

Readmissions Workgroup

Quality and Patient Safety Committee Meeting

December 16, 2022



Umair Jabbar, MD FACP

Cassandra Wadlington, RN

Workgroup Leaders

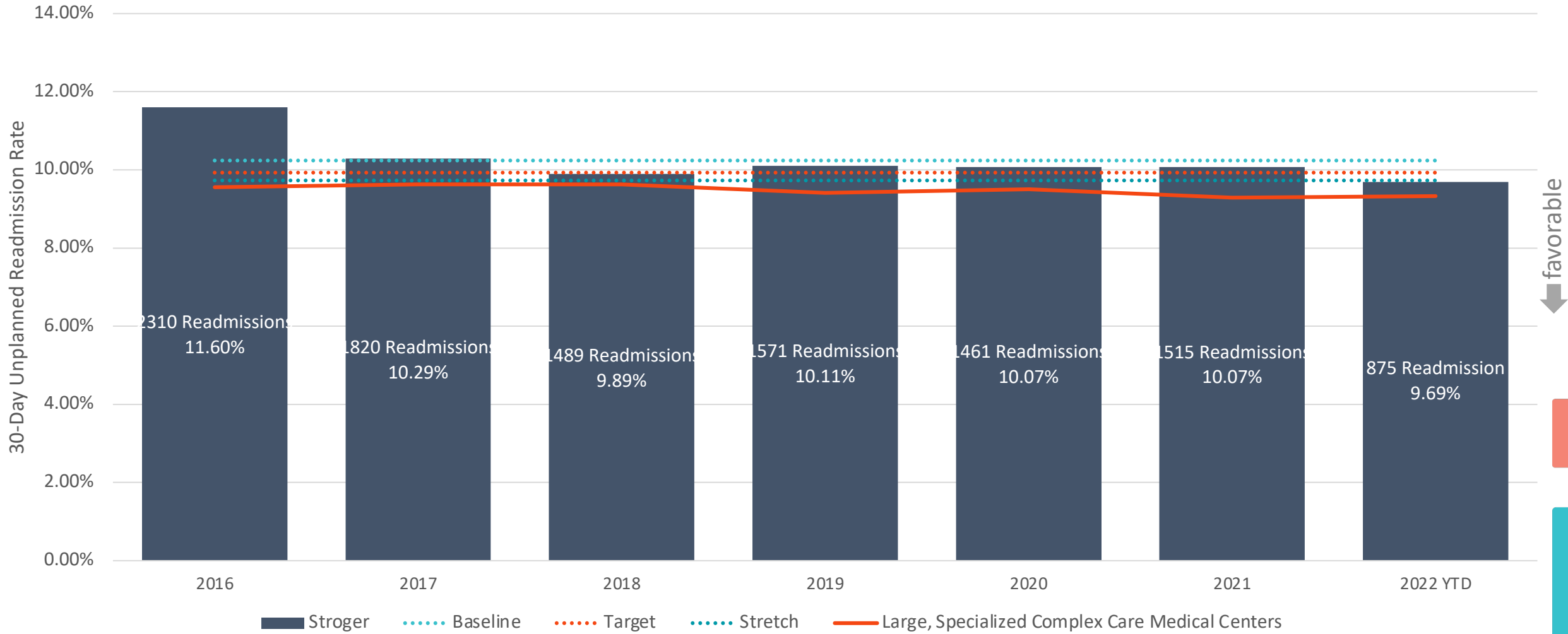
Sponsor: Trevor Lewis, MD



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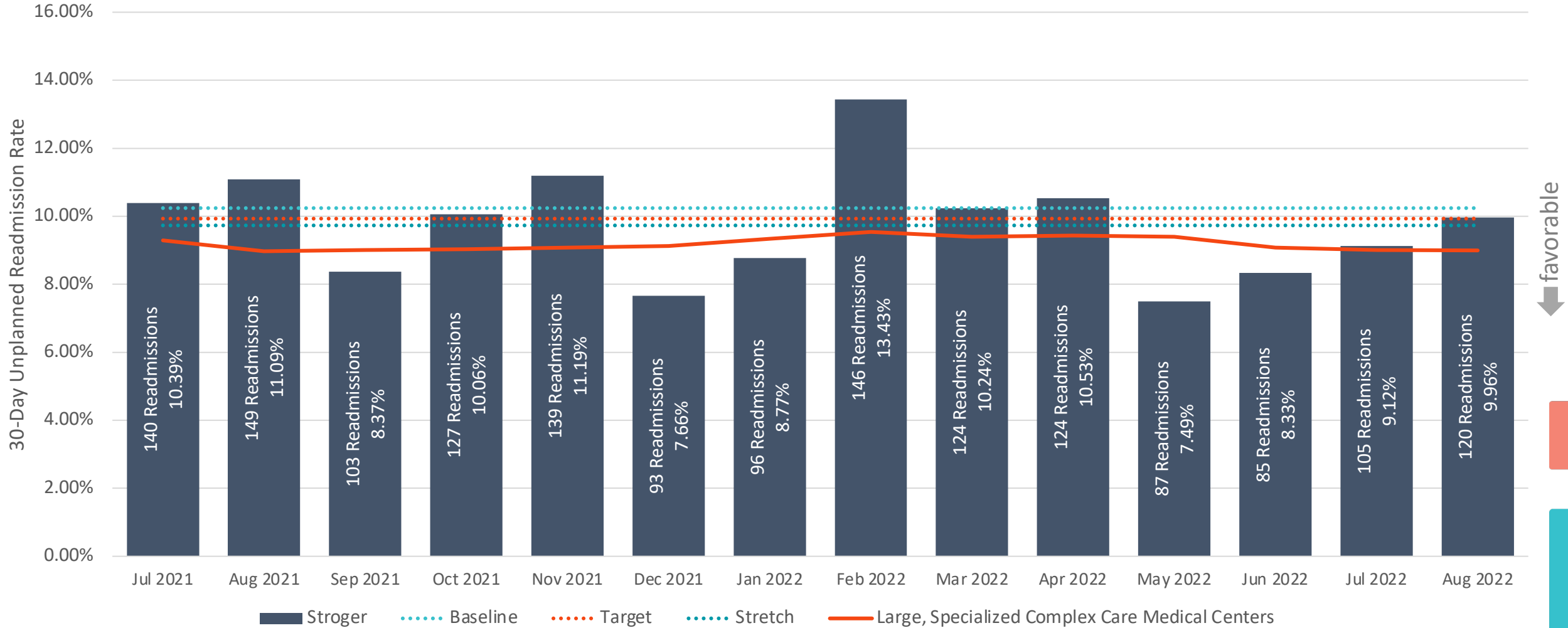
30-Day Readmissions

