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. 33356-AMD-1401R (11-15-08)
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%

Factors Associated With Highest Readmission

9X more likely to be readmitted

87% more likely to be readmitted

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
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

Making Health Care Better Together

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

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

Program Directors
Making Health Care Better Together

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

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. 12SO-AHS-QIN-QIO-TO1-NH-4637-10/05/23