Reducing Readmissions: Bringing the Family into the Interdisciplinary Team

Leveraging Family Involvement to Improve Quality, Safety and Satisfaction

Cynthia Nelson and Tracey Nixon
Reliant Hospital Partners

Why Focus on Readmissions?

- Approximately 20% of Medicare Hospital Admissions are Readmitted Within 30 Days of Discharge

- 13% are thought to be preventable.

- Readmissions are Associated with $15B in Medicare Spending Annually

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Regulatory/Quality Levers

- Reduce Health Care Spending- Regulatory Drivers
  - CMS: Healthcare Reform (ACA) enacted the Hospital Readmission Reduction Program (HRRP)
  - Value Based Purchasing
  - ACO/Bundling

- Enhance Patient Safety and Quality of Care
  - The Joint Commission- New Standards

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Medicare- Hospital Readmission Reduction Program

- FY 2013 (Oct' 12)- CMS will reduce payments for readmissions higher than expected on measures for heart attack, heart failure and pneumonia.
- Penalty is 1% of all DRG payments, not just the clinical areas measured, increasing to 2% in FY 2014 and 3% in 2015.
- In FY 2015 the list of conditions can expand to include: COPD, several cardiac and vascular surgical procedures.
- Anticipated savings to Medicare is $7.1B over 10 years.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

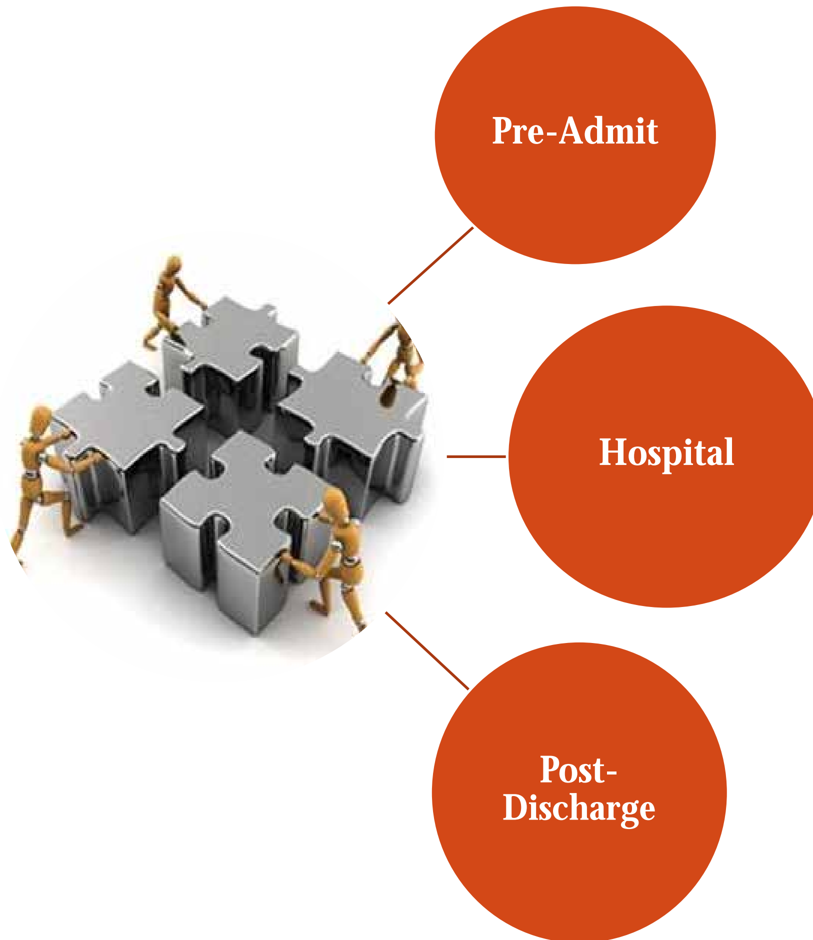
ACO/Bundled Payment

- ACO- bonus for high quality and low cost growth.