Unplanned, Hospital-Wide, All-Cause



30-Day Readmissions

Unplanned, Hospital-Wide, All-Cause





Readmission by Base MS-DRG (of Index Visit)

July 2021 to August 2022


| Base MS-DRG | Total Cases | # 30 Day Readmits | 30-Day Readmit Rate | # 14 Day Readmits | 14-Day Readmit Rate | # 7 Day Readmits | 7-Day Readmit Rate |
|---------------------------------------|-------------|-------------------|---------------------|-------------------|---------------------|------------------|--------------------|
| 101 hf/shock | 673 | 87 | 12.99 | 45 | 6.72 | 28 | 4.18 |
| 294 septicemia w/o mv 96+ hrs | 718 | 77 | 11.70 | 39 | 5.93 | 28 | 4.26 |
| 218 renal failure | 317 | 57 | 18.27 | 35 | 11.22 | 12 | 3.85 |
| 141 cirrhosis/alcoholic hepatitis | 265 | 54 | 20.45 | 31 | 11.74 | 15 | 5.68 |
| 339 antepartum/ectopic | 253 | 35 | 13.83 | 30 | 11.86 | 19 | 7.51 |
| 273 rbc dis | 139 | 34 | 24.64 | 16 | 11.59 | 11 | 7.97 |
| 132 Esophagitis/gastroenteritis | 274 | 33 | 12.04 | 19 | 6.93 | 11 | 4.01 |
| 287 Infectious/parasite dis w/or proc | 256 | 31 | 12.60 | 21 | 8.54 | 10 | 4.07 |
| 133 Other digest sys dx | 175 | 30 | 17.14 | 16 | 9.14 | 10 | 5.71 |
| 060 Resp infect/inflam | 467 | 29 | 6.32 | 19 | 4.14 | 14 | 3.05 |
| 114 major small/large bowel procs | 240 | 29 | 12.18 | 26 | 10.92 | 17 | 7.14 |
| 205 diabetes | 301 | 25 | 8.31 | 13 | 4.32 | 5 | 1.66 |
| 196 cellulitis | 214 | 24 | 11.21 | 14 | 6.54 | 12 | 5.61 |


Modifications to Prior Work: **Interventions for CHF**


- Patient Engagement
 - Standardized CCH material across care settings
 - CHF in-service for 132 RNs
- Transition of Care Team visits + calls
 - Text message w/ cell at bedside
 - Call 48-72 hours after discharge


 **Self-Check Plan**
for HF Management



Excellent – Keep Up the Good Work!


 No new or worsening shortness of breath



 Physical activity level is normal for you



 No new swelling, feet and legs look normal for you



 Weight check stable
Weight: ____



 No sign of chest pain


GREAT! CONTINUE:

 Daily Weight Check

 Meds as Directed

 Low Sodium Eating

 Follow-up Visits

 **Pay Attention – Use Caution!**

Heart Failure: Daily Weight Monitoring Log

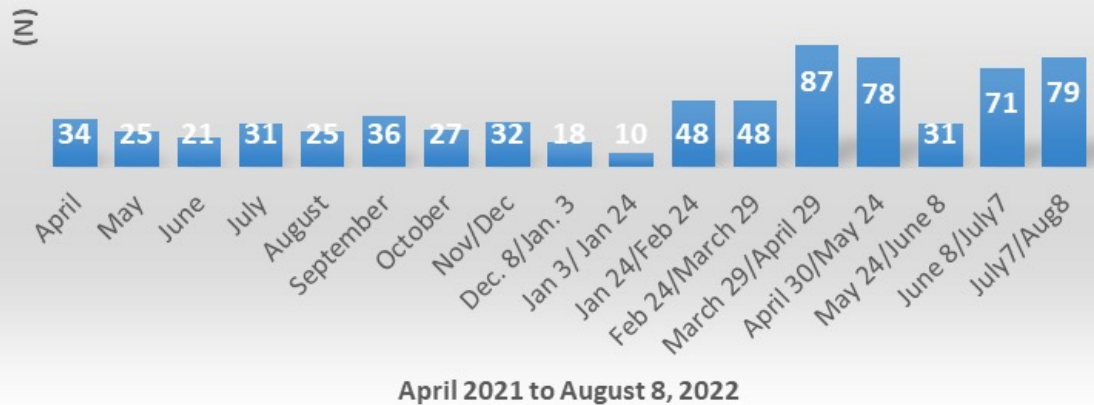
- Weigh yourself each morning after you wake up and use the bathroom but before you eat or drink anything.
- Use this chart to keep track of your daily weights. Take this chart with you to your doctor appointments.

