

# Closing the Revolving Door

Reducing Acute Care  
Transfers

# Where Do Patients Go?

- 35.2% use PAC ( \$45 Billion)

## **OF THOSE:**

- 41.1% go to SNF ( \$21 Billion)
- 37.4% go home with HH ( \$14.1 Billion)
- 10.3% go to IRF ( \$5.6 Billion)
- 2% go to LTCH (\$4.4 Billion)

» Med Pac 2009

# Readmission to Acute Care

- 1 in 5 readmitted to acute care in 30 days
- 23.5% of SNF pts readmitted in 30 days
- 75% of readmissions viewed as preventable

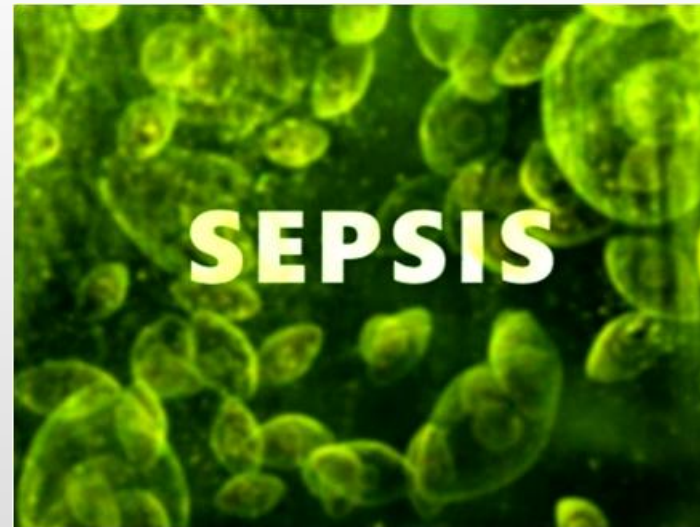


# Who is responsible?



# Top Three Reasons Readmission

1. Sepsis
2. Respiratory
3. Cardiac



- Can we identify high risk patients on admission?



# Stroke Dismissed From Acute

- Predictors of “Bounce Back”
  - Older
  - African American
  - Medicaid
  - Initial discharge to SNF
  - More chronic disease
  
- ❖ Destination Odds Ratio
  - ❖ Rehab Ctr- 0.96
  - ❖ SNF 1.36

-Kind et al 2007

# The Survey



# The Survey

- Attending: Internal Medicine/PM&R
- Average case load
- Percentage licensed staff/nursing
- Number CRRN
- Nursing hours per patient day
- Physician extenders
- Hourly rounds(nursing)
- Rapid Response Team



# The Survey

- Respiratory Therapy 24/7
- Evening coverage
- Day of week of ACT
- Time of day ACT



