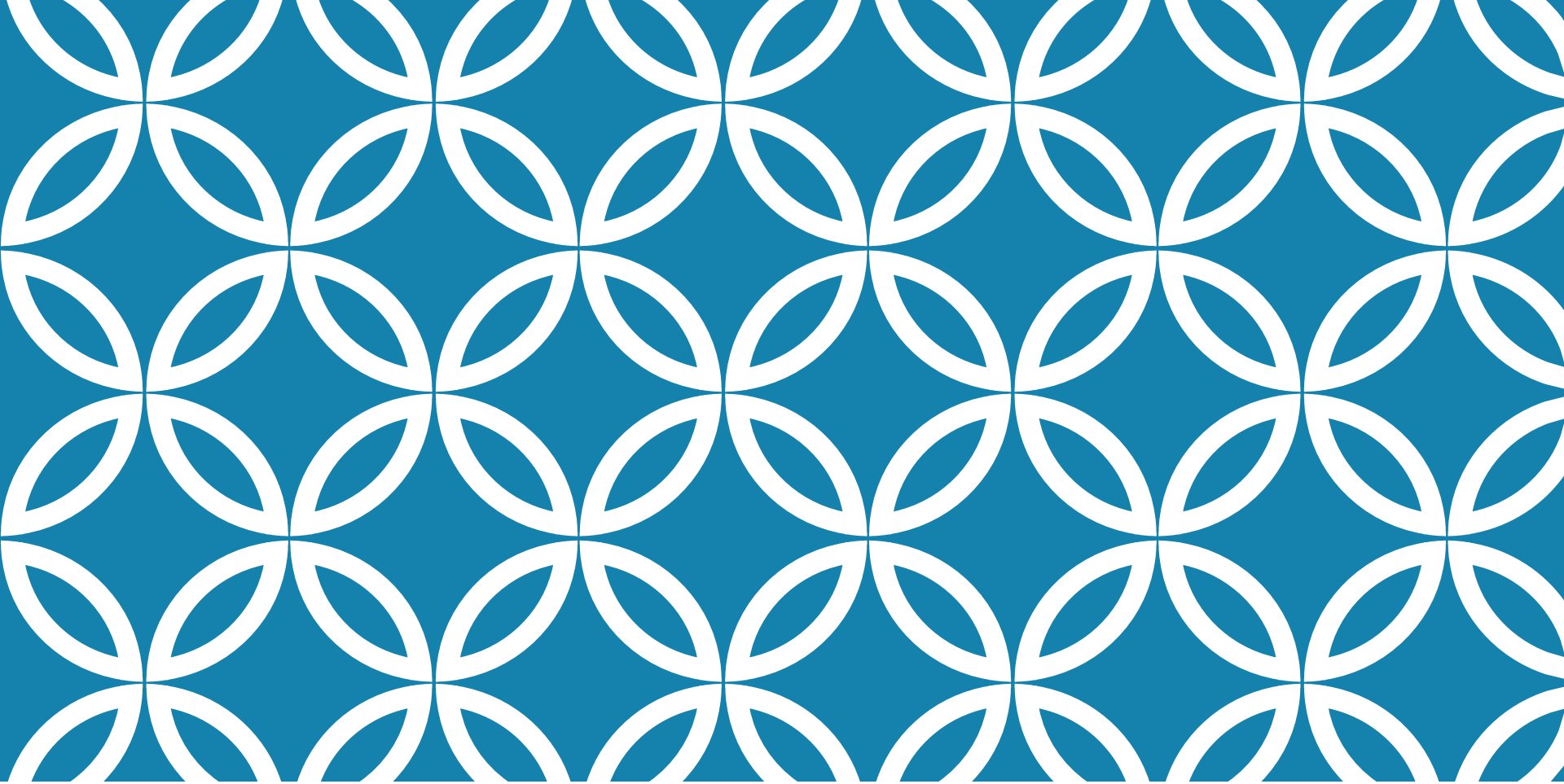