| | | | | | | |
|-------------------------------|--------|---------|-----------|----------|--------|----------|
| M o n t h : Start Date: _____ | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| M o n t h : Start Date: _____ | | | | | | |

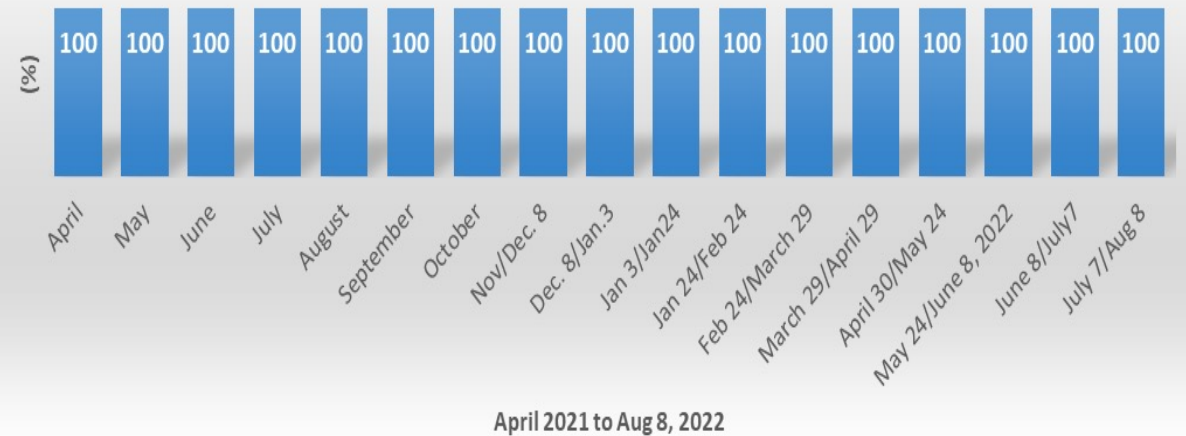
Modifications to Prior Work: **Interventions for CHF**

- Pharmacist Counseling
 - Students leading program
 - Working well: calling after discharge (meds finalized by then)
- Appointments
 - Cards consult attendings on 1 week block now
 - Attendings seeing in clinic following week
 - Reminder calls by TOC and Cards clinic