# Perception

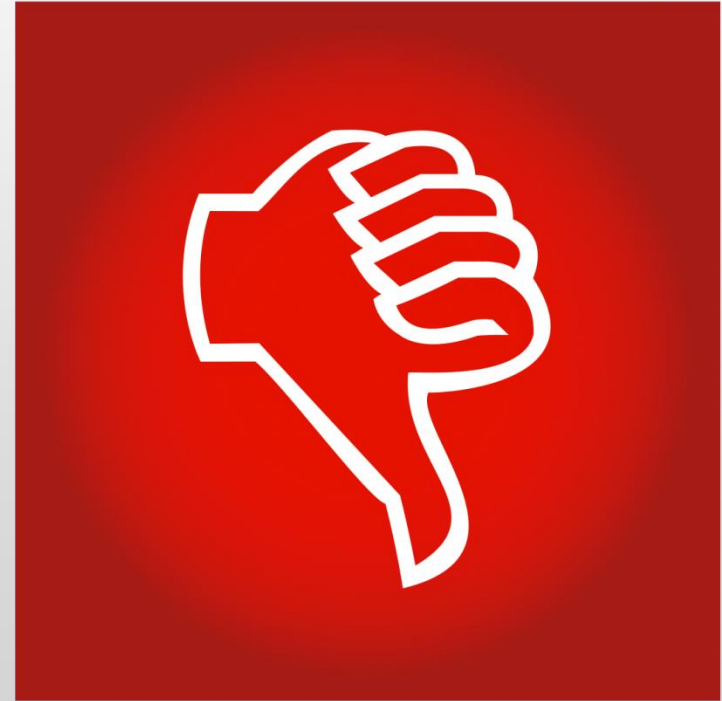


# Myth Busters





# There is a correlation between CMI and ACT.



# CMI and Acuity

## **STROKE-**

intracerebral bleed

- Diabetic neuropathy
- Hypertension
- Hyperlipidemia

**CMI= 2.24**

## **CARDIAC**

- Atrial fib
- Hypertension
- Pneumonia
- Hemoptysis
- Anemia
- PAD

**CMI= 1.09**



**ACTs occur more frequently on the 3pm to 11pm shift than 11pm to 7 am shift.**





**ACTs occur more frequently on weekends than weekdays.**





**ACTs are less common  
when the attending is an  