- Bundling continues to pay FFS, but adjusts providers' payment based on resource use and quality across an episode of care.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Care Coordination



Copyright 2011, Cindy Nelson and Tracey Nixon,
Reliant Hospital Partners, Addison, TX

TJC- New Standards

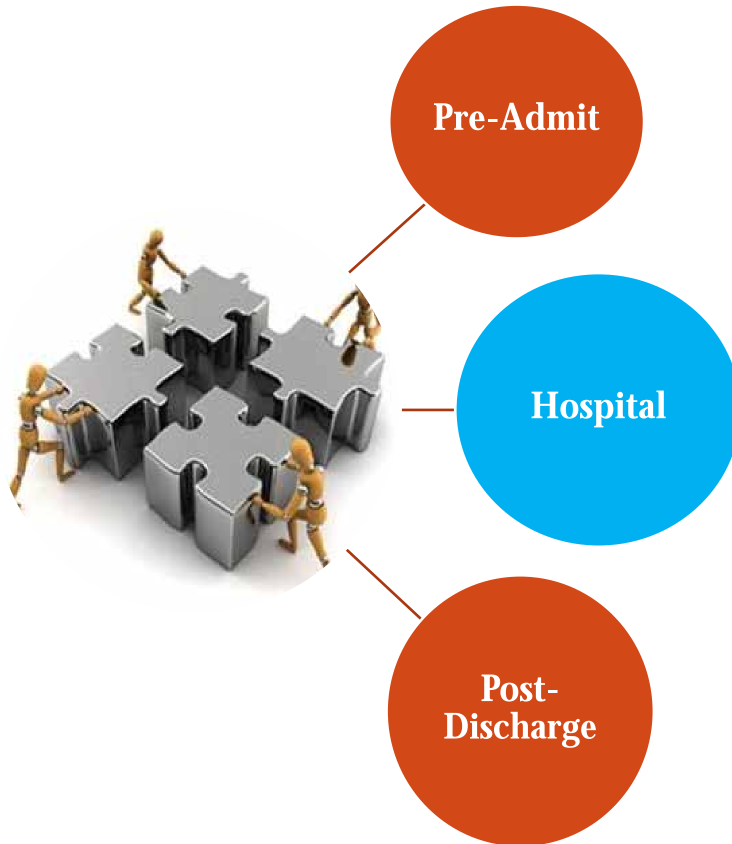
– **PC .02.01.21**- Emphasizes the importance of effective communication between patients and their providers of care, treatment, and services.

– **RC.02.01.01**- The medical record contains information that reflects the patient's care, treatment, and services.

– **RI.01.01.01**- The hospital respects, protects, and promotes patient rights

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Care Coordination



Pre-Admit

Hospital

Post-Discharge

Copyright 2011, Cindy Nelson and Tracey Nixon,
Reliant Hospital Partners, Addison, TX

How Do We Get Family Involvement?

Family members unique perspective and knowledge of the patient can provide clinical and background information that may affect the care plan. We need to elicit this information, provide education and finally hold them accountable for the patient's post discharge care.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Gather Information from the Family/Caregiver

Cultural Change, Surveys, Rounding, Checklists, Family Discussions, Phone Calls, Post Signs, Caregiver Groups

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Family involvement improves perception of care and outcomes

- Level of family involvement in care critical in driving satisfaction.
- Effective communication with caregivers also critical to family satisfaction. Family members who receive contradictory information from clinicians are less satisfied with patient care.
- Even more compelling are the potential benefits of family involvement to patient safety. (medication management, hand washing, pain management, safety in mobility)
- Improved Outcomes in patients who experience greater family involvement in care.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Culture Change

- Creating an institution-wide task force to establish family-centered care is the best way to promote cultural change.
- Bring together representatives from all service lines to ensure broad input and facilitate dissemination of best practice.
- Development of a strategic plan to guide work in expanding family-centered care

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Family Centered Care Strategic Plan

- **Set specific Goals with timelines:**
  - Develop a system to monitor and evaluate progress
  - Integrate Family-Centered concepts into planning and decision-making regarding space and facilities
  - Market as a center of Family Centered Care
  - Develop and promote a culture of Family Centered Care among all Staff
  - Develop or revise programs, policies, procedures to reflect Family Centered Care concepts

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Family Assessments

- Initiated at Pre-admission Assessment
- Need to be greeted and welcomed into the hospital climate.
- Case Management – Owns Discharge Plan of Care
- Incorporated into all points of patient care (therapy, med pass)
- Family Discussion 24 hours after admission
- Information Pamphlet distributed to all families including
  - Discharge Check List
  - Home Evaluation
  - Welcome Letters
- Daily phone call to family
- Rounding (leadership team, nurse supervisor, MD)
- Signage – posters, table tents
- Caregiver Orientation Groups

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Bedside Safety Campaign

- Sutter Memorial Hospital patient safety committee developed "Speak Up" table tents. Placed next to each patient's bed the tents encouraged families to voice questions and concerns, know medications, ensure staff check armbands, etc.