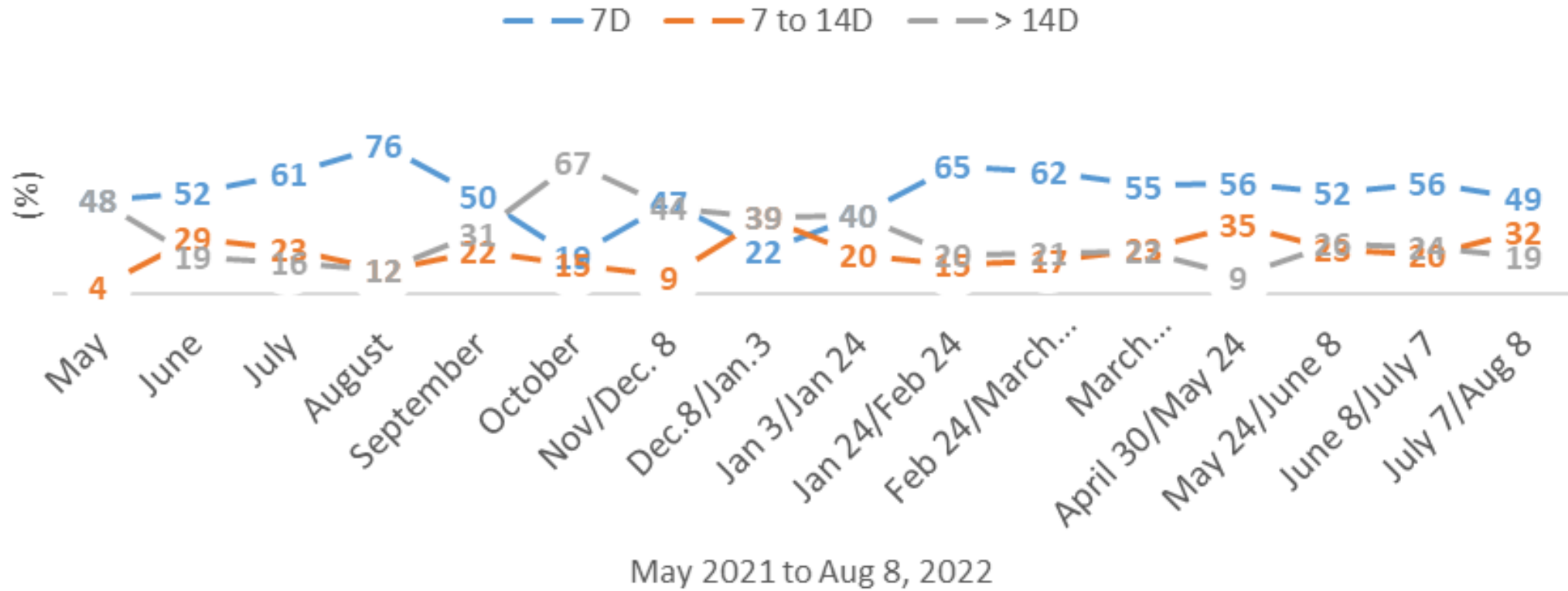
Number Acute HF patients discharged



Percentage Acute HF seen on Consult post discharge appointments

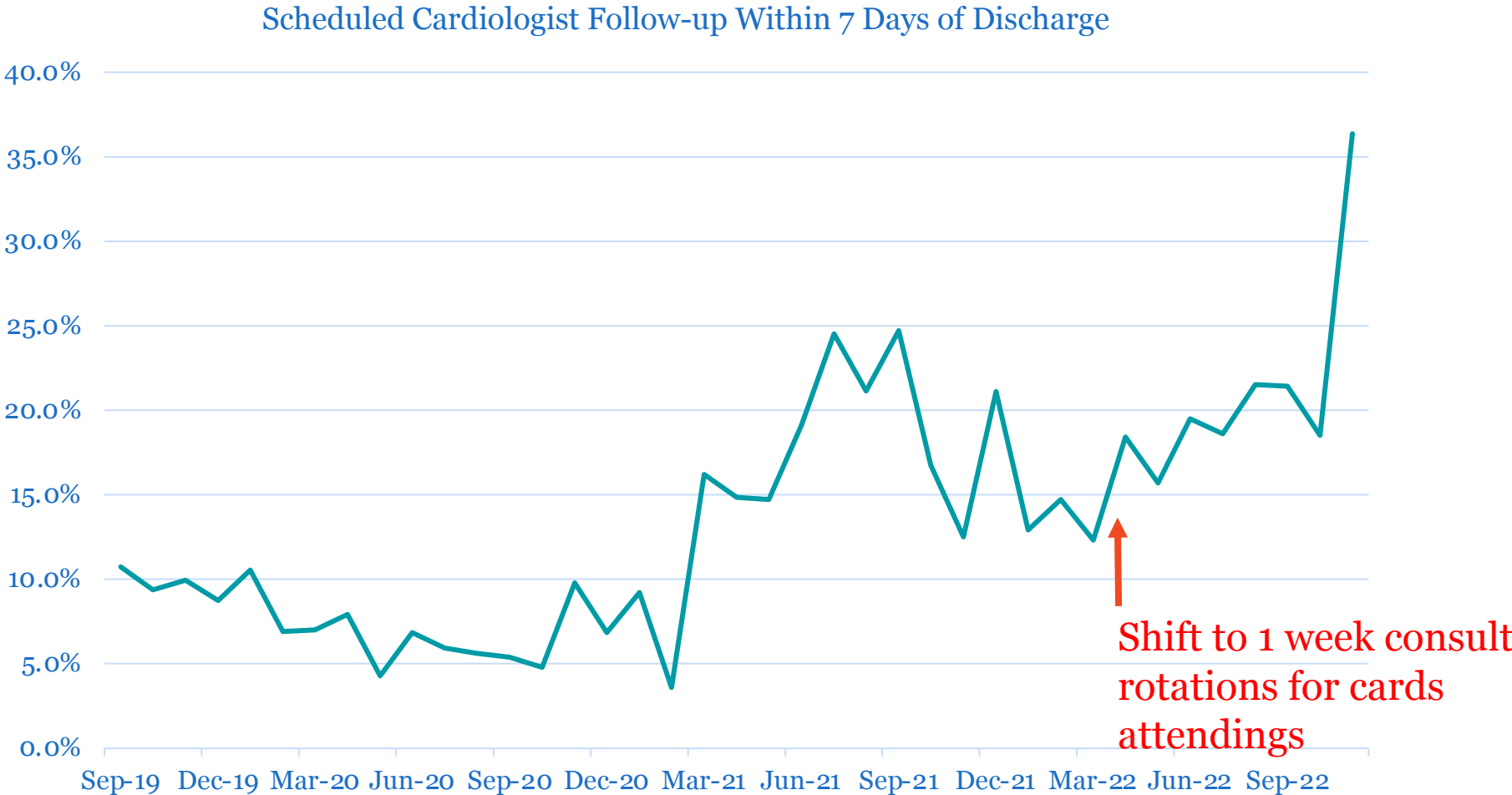