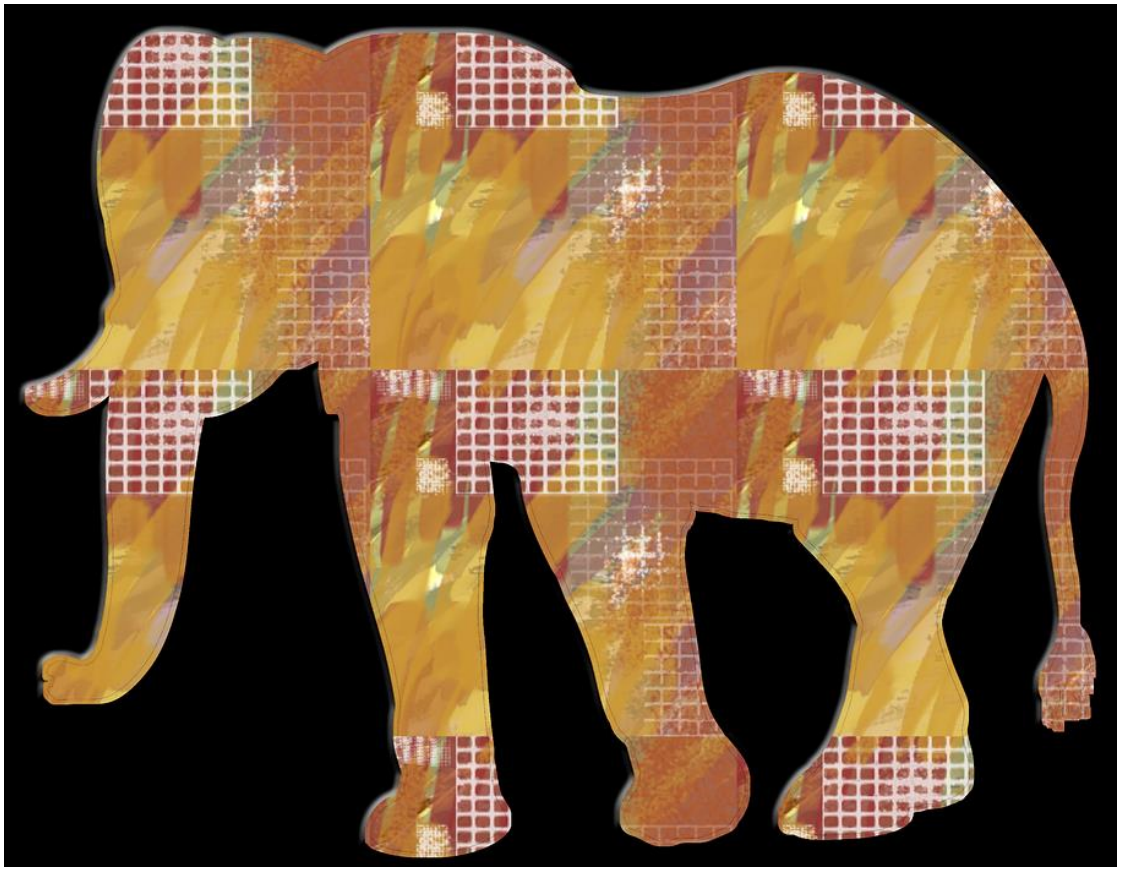