Internal Medicine physician**





# ACTs were less frequent if Respiratory therapy was 24/7



# Mining the Data

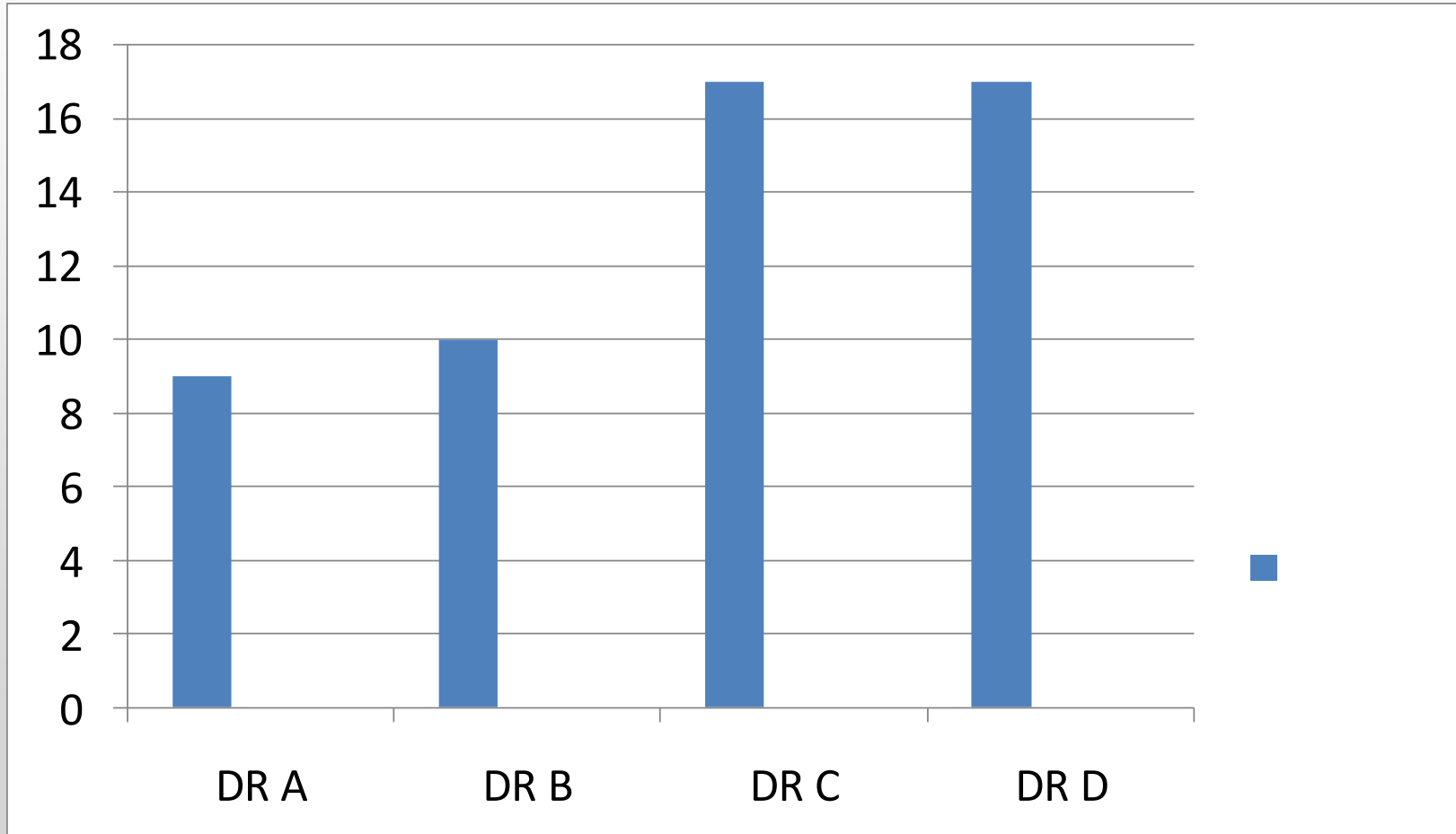


ANALYSIS OF PPS DATA BY PHYSICIAN

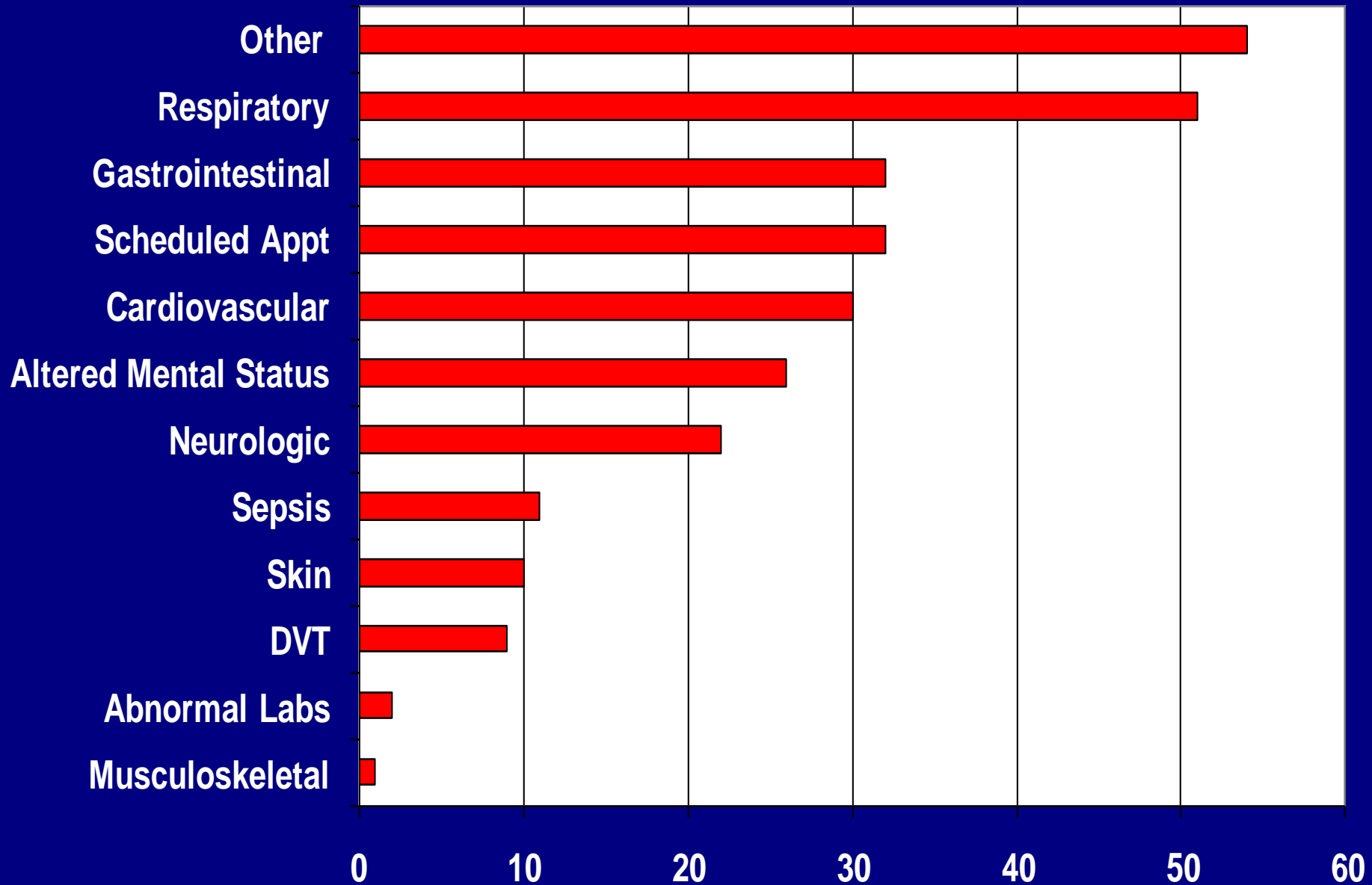
YTD JUNE 2009

PHYSICIAN	# OF CASES	CASE MIX INDEX	ACTUAL LOS	RAND LOS	VAR LOS	DISCHG TO ACUTE %	DISCHG TO SNF %	DISCHG TO HOME %
1	8	1.901	23.6	23.7	0.1	0%	25%	75%
2	2	1.302	16.0	16.5	0.5	0%	50%	50%
3	0	0.000	0.0	0.0	0.0	0%	0%	100%
4	0	0.000	0.0	0.0	0.0	0%	0%	100%
5	5	1.477	16.0	18.6	2.6	20%	0%	80%
6	130	1.379	14.9	17.2	2.3	9%	14%	77%
7	0	0.000	0.0	0.0	0.0	0%	0%	100%
8	144	1.462	15.2	18.2	3.0	17%	14%	69%
9	0	0.000	0.0	0.0	0.0	0%	0%	100%
10	160	1.242	11.6	15.6	4.0	13%	11%	76%
11	0	0.000	0.0	0.0	0.0	0%	0%	100%
12	1	1.621	21.0	20.0	-1.0	0%	0%	100%
14	0	0.000	0.0	0.0	0.0	0%	0%	100%
15	0	0.000	0.0 #	0.0	0.0	0%	0%	100%
16	69	1.282	12.6	16.0	3.4	17%	12%	71%
YTD TOTALS	519	1.356	13.8	16.9	3.1	13%	13%	74%
FY 08 TOTALS	428	1.239	14.1	16.2	2.1	13%	17%	70%
VARIANCE	91	0.117	0.3	0.7	1.0	0.0%	4%	4%