PERCENTAGE POST DISCHARGED APPOINTMENT BY CLASS, CARDIOLOGY



Appointments within 7 days
 March 2019 – 20%
 Now- Consistently $\geq 50\%$

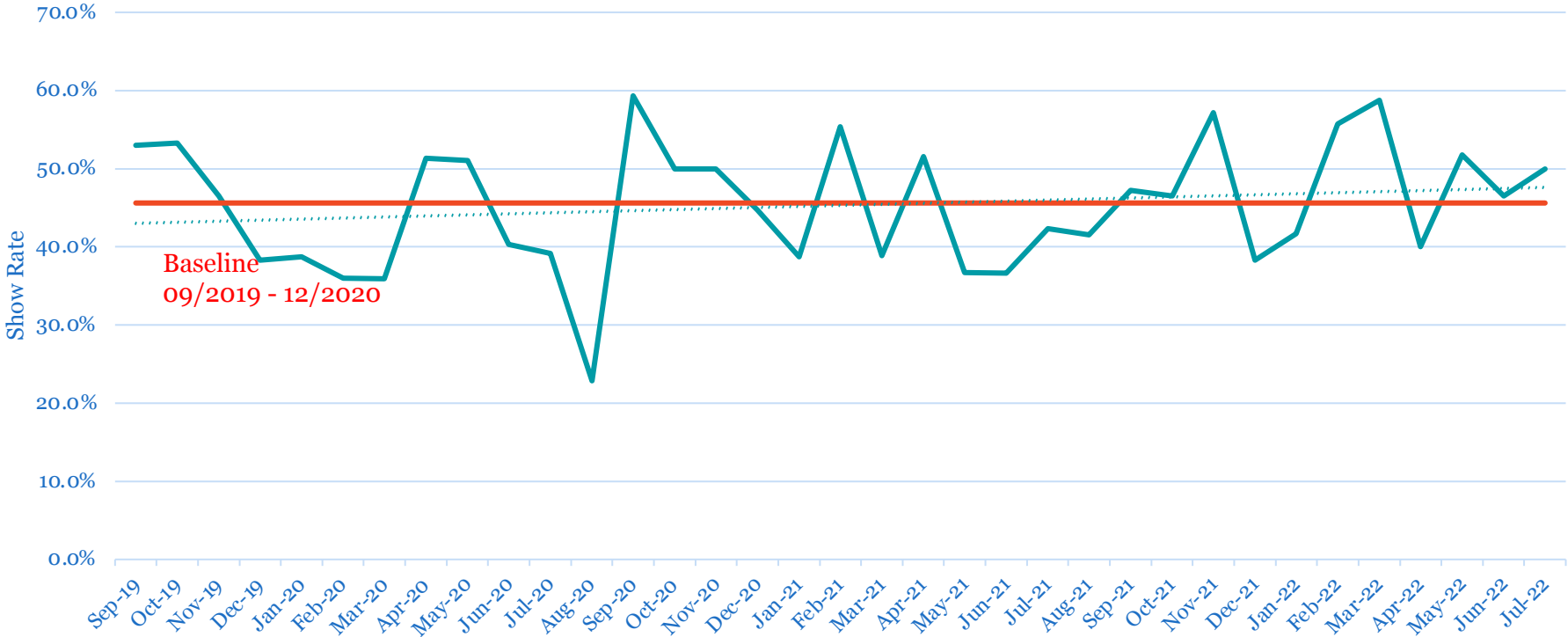
Acute + Chronic CHF: Cards Appt within 7 days