THE KEY DRIVERS: | Enhanced Services

READMISSION DRIVERS



ENHANCED SERVICES

- Enhanced services generally mean $
- Choose enhanced services based on need
- Prioritize
  - What will benefit my readmission reduction efforts the most?

TOP THREE CAUSES OF DEATH

1900	2000
1. Influenza	1. Heart Disease
2. Tuberculosis	2. Cancer
3. Diptheria	3. Stroke

Most people (80%) are diagnosed with a chronic degenerative illness in their 50s and spend the next 20 years managing the illness. They eventually die of the

BIG DIFFERENCE

What we say	What we do
60% of people say that making sure their family is not burdened by tough decisions is “extremely important”	56% have not communicated their end-of-life wishes
80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care	7% report having had an end-of-life conversation with their doctor
82% of people say it’s important to put their wishes in writing	23% have actually done it

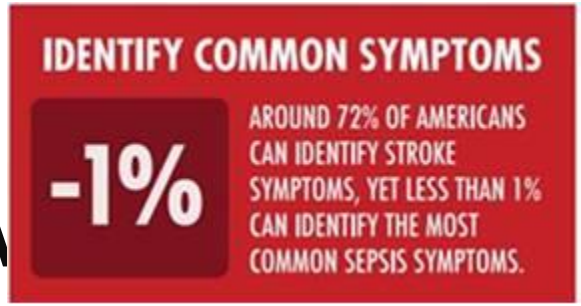
PALLIATIVE CARE & ADVANCE CARE PLANNING

- https://www.nhpco.org/palliative-care-resources
- https://www.capc.org/topics/palliative-care-guidelines-quality-standards/
- https://guideline.gov/summaries/summary/47629/palliative-care-for-adults
- http://theconversationproject.org/starter-kits/
- http://polst.org/

AHRQ STATISTICAL BRIEF # 172

Medicare	Medicaid
CHF	Mood disorder
Sepsis	Schizophrenia
Pneumonia	Diabetes complications
COPD	Comp. of pregnancy
Arythmia	Alcohol-related
UTI	Early labor
Acute renal failure	**CHF**
AMI	**Sepsis**
Complication of device	**COPD**
Stroke	Substance-use related

SEPSIS FA



- As many as 92% of all sepsis cases originate in the community
- Sepsis is the #1 cause for readmissions to the hospital costing more than $2 billion each year
- Almost one-quarter of Americans believe that sepsis only happens in hospitals (23%)

Sepsis Alliance Awareness Survey 2017

LEARN FROM YOUR DATA

a. What % of your readmitted patients are returning with sepsis?

b. What was the discharge disposition for those patients?

c. How soon did they come back?

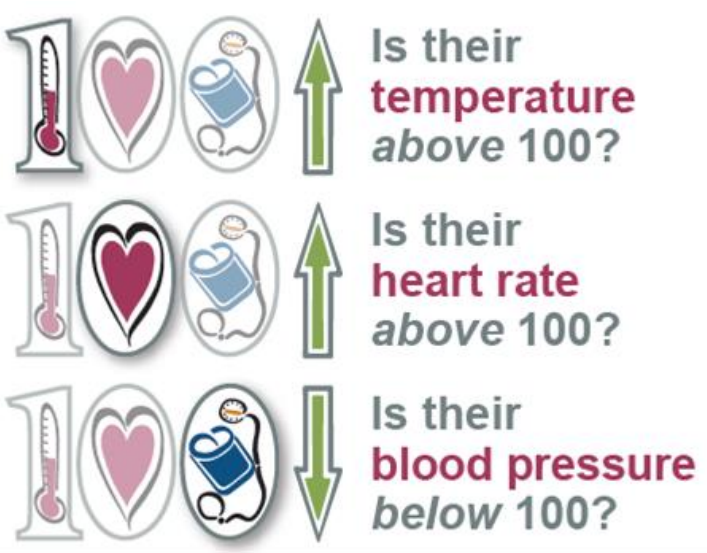
EDUCATION FOR PATIENTS AND LTC

Signs of infection and sepsis at home

Sutter Health

Common infections can sometimes lead to sepsis. Sepsis is a deadly response to an infection.