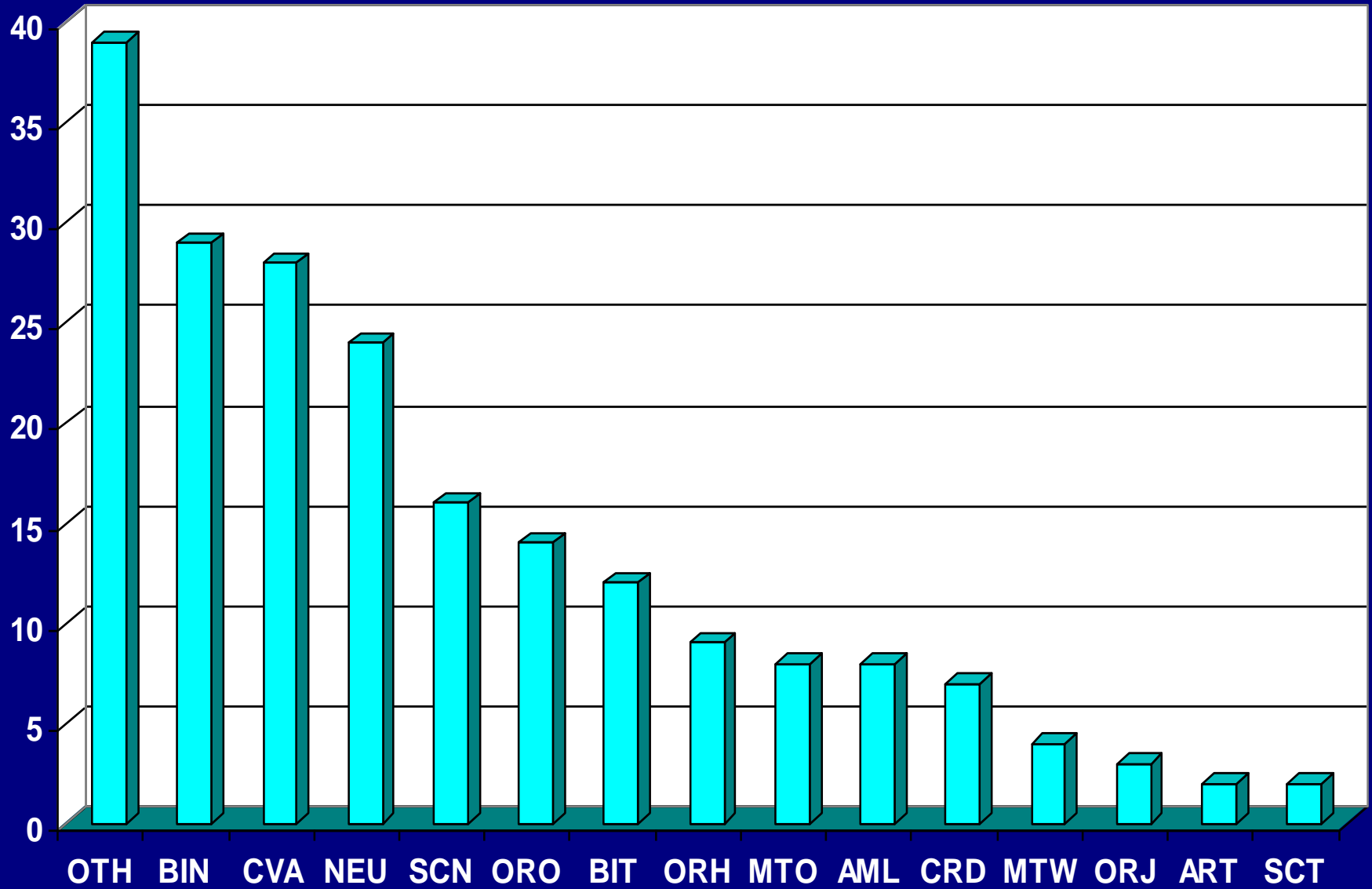
# ACT by Physician



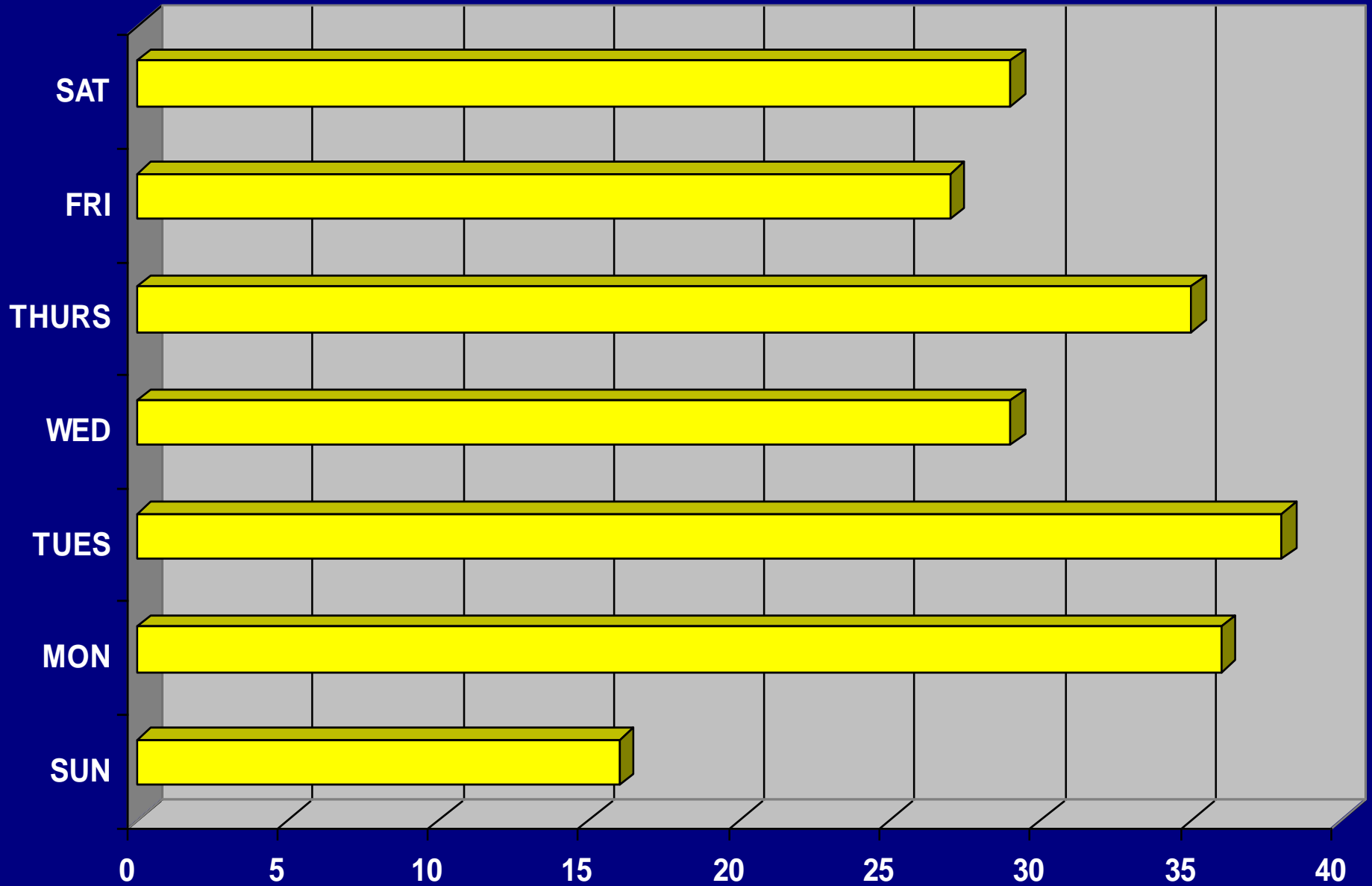