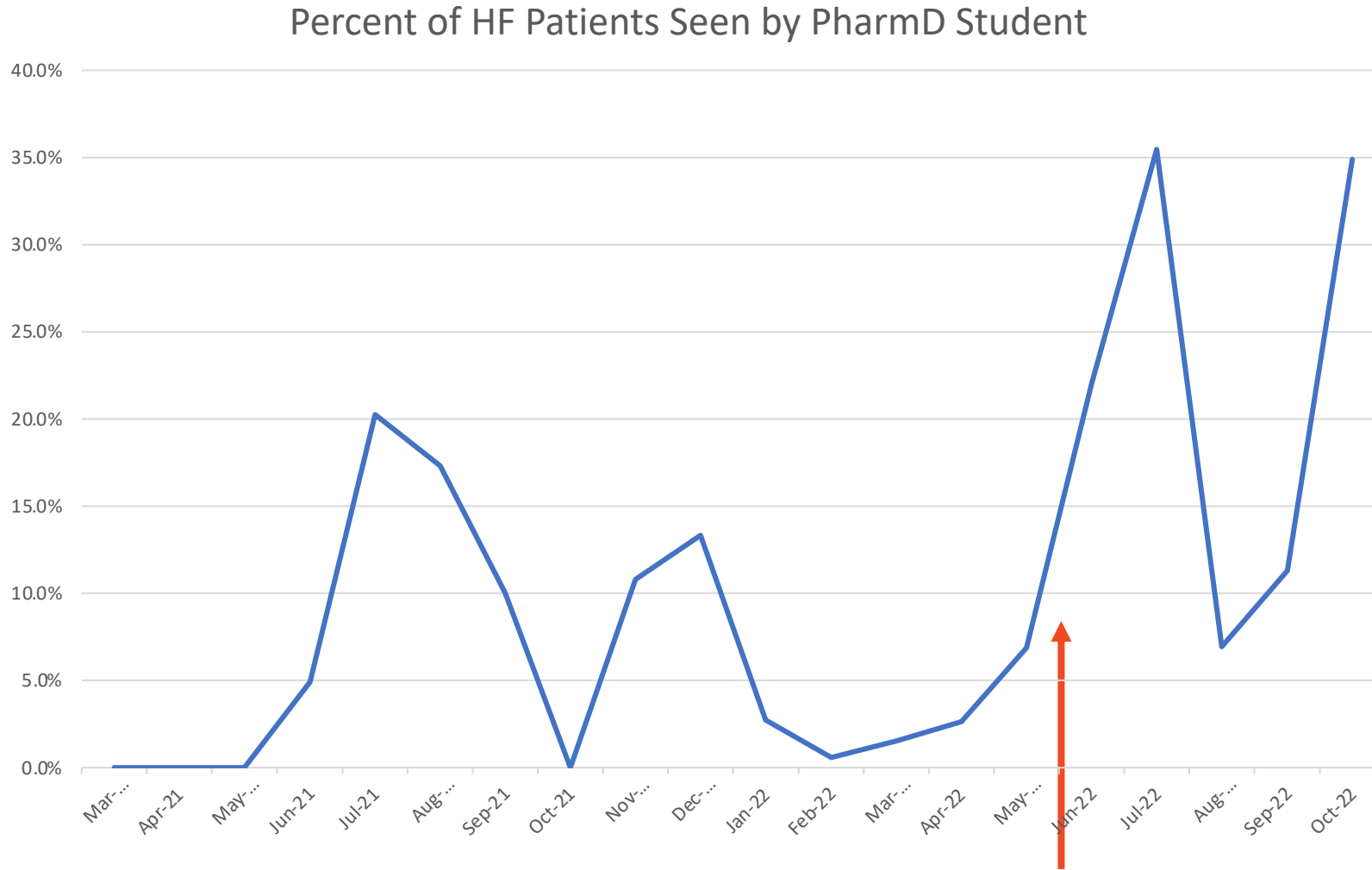
Cardiology Appointment Show Rate

Average
2020 – 42%
2021 – 45.5%
2022 – 47.9%

Show Rate to Cardiology Appointment within 30 Days of Discharge



Pharmacist Consultation



Expansion of Prior Work in March 2022: COPD/Asthma

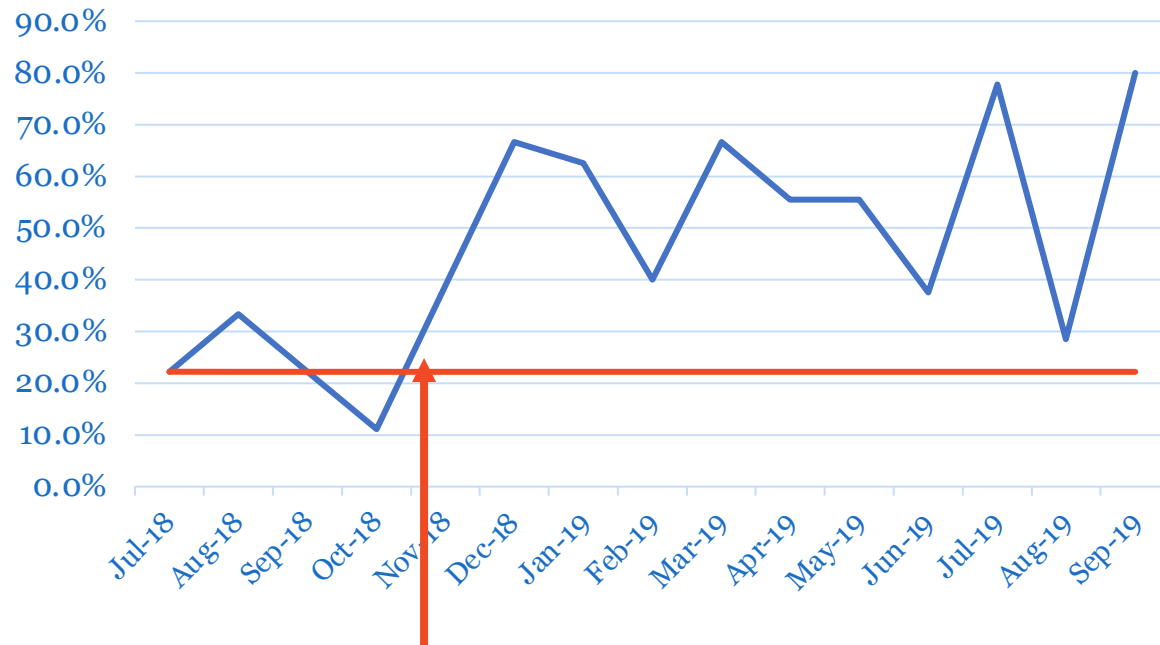
- 2 Transition RNs seeing COPD/Asthma patients
- Aid with:
 - smoking cessation and inhaler teaching
 - Medication-assisted substance abuse treatment
 - Appointments and equipment
 - Social determinants and other needs assessment
- Collaborate with SBIRT, Lung Health Educators, and Pulm Consult

The Discharge Process: **General Improvements**

- March 2022: TigerConnect MDs + Pharmacy
- April 2022: Charge RNs added to Pharmacy + MD communication
- July 2022: Discharge Planning Education for IM Interns
- July 2022: TOC on TigerConnect Roles
- Post-Hospital PCP Appointments
 - Now requested on admission
 - Turnaround time to schedule <1 day now

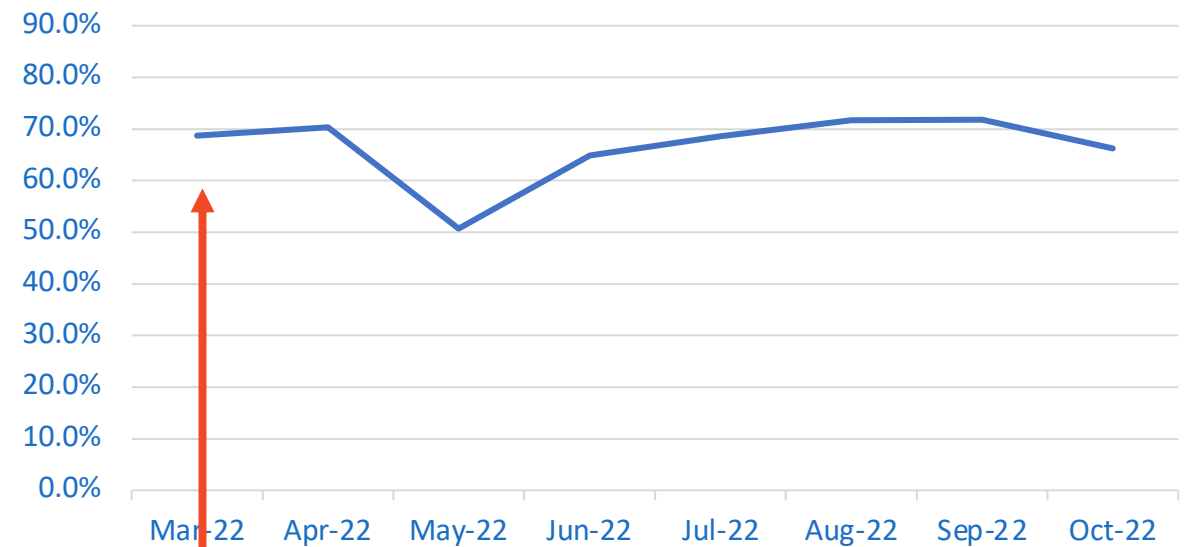
Discharge Process: Primary Care Follow-up (Medicine)