	Green zone No signs of infection.	Yellow zone Take action today. Call: _____ _____	Red zone Take action now! Call: _____ _____
Are there changes in my heartbeat or breathing?	• My heartbeat is as usual. • Breathing is normal for me.	• Heartbeat is faster than usual. • Breathing is a bit more difficult and faster than usual.	• Heartbeat is very fast. • Breathing is very fast.
Do I have a fever?	I have not had a fever in the past 24 hours and I am not taking medicine for a fever.	Fever between 100 °F to 101.4 °F.	Fever is 101.5 °F or greater.
Do I feel cold?	I do not feel cold.	• I feel cold and cannot get warm. • I am shivering or my teeth are chattering.	• Temperature is below 96.8 °F. • Skin or fingernails are pale or blue.
How is my energy?	My energy level is as usual.	I am too tired to do most of my usual activities.	• I am very tired. • I cannot do any of my usual activities.
How is my thinking?	Thinking is clear.	Thinking feels slow or not right.	My caregivers tell me I am not making sense.
Are there changes in how I feel after a hospitalization, procedure, infection, or change in wound or I.V. site?	• I feel well. • I had pneumonia, a urinary tract infection (UTI) or another infection. • I had a wound or I.V. site. It is healing.	• I do not feel well. • I have a bad cough. • My wound or I.V. site looks different. • I have not urinated (peed) for 5 or more hours. When I do urinate (pee) it burns, is cloudy or smells bad.	• I feel sick. • My wound or I.V. site is painful, red, smells or has pus.



http://www.mnhospitals.org/

POST DISCHARGE FOLLOW UP

"We have learned through our data analysis and PDCA cycle that we need to get our sepsis patients to a f/u appt within 48-72 hours.

We have also used the attachment here for our post discharge phone calls, which has been revised recently based on our analysis of our sepsis population as well as other post discharge phone calls.

We know we will still have changes as we move forth but we keep working to make it better for patients as we learn from our data and processes."

Thank you! Dorothy Rice

Ransom Memorial HEALTH

Post Discharge Phone Interviews

Have patient's chart pulled up on CPSI (along with the attached face sheet) when you call so you can pull up the discharge med rec or other pertinent information. Some questions can be answered from the chart and verified with the patient.

- Introduce yourself and tell them the purpose of the call ("Hi, my name is Jenna. I'm a nurse from Ransom Memorial Hospital, calling to see how you are doing since your discharge from the hospital."

Discharge Diagnosis(ses):_____

1) Support at home: spouse/family/neighbor/home health/other_____
2) Focus your questions based on their diagnosis:
   a. Diet-Any problems with nausea/vomiting, bowel or bladder concerns?
      _____
   b. Pain-Primary site/area_____ Pain level_____ Are you taking your prescribed pain medications to reduce the pain? Is it effective?
      _____
   c. Activity-Are you ambulating and increasing your activities to avoid further complications?
      _____
   d. Any other concerns or information needed regarding your diagnosis?
      _____
      _____
3) Medications:
   Review discharge medications with the patient. Did you get the prescriptions filled? Yes or No
   Have you looked at your education sheets/side effects? Yes or No
   Do you have someone to help set up your meds? Yes or No
   Any questions about your medications?
   _____
   Comments_____
   _____
   Do you have a specific need regarding a medication that would you like a call from our Pharmacist to discuss further? _____
4) Follow Up: If appointments are not made prior to discharge, has the patient made their follow up appointments? Yes or No
   If not, would you like me to help make your appointments? Yes or No
   Who will take you to your appointments? _____
   Comments _____
5) Reiterate S&S that warrant a phone call to their physician
6) Reiterate S&S that warrant a visit to the Emergency Department
7) Do you have any other questions that I can assist you with today? (If you don't have the answers, ask them to write that question down and to take it to their f/u appt with their physician).

Thank them for their time and for being able to care for them at RMH!!

