

Reducing the Risk of Avoidable Resident Readmissions to an Acute Care Setting

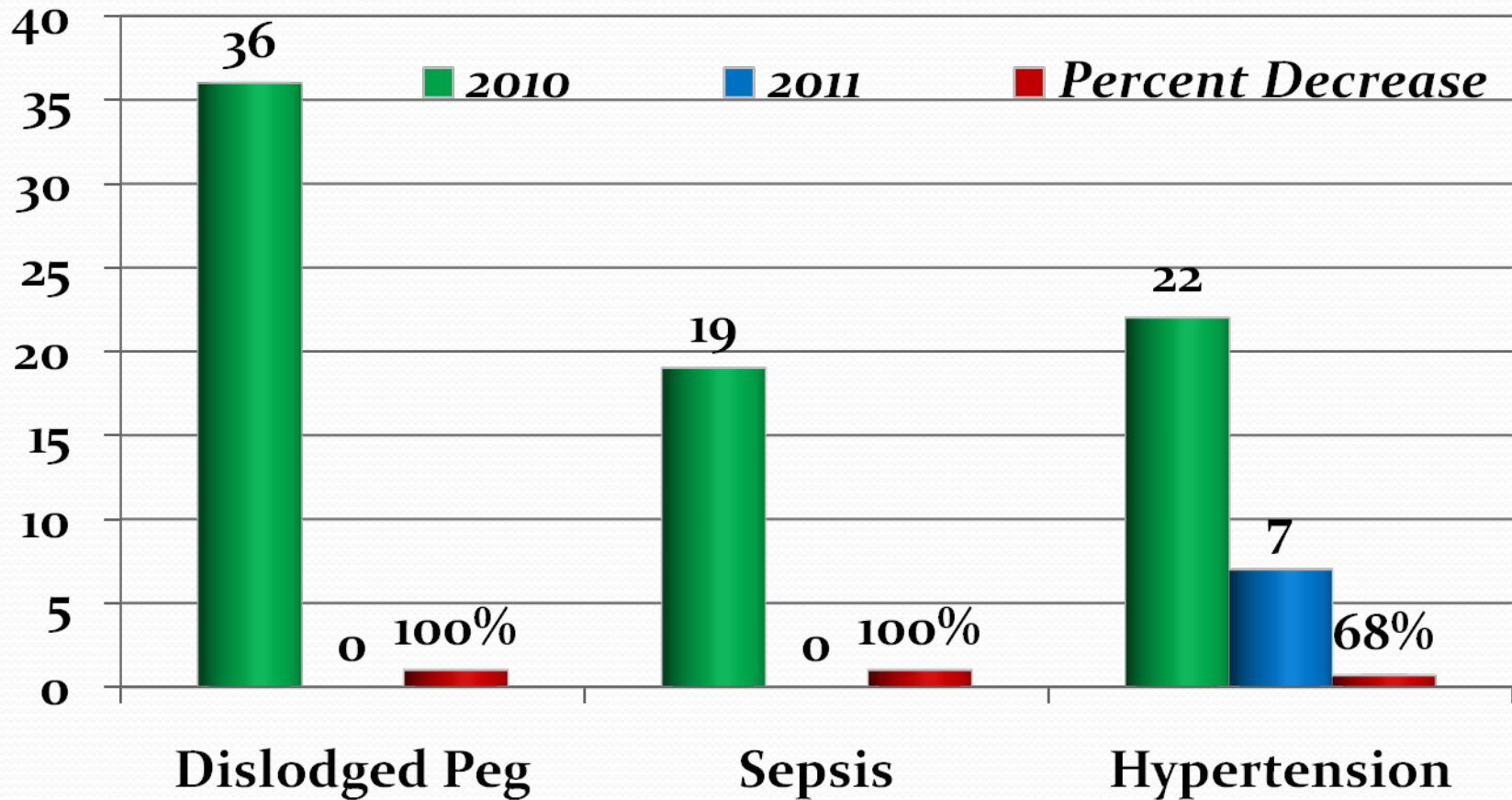
**Respectfully submitted by The Interdisciplinary
Team of CNR a member of the
Center Light Health System**