Appointment Requests Before Discharge



Physician Education

Appointment Requests Prior to Discharge

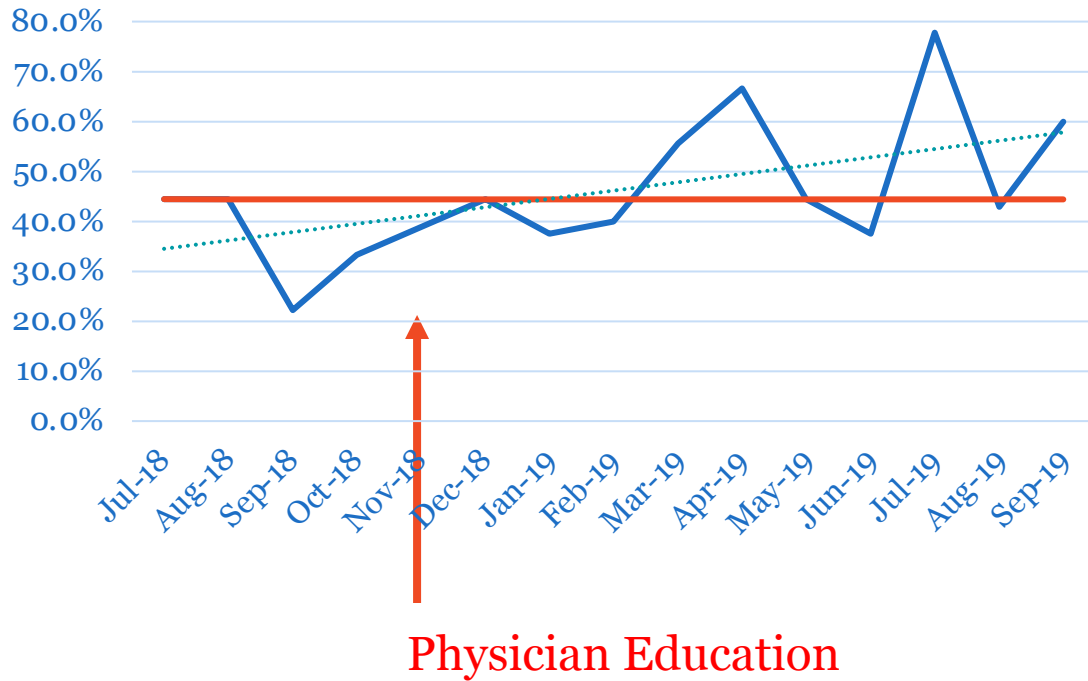


Incorporation into Admission orders

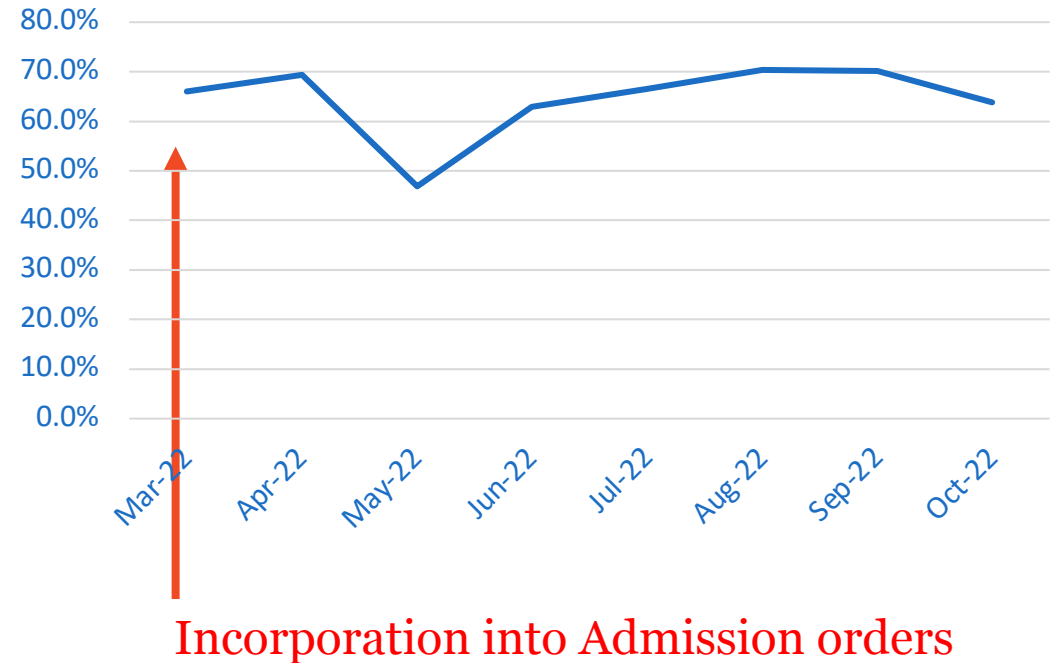


Discharge Process: Primary Care Follow-up (Medicine)