BEHAVIORAL HEALTH

- ED-Super utilizer (patients in the ED 6 or more times per year 2 out of the last 3 years)
  - **20-29 visits per year**
    - Substance use disorders are the main driver of ED use (87% meet for SUD)
      - May be masked as "pain" needing opioids for control
      - May be Alcohol intoxication
  - **30 and greater visits per year**
    - Psychiatric disorders are the main driver of use
    - Mostly anxiety based disorders followed closely by thought disorders
- All of the above have higher than normal rates of social instability, addiction and psychiatric disorders. However, driver of use seems to related to frequency of use. https://www.complex.care/

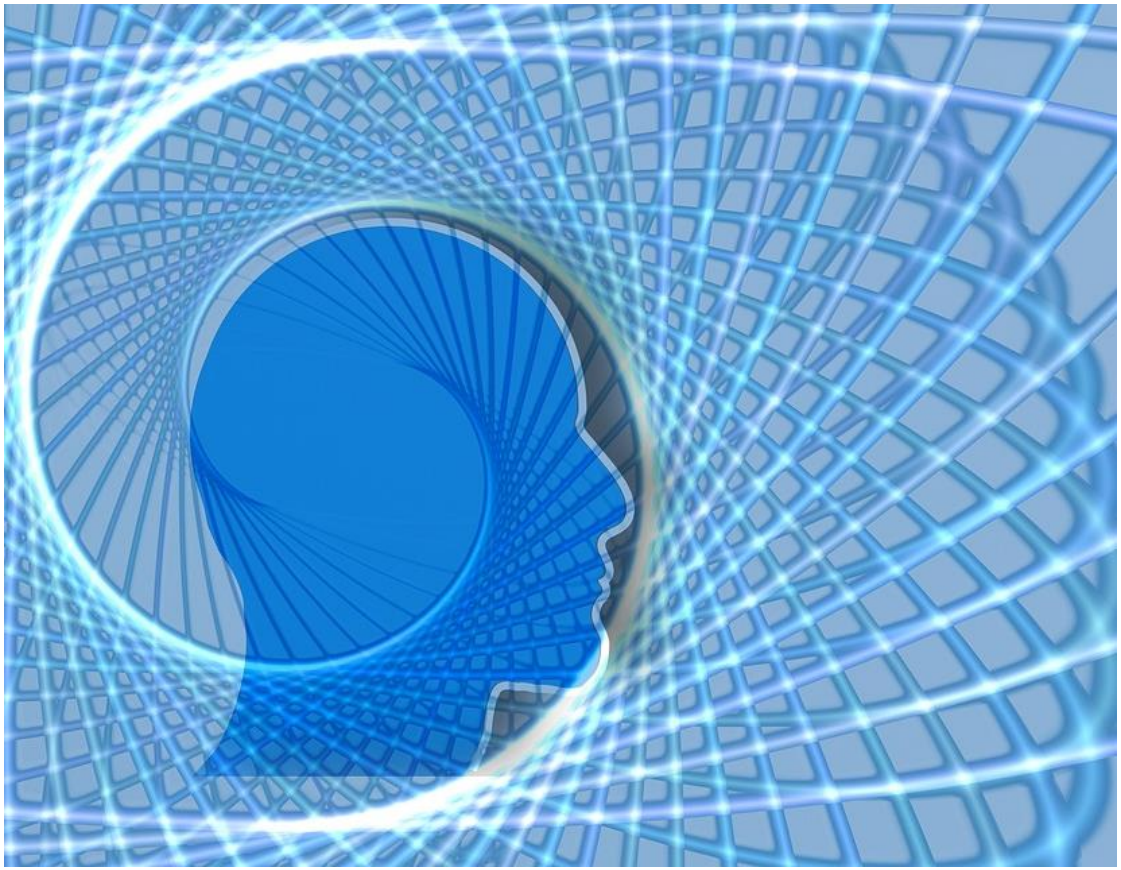
IN PATIENT HIGHEST UTILIZERS

Ambulatory Complex Medical (admitted to Hospital 3 or more times per year 2 out of the last 3 years)

- Has transportation and generally stable housing
- Can go to get care rather than needing it delivered to them
- 40-50% SUD
- 50-60% BH (depression and anxiety)

Non-Ambulatory Complex Medical (admitted to Hospital 3 or more times per year 2 out of the last 3 years)

- Generally does not have reliable transportation or housing
- Needs care delivered to them
- 30-40% SUD
- 60-70% BH



LEARN FROM YOUR DATA

a. What % of your readmitted patients have a behavioral health cc's? Use ICD-10 codes: F0 – F9 to capture patients with behavioral health diagnoses.