Reducing Avoidable Readmissions

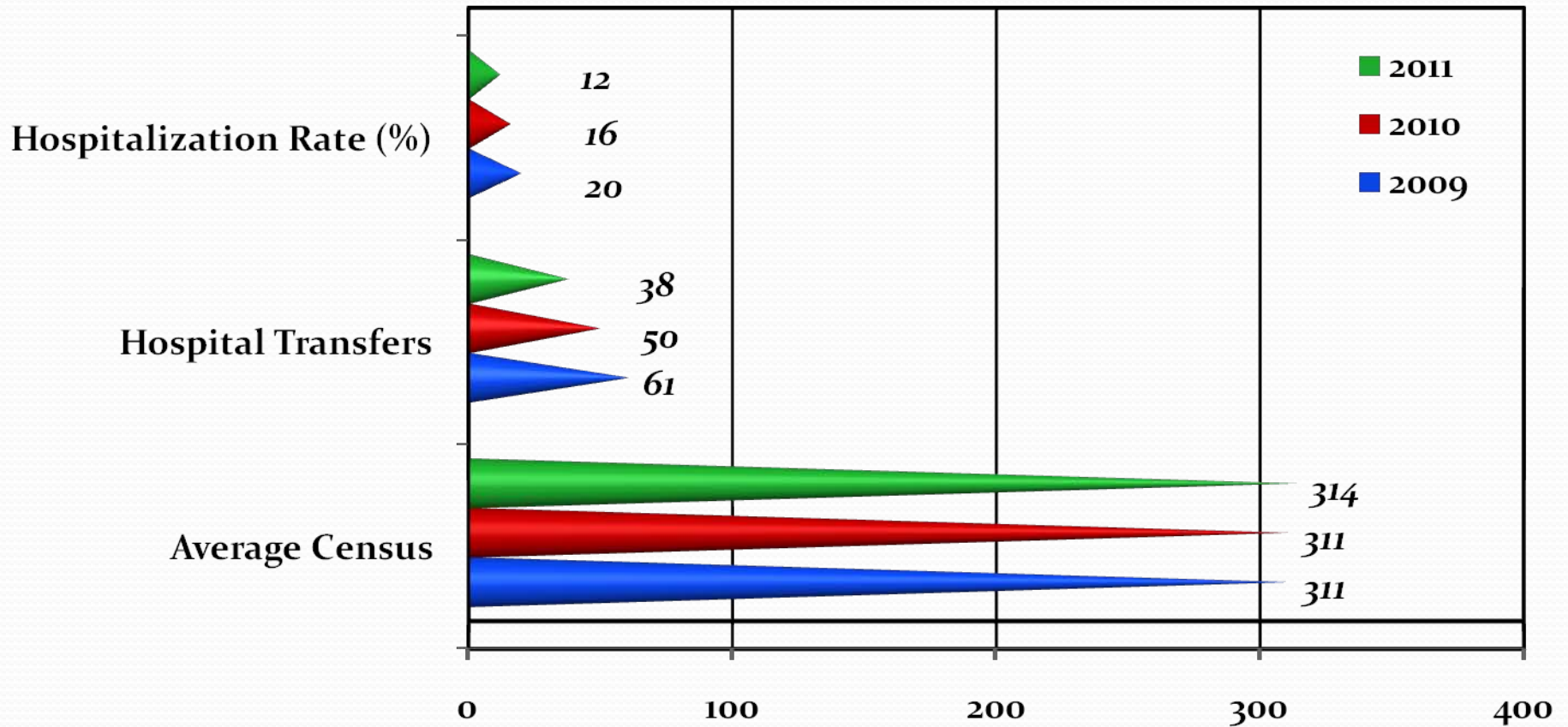
INTERACT New York: Key Initial Steps

- **Every transfer is first referred to one of the Medical Directors = Gatekeepers/Consultants**
 - **Endorsed by HIC**
 - **Evening MDs**
- **Hypoglycemia Protocol**
- **Policy addressing GT dislodgment**
- **Administration of IV/IM Lasix for in-house treatment of CHF**
- **Send residents out for PICC line insertions so that IV Fluid and Antibiotics are administered more efficiently**

Reduction in Hospitalization Rate: Top 3 Diagnosis



Comparative Analysis: 3 Year Look-Back Hospitalization Rate



Reducing Avoidable Readmissions

- **Communication training for the Interdisciplinary Team in the SBAR Format**
 - **S**ituation
 - **B**ackground
 - **A**ssessment
 - **R**ecommendation
- **Developed a format to guide phone communication between disciplines**
- ***We Know You Care But Now You Have To Share***
 - ***Early recognition of a change in the resident***

Reducing Avoidable Readmissions

- **United Hospital Fund Initiative**
 - We have adopted the *Teach Back Approach* to anchoring resident/family caregiver training
 - We have included Medication Reconciliation as our TC-QuIC Quality Management project following the *Plan Do Check Act Model*
 - **Goal: reconcile medications from home with medications received during acute care admission; with medications ordered while at CNR within the first 7 days of admission**
 - **Success is directly related to the number of residents that actually bring in their meds from home**
 - **We needed to ensure that the message to bring in the meds from home started with the Admitting Department.**
 - **As another Interdisciplinary form of collaboration, we revised our *PRI Screening Top Sheet* to include a check off that indicated that this information was shared**

