Preventing Avoidable Readmissions: Continuous Quality Improvement to Achieve Excellence
Meet the Team

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• Adam deJong, AVP, Surgical Services, SHVI
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• Amanda Thompson, AVP, CV Patient Care Services, CHS-NE
• Debbie Denton, Director, Surgical Services, SHVI
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• Jamie Aigner, CV Nurse Coordinator, CHS-NE
• Carol Efenecy, Nurse Educator, 3T, CHS-Pineville
• Sydney Lange, Nurse Educator, CVICU, CHS-Pineville
• Gail Jackson, Clinical Supervisor, 3T, CHS-Pineville
• Cardiothoracic Surgery Continuum of Care Committee
• Healthy @ Home Administrative Leadership
• Cardiac Rehab Administrative Leadership
• SHVI Ambulatory Nursing & Administrative Leadership
• SHVI Patient and Family Advisory Council
Background & Project Purpose
Preventing Avoidable Readmissions in Cardiothoracic Surgery

- Identified a non-desired trend in Isolated CABG readmissions
- Created a multi-disciplinary, multi-facility Continuum of Care Committee – Dec 2014
  - Outpatient Clinic
  - Acute Care
  - Home Health
  - SNF, Rehab
  - Cardiac Rehab
  - Quality
  - Patient
- Identified trends and solutions
Cardiothoracic Surgery
Continuum of Care Committee

**Purpose:** To develop SHVI-wide and facility specific strategies to optimize care transitions post discharge and to prevent avoidable readmissions in the cardiothoracic surgical population.

**Scope:** This committee will provide oversight for the facility specific efforts and will be a mechanism to share and vet through facility specific and SHVI-wide strategies.
Reviewed the Industry Perspective
Reviewed our Program’s Performance

- Length of Stay Impacts
- Pareto of Reasons for Readmissions
- Time interval of Readmissions
Developed Strategies

High Risk Readmission Criteria – Committee Review

• Meets 1 or more of the following:
  - Post-Operative Afib
  - Reduced EF/Heart Failure (< 40%) or on a LifeVest
  - Uncontrolled Diabetes (HgbA1C > 8; Average Inpatient Glucose > 180; Change in Diabetic Medications)
  - Pleural Effusion
  - Wound Concerns (e.g., red, open, or draining; or sent home with specific wound management instructions beyond standard of care)
  - Patient Refuses Home Health
  - High/Very High Prediction Score
  - Medium/High Grace Score (Only if initial admission was for an Acute MI)

• Other Factors to Take Into Consideration
  - Post-Op LOS > 7 Days; ICU LOS > 3 Days; Age > 75

Discharge Phone Call Suggested Script

• High Risk Readmission Criteria
• Discharge Phone Call Scripts
Continuous Improvement Strategies

Isolated CABG Readmission Reduction Strategies

Pre-Op Strategies
- Pre-op Education
- Home Health Expectations
- Medications at Discharge
- New CV/Teaching Video
- Prediagnosis Index
- Schedule High Risk Patients F/U sooner
- "Teach Back" Education
- Automatic Electronic referral to Cardiac Rehab
- Continuum of Care Menu

In Hospital Strategies
- Daily AODD Rounds
- New CV/Teaching Video
- Prediagnosis Index
- Schedule High Risk patients F/U sooner
- "Teach Back" Education
- Automatic Electronic referral to Cardiac Rehab
- Continuum of Care Menu

Disease Related Strategies
- Respiratory
  - Retrospective Chart Review
  - LTACH (Sub Acute Rehab)
  - Respiratory Rhythm
  - Infection
  - Infection
  - Fluid Overload / Heart Failure

Long Term Follow up
- Cardiac Rehab - ongoing risk factor education and assessment
- ACP/MD rounding at Specialty Hosp and Rehab
- Cardiac Rehab Transitional Coaching (Pineville)
- LTACH (Sub Acute Rehab)

Max Surveillance (Day 1-14)
- D/C phone call w/ 48 hrs (from office or inpatient floor)
- F/U with High Risk pt w/ 1 week
- Healthy at Home Partnership - Cardiac trained RNs visit pt
- Home Health visit w/ 48 hrs

Discharge Follow up
- Open Net Surgeon Booklet
- Post Acute Care Open Heart Summary Sheet
- D/C Instructions
- Teaching Video

Discharge Patient Resource
- ED Visits
- Partnership with Hospitals for potential readmits
- Admit appro CV pts to OBS
- Surgeon notified of "Bouncing Ball"

Heart Success Clinic
- NE Navigator and Rehab Team PI Discussion
- Cabarrus County EMS Par Medicine Program
Innovative Strategies
Utilization of High Risk Appointments & Structured Follow Up Phone call

**SHVI CT Surgery High Risk Readmission Criteria**

Meets 1 or More of the Following:

- Post-Operative Atrial Fibrillation
- Reduced EF/Heart Failure
- Uncontrolled Diabetes
- Wound Concerns
- Patient refuses Home Health
- High or Very High Predixion Score
- Medium/High Grace Score
- Other Factors to Take Into Consideration:
- Post Op LOS > 7 Days; ICU LOS > 3 Days; Age >75

**Structured Follow Up Phone Calls**

Standardized Script utilized during follow up phone call 3-7 days post discharge:

- Respiratory Issues
- Incisional Issues
- Rhythm Issues
- Home Health Experience
Early Intervention with Home Health

**Para Medicine Program**

- Home visit same day as discharge or within 24 hours
- Physical assessment, home safety check, medication review and review of hospital discharge instructions
- Communication made with Cardiovascular team with any concerns

**Partnership with Home Health Agencies**

- Education of Home Health Team
- Utilization of Virtual Handoff
- Partnering and Networking following our 1st Annual Continuum of Care Symposium
Pre Operative Education

• **Get Well Videos**
  - Utilized and tailored to each facility
  - Viewed in the hospital and at home

• **Development of Health Literate Booklets & Handouts**
  - Minimally Invasive Coronary Artery Bypass Surgery
  - Minimally Invasive Valve Surgery
  - Septal Myectomy
  - Maze Procedure
  - Bentall
Pre Operative Teaching

Development of the “Open Heart Journey Book”

- Being piloted at CHS-Pineville
- Binder utilized to take the patient through the surgical experience
  - Before Surgery
  - Big Day & Beyond
  - Completing Your Journey
  - Advice for Caregivers (Written by Caregivers)
- Approved by the CHS –Health Literate Steering Committee
  - Thank you Shari & Ciearra
- Bar Code Scanner /share with friends/family easily accessed on their smart phone.
Pre Operative Teaching

As you begin your journey to a healthy heart, we want you to know about your healthcare team:

- **Surgeon:** The doctor who does your surgery. He will follow you through your hospital stay.
- **Cardiologist:** The doctor who performed your heart tests like a catheterization. They worked with your surgeon to decide if surgery would be best for you.
- **Intensivist:** A specialized doctor that will follow you in the intensive care unit. They help to manage your breathing.
- **Anaesthesiologist:** The doctor who puts you to sleep and helps to wake you up after surgery.
- **Advanced Care Practitioner (ACP):** This is a person who works with the surgeon such as a Nurse Practitioner (NP) or a Physician Assistant (PA). They will help manage your care throughout your recovery.
- **Nurse:** These nurses care for the special needs of heart patients. The nurses will be with you every step of the way. They will support, teach and care for you and your family.
- **Respiratory Therapist:** They will work with you on your breathing after surgery. This includes getting the breathing tube out and taking deep breaths.
- **Physical Therapist:** The person who helps you to get moving again as early as the day after surgery.
- **Clinical Care Manager:** They will help assist in your discharge planning. Setting up a Home Health Nurse and any other equipment you may need.
- **Cardiac Rehabilitation Team:** This team is made up of nurses and exercise specialists. They will teach you how to live a healthy and active life.

MEET YOUR HEALTHCARE TEAM

We are honored to be part of your healthcare journey.
Pre Operative Teaching

Advice for Caregivers

Here are actual tips and thoughts from family members of our heart patients. This section is for you. While you may not be the parent, this experience can seem scary and unfamiliar.

Taking Care of Yourself

The night of surgery:
- “Go home and get a good night’s sleep. Don’t feel guilty about leaving the hospital to get a good night’s sleep because you need to be rested when they come home from the hospital.” In the way, most hospitals do not allow an overnight guest the night of surgery.
- The nurse will give you a phone number that you can call to check on your loved one if you wake up during the night.

During the Hospital Stay:
- Keep the number of visitors in the Intensive Care Unit down. It’s hard for you to turn visitors away, the nurses can do it for you.
- Take notes on things that are important. You are both stressed and it is easy to forget even the simplest of instructions.
- While you are visiting, and your loved one is sleeping, take a nap too.
Impact of Strategies on Readmission Rates
Isolated CABG 30-Day Readmission Rates By Facility
Yearly Cost Associated with Isolated CABG 30-Day Readmission Rates

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Average yearly savings from 2014 Baseline = $878,000/year
Ongoing Initiatives

2nd Annual Cardiac Continuum of Care Symposium

Register Now

Friday, September 21, 2018
8:30 AM – 4 PM
CPCC’s Harris Conference Center
3216 CPCC Harris Campus Drive Charlotte,
Conclusion

- Improvement project displays core elements for continuous improvement to achieve excellent outcomes
- Use of the Patient and Family Advisory Committee (PFAC) helped to strengthen and guide strategies to be successful
- Prevention of readmissions saves approximately $31K/readmission, resulting in significant institutional savings
  - Continual improvement and engagements sustained through regular meetings, even after success identified and sustained
- Results from improvements are sustainable and replicable
- Success of Continuum of Care Program spread to Heart Failure and AMI service lines
Thank you for your attention!
Questions?