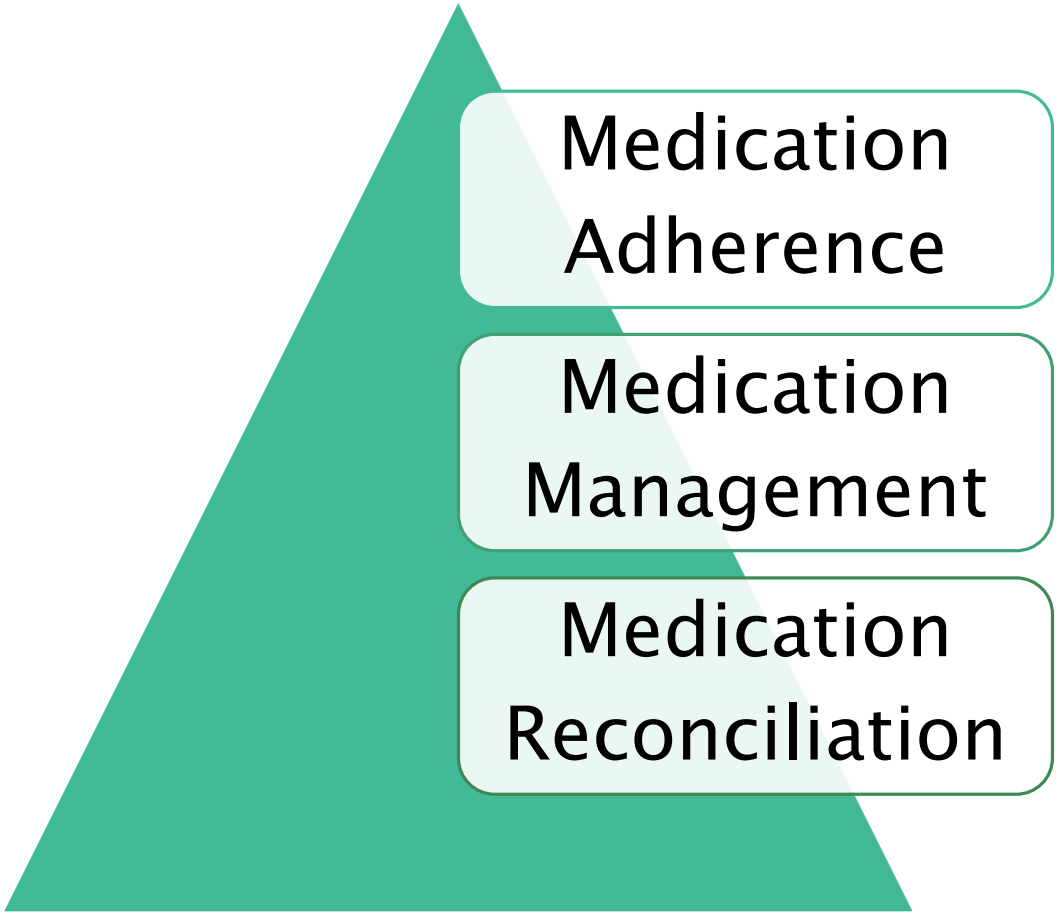
b. What was the discharge disposition for those patients?

c. How soon did they come back?

WHAT CAN WE DO DIFFERENTLY?