- Miami Children's Hospital now includes patient safety questions such as "Did the staff wash their hands?" And "Did the staff take steps to provide a medically safe environment for care?"

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Family Promise Poster

We promise to give you our BEST

We will always:

WASH our hands before seeing your loved one

CHECK your loved one's identification band and chart before any medicine or treatment

EXPLAIN thoroughly the care and medications your loved one will receive

STOP any procedure if you tell us it doesn't look right

LISTEN to your thoughts, questions and concerns

WELCOME your feedback-you are our partners

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Determine Caregiver Goals

- Assessment of families' current satisfaction and level of involvement in patient care is 1st step towards integrating families into the care process.
- Surveys and focus groups provide a baseline snapshot, identify areas for improvement, and stimulate clinician interest.
- From here we can establish caregiver/family goals

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Educate the Family/Caregiver

Therapeutic assist of Self-Care, Dispensing Medication, Discharge Planning Groups, Rounding Team Conference, Family Conferences, Reference Library

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Clinician Attitudes

- Awkward delivering care in front of family
- Increased risk of litigation
- Upsetting family members
- Concerns about patient confidentiality
- Negative impact on providers' skills
- Define Rehab Nursing role

All AREAS for TRAINING

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Family-Focused Clinical Training

- Clinician reluctance to involve families in care often rooted in lack of communication skills or training in managing family presence at the bedside.
- Education improves clinician comfort and confidence with family presence, fostering better family relationships.
- Family members may serve as speakers by telling their personal experiences and help mentor staff and assist them in learning to communicate.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Proactive reaching out to families *REDUCES nurses work burden*

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

New analysis completed by Press Ganey suggests involving families in treatment affects hospital work environment. When families are involved in patient training/care, nursing perceive their workload as reasonable and improves overall job satisfaction

Patient/Family Discharge Planning Group

- Home Safety
- Medication Management
- Adaptive Equipment Use
- DME
- Household Chores Problem Solving
- Opportunity for Patient Satisfaction

Occupational Therapists lead education discussions in problem solving with family and patient for smooth transition.

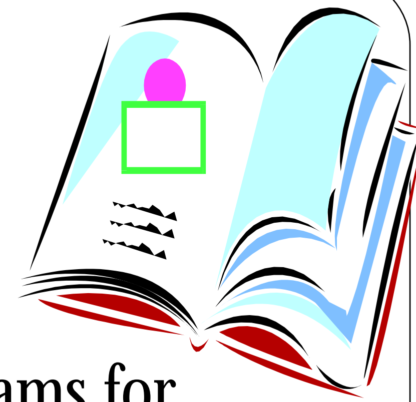
Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

BEST PRACTICE
Rounding Team Conference

- Reliant Hospital clinical team rounds to patient's rooms for Team Conferences.
- Improved communication between patient, caregiver/family, MD and clinical team provides greater Patient/Family Satisfaction.
- Improved communication leads to improved case manager time management and therefore LOS management
- Team Communication in more effective using layperson terms
- Opportunity to obtain critical information about the patient and set-up caregiver training
- Case Management meets with Therapy on non conference days to manage LOS and ensure smooth transition to community

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Caregiver Education Programs



- Family Conferences and Clinical education programs for family members improves quality of care.
- Knowledgeable caregivers better able to support clinicians' efforts and safety initiatives.
- Educating families about clinical needs prevents information lost due to patient forgetfulness or confusion.
- Decrease Readmission by encouraging families to notify clinicians of symptom changes, monitor medication regimen and note changes in patient's condition.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Family Resource Area

– Brochures outlining information and resources available to families.

– Assessments of family needs, level of education, primary language, etc.

– Personalized packets of information featuring articles about specific diagnosis, medications, financial support. Community resources, etc.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