# MEDICAL PROBLEM CATEGORY OF ACUTE CARE TRANSFERS: JANUARY 2009 - MAY 2010



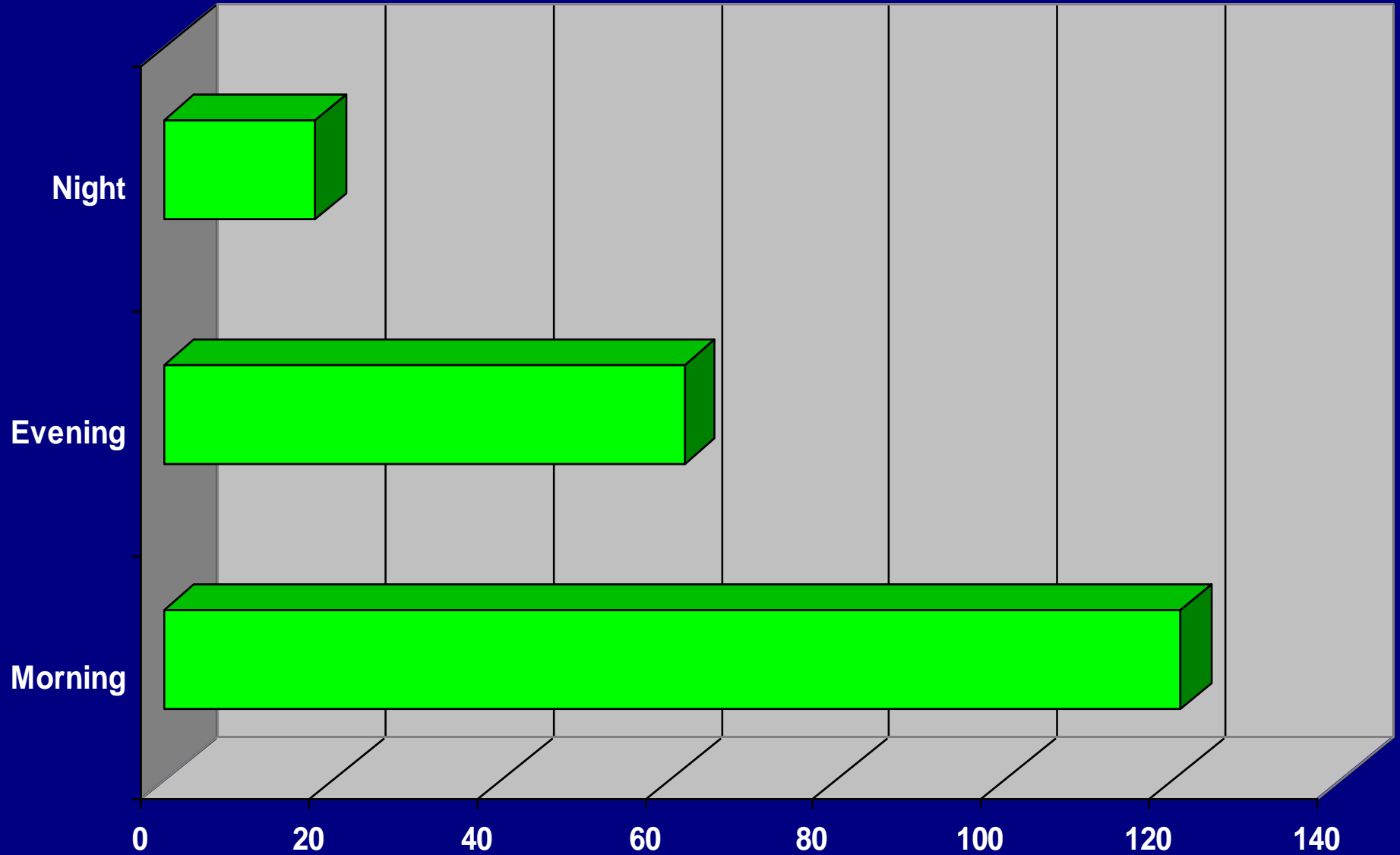
**SERVICE CODES OF PATIENTS DISCHARGED TO ACUTE CARE:  
JANUARY 2009 - MAY 2010**