- High intensity primary care from and integrated team
  - APP- Advanced Practice provider (PA or APN)
  - MSW- Masters level social worker/therapist
  - MA- Medical Assistant
  - CHW- Community Health Worker
- Case management
- Addiction Stabilization
  - SBRIT – Screening, brief intervention and treatment
- Home Based Health
- Community connections to behavioral and social services providers

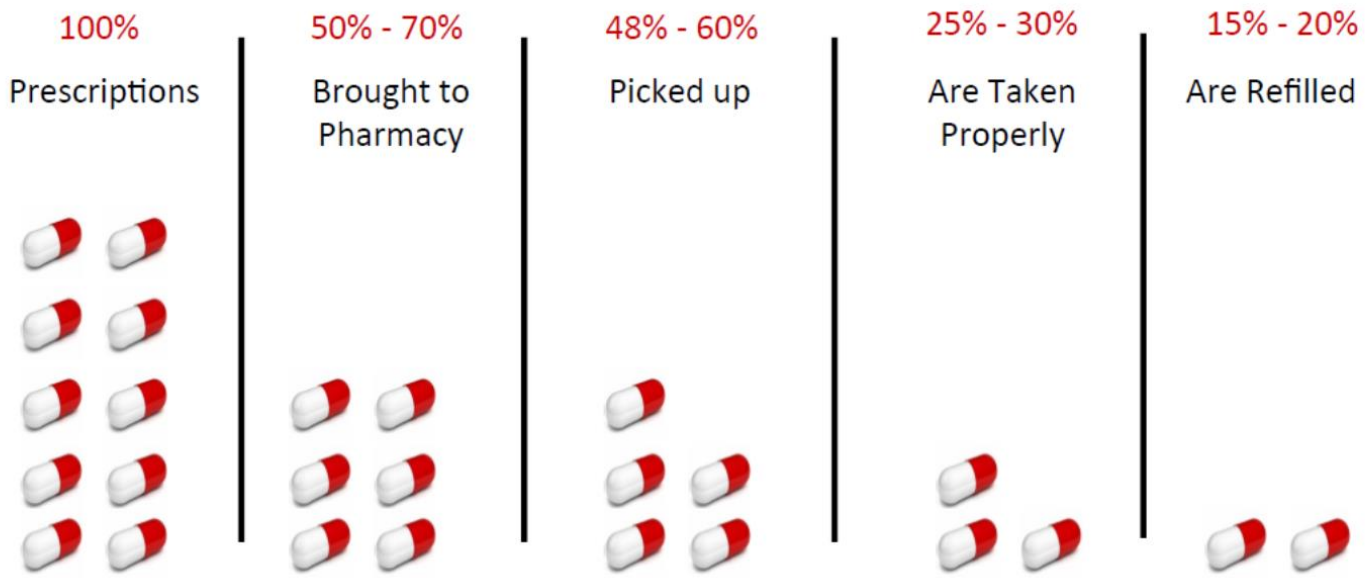
MORE THEN JUST MED REC



MEDICATION ADHERENCE

Rate of Medication Drop Off – Nearly 1 in 3 Patients Don't Fill

Adherence? Physicians – alignment, connection w/ PCP to hospitalists (handoff)



Source: IMS

COMPLEX CARE MANAGEMENT

Patients with chronic conditions often have multiple issues, see an average of 11 providers, and take numerous medications.

Activities designed to more effectively assist patients and their caregivers in managing medical conditions and co-occurring psychosocial factors.

For high utilizers.

Improve health status and reduce the need for hospital care.

HOT SPOTTING

Journal of Geographic Information System, 2014, 6, 23-29
Published Online February 2014 (http://www.scirp.org/journal/jgis)
http://dx.doi.org/10.4236/jgis.2014.61003

Scientific Research

Utilization of Hot Spotting to Identify Community Needs and Coordinate Care for High-Cost Patients in Memphis, TN

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EMERGENCY
EXIT
ONLY
DO NOT
ENTER
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DO NOT
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JAMA ARTICLE FINDINGS

A study of 1000 readmitted patients to 12 academic medical centers across the US. Findings include:

26.9% were considered potentially preventable.