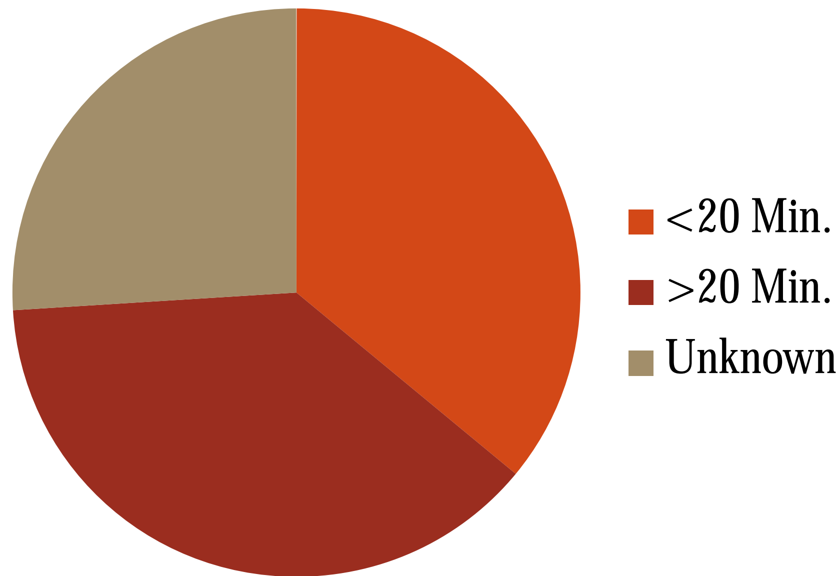
Accountability for what family was told about the patient's care

Teach Back, Show Back, Documentation, Written Discharge Instructions, Follow-up Calls

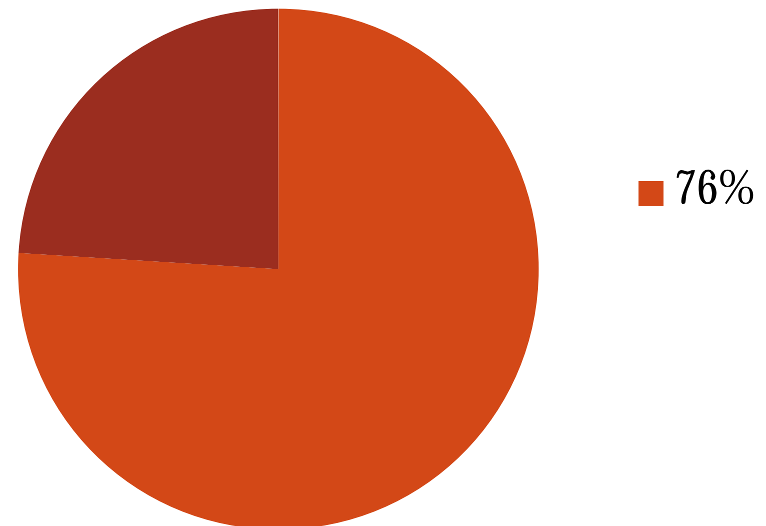
Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

How do we hold patients/caregivers accountable for management?

Dedicated Education



Patient Comprehension



Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

How do we hold patients/caregivers accountable for management?

TEACH BACK

- Educate Patient/Caregiver.
- Ask to restate in their own words what they have learned.

SHOW BACK

- Educate Patient/Caregiver.
- Ask to demonstrate practical application of lesson.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Documentation of Understanding

- Do we have documentation that prompts staff to identify understanding of education provided?
- Does the staff complete accurately?
- Does documentation identify efforts made to ensure understanding?

So often we are focused on giving information and do not check to see if the information was received. Our job is not done until they can teach us/show us.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Discharge Instructions

Use as Teaching Tool

– Written at 3rd grade level, 12-14 size font, more white on page then black.
– Needs to include:

1. Who to call with questions after discharge
2. Who to call regarding a health problem
3. Medication List
4. How to care for health problems
5. Appointments
6. Self – Care Assistance
7. Talking, Reading, Understanding, Memory, Solve a Problem
8. Precautions
9. Equipment

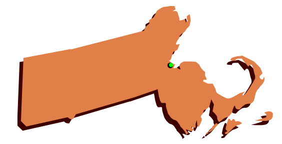
Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Follow-up Calls post Discharge

- Best Practice: Team member directly treated patient
- RN Case Manager
- Case Management
- Admissions Clerk
- Feedback to Team/Administration

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Project RED (Re-Engineered Discharge)



Boston University

- Ensure understanding of Diagnosis and Care
- Ensure understanding of Medication
- Written Discharge Plan
  - Post discharge services
  - Medication plan
  - Caregiver Assistance
- Expedite transmission of DC Summary to MD and other post discharge services
- Telephone Reinforcement within 2-3 days

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Re-Admission Rate – Case Management Standard

Along with **LOS Management** and **Percentage of Community Discharges**, The Re-Admission Rate should be a Performance Standard for Case Management.

Copyright 2011, Cindy Nelson and Tracey Nixon, Reliant Hospital Partners, Addison, Texas

Reducing Readmissions: Bringing the Family into the Interdisciplinary Team

Leveraging Family Involvement to Improve Quality, Safety and Satisfaction

QUESTIONS