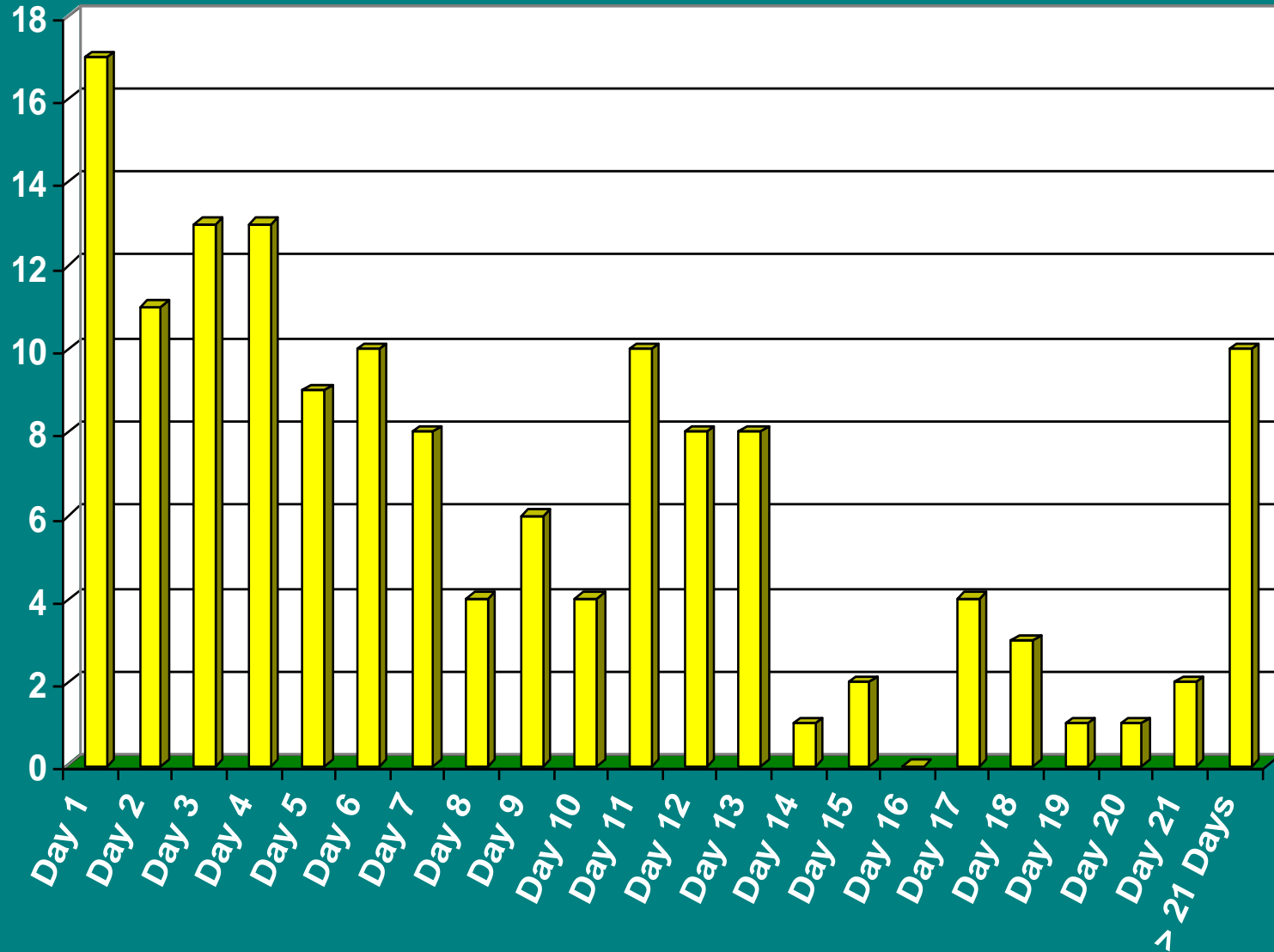
# DAY OF TRANSFER ORDER: JANUARY 2009 - MAY 2010



# SHIFT OF TRANSFER ORDER: JANUARY 2009 - MAY 2010



# DAYS INPATIENT PRIOR TO ACUTE CARE TRANSFER: August 2009 - May 2010



# Looking at the 5 Hospitals with the Greatest Improvement in ACT rate

# Physicians

- Willingness to take care of sick patients
- Competencies
- Internal Medicine support
- Active education of nurses
- Medical director intimately involved in process
- Identify outliers and counsel them
- Hold physicians accountable
- Weekend and night coverage
- Let ER know you want the patient back

# Nurses

- High quality supervisors
- Education and training
- Commitment to keep patient
- SBAR process
- Identify outlier nurses

# Red Flags You May Have Missed



# Red Flags

- Family comments about changes in behavior
- Increased fatigue or irritability
- Refusal of therapy
- Mild cognitive changes
- Increased sleep patterns
- Low grade fever
- Lower food/fluid intake
- Regressing in therapy



# Best Practices