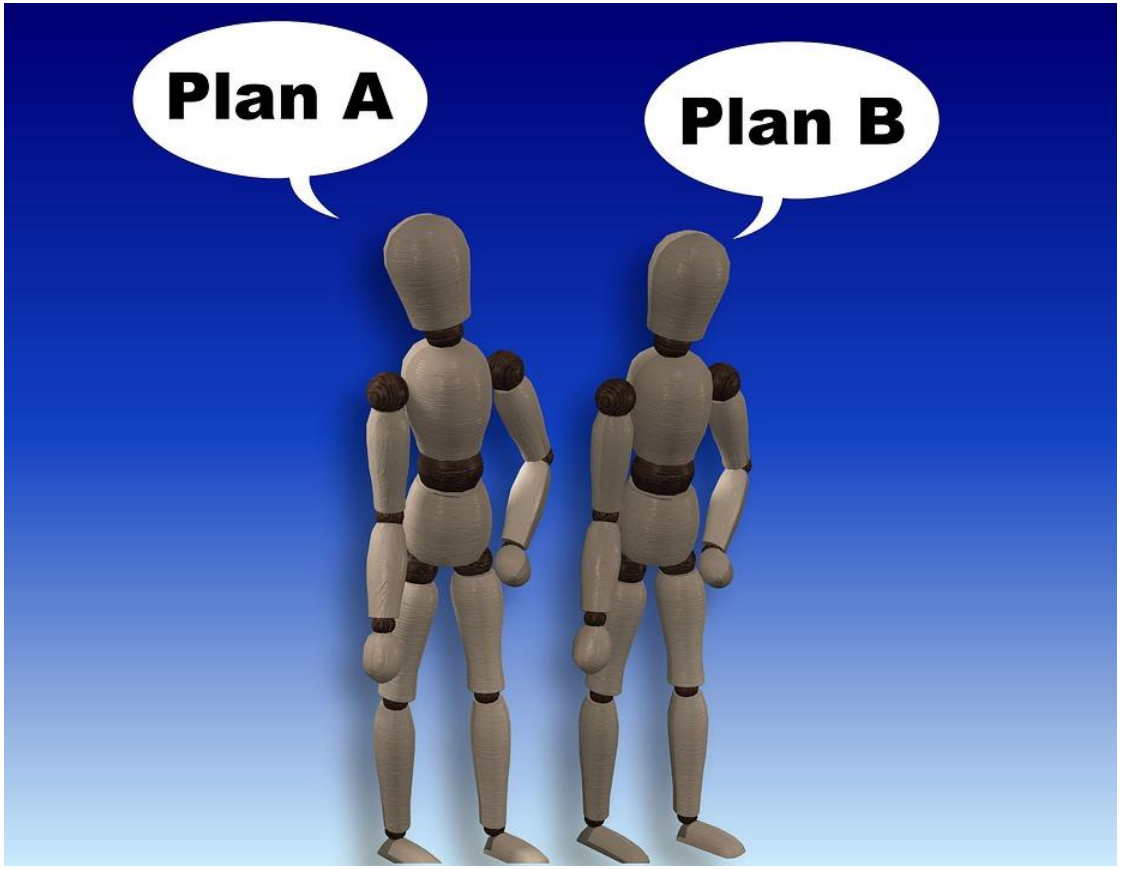
The factors most strongly associated with potentially preventable readmission were:

- **Emergency department decision making regarding the readmission**
- Failure to relay important information to outpatient health care professionals
- Discharge of patients too soon
- A lack of discussions about care goals among patients with serious illnesses
- Inability to keep appointments after discharge
- Patient lack of awareness of whom to contact after discharge

http://archinte.jamanetwork.com/article.aspx?articleid=2498846

ED PAUSE

- Disrupt the ordinary process of automatic readmissions
- Know who was recently discharged
  - E.g. Flag
- Identify person & process for ED to get support to determine patient's disposition



IF YOUR PLAN ISN'T WORKING, DID YOU..

- Impact enough patients?
- Select the correct strategies?
- Implement them reliably?
- Modify your plan?

ENHANCED SERVICES

What enhanced services do you have?

What enhanced services do you need?

DRIVERS AND COMMITMENTS

What key drivers do you need to work on?

What ideas did you like?

What idea will you test in your organization?

- Who?
- By when?