Reducing Avoidable Readmissions

- **Partnership with Methodist Hospital**
 - Discharge information addressing medications was very difficult to interpret
 - We used 2 RNs to ensure accuracy and safety
 - We brought this issue to the Methodist Team and subsequently had a meeting with the entire Team including their IT people and fixed the problem
- **Staff Education offered by Methodist Hospital to CNR Team**
 - Signs, symptoms and management of CHF

Medication Safety

- In collaboration with the Medical Directors, policies were developed addressing:
 - Levothyroxine/Synthroid
 - Bisphosphonates
 - Vitamin C to ensure longer availability
- Administration Flow Sheets for
 - Anticonvulsants
 - Coumadin
- EMR addresses:
 - Transcription errors
 - Legibility
 - Signing for medication administration

Reducing Unnecessary Medications

- **Ongoing collaboration with our Medical Attendings**
- **Utilize our SigmaCare Report feature to run reports on several resident monitors such as:**
 - **Blood Glucose**
 - **Blood Pressure**
- **Joined with the MDs to revisit insulin and anti-hypertensive medications**
- **In most cases we were able to make adjustments to medication regimen that reduced meds while maintaining clinical outcomes**

Conversion from Human Insulin to Analog Insulin

- Pre-filled insulin syringe pens
- Allows users to set an accurate appropriate dose
- Does not require refrigeration



Prune Juice

Will Set You Free

26 Residents with Gastrostomy Tubes qualified for the Protocol
 4 Resident were below Ideal body weight = Not a Candidate for the Protocol
 1 resident had no issues with constipation = Not broken, nothing to fix

Colace	Diocto	Lactulose Enulose	MOM	Docusate	Miralax	Fleet 3x week	SSE 3X week	Senna	Kaopectate
18	8	5	7	7	1	3	3	4	1
3	1	3	0	2	1	1	3	2	0
15	7	2	7	5	0	2	0	2	1

**Number of medications reduced =
 39 meds x 2 to 3 doses a day**

Number of procedures reduced = 12/week

Fall Management: 10/2010 thru 10/2011

53% reduction in fall rate in one year	10/1/2010 to 12/31/2010	1/1/2011 to 3/31/2011	4/1/2011 to 6/30/2011	7/1/2011 to 9/30/2011
Witnessed	66	73	45	34
Not Witnessed	6	2	3	2
Assisted to floor by staff	1	1	0	0
Total	73	76	48	36

Interventions:

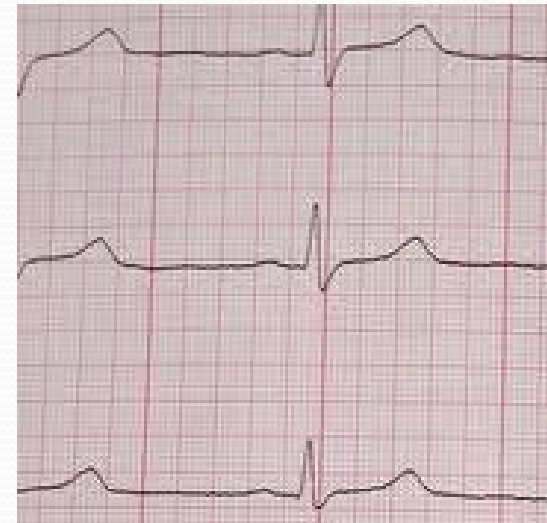
- Heightened awareness/everyone's responsibility**
- Better pain assessment**
- Better tools**
- Better depth perception: Black toilet seats**
- Invaluable Therapeutic Recreation support**

Reducing Avoidable Readmissions

Sub Acute Care Training

- Eight week training program designed to anchor the knowledge base of the RNs;
 - 14 RN participants have successfully completed the program
 - The goal is to have each RN attend
- Wound/Skin Management: *STOP & WATCH*
 - Nosocomial Pressure Ulcer Alert Form

Reducing Avoidable Readmissions Why Don't We Do Our Own EKGs?



Prevention Of Nosocomial Urinary Tract Infections

- **In the Past 18 Months**
 - Improved documentation of UTI on admission
 - Evidence Based Practice: Administration of Vitamin C
- **Going forward**
 - New Adult Brief Products



Reducing Avoidable Readmissions

- **Advanced Care Program**
 - Partner with Managed Care companies to provide an *Alternative Care Setting* to acute care hospitals, utilizing our Subacute Care Unit
 - Direct admission from the community
 - Transfers from the ED
 - Intra-facility transfers to the Subacute Unit
 - Diagnoses that we can admit to the Advanced Care Program include:
 - Dehydration, pneumonia, cellulitis, pain management for those receiving palliative care