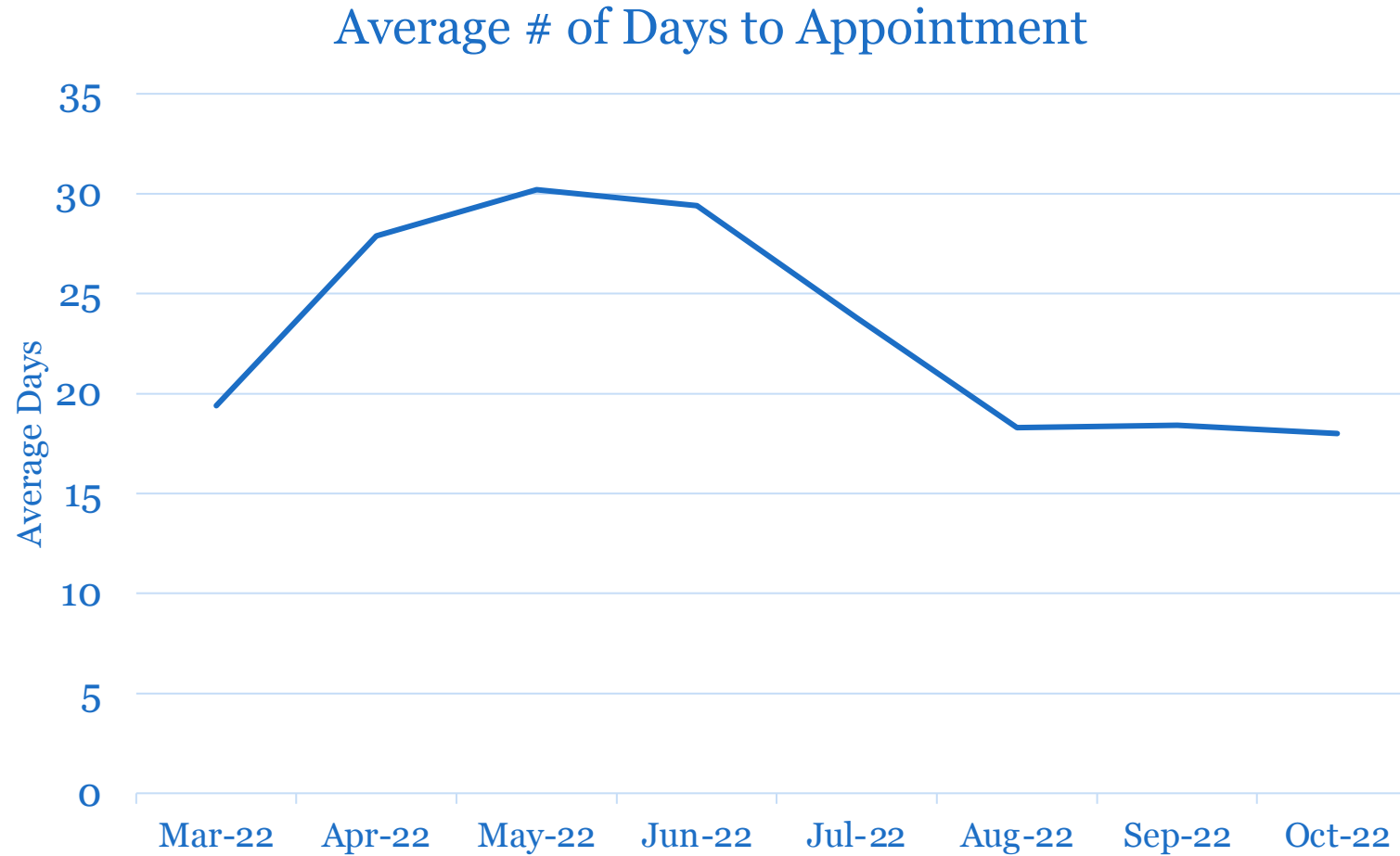
Discharged with a CCH Appointment



Discharged with a CCH Appointment



Discharge Process: **Primary Care Follow-up (Medicine)**



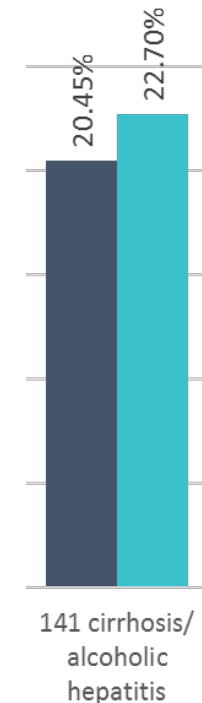
Hospitalist Paracentesis Clinic

March 2020 – Nov 2021

- Tue, Wed, Thu 1/2 day sessions
- Population: Recurrent Ascites
- Goal: Divert from ED/admission
- 4 patients/day

Estimated Cost Savings

| | |
|------------------------|---------------------------|
| Observation/Inpatient | \$3,121,778 - \$3,614,742 |
| Outpatient | \$408,941 - \$441,307 |
| Estimated Cost Savings | \$2,680,471 - \$3,205,801 |



Cirrhosis dropped 3-rd to 4th leading cause of readmits

The Work Ahead



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COPD/Asthma + CHF: Comprehensive Discharge Planning

- Goal: TOC on-site Mon-Friday
- Collaborate with SWs, RNs, MDs (especially cards + pulm)
- Oversee by discharge:
 - Education delivered and understood
 - Follow-up arranged and at site/time of preference
 - Needs identified and acted upon by responsible party
 - Appointments arranged
 - Medications picked up

General Discharge Process: **Current Work**

- Meds to Beds Workgroup- Creating new program
- Post-Hospital Appt Committee- Reduce time to appointment
- Patient Experience HRO- Discharge Folder

Readmissions Outliers: **Division-specific Evaluation**

- Renal Failure
- Oncology
- CT Surgery

Thank you



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