Improving the Transition from Tertiary Care Hospitals into Various Post Acute Environments

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Baystate Medical Center

- Flagship of Baystate Health
- 650+ beds
- Level 1 Trauma / Level 3 Nursery
- Tufts Med School Teaching Facility
- 293 residents and fellows
- 37,940 Discharges FY06
- ED >105,000 per year
- Solucient Top 100 Hospital
- Magnet Hospital - Nursing
- EMR CIS
Objectives

- Literature Review
- Overview of Post Acute Levels of Care
- Review of strategies, specific tactics & data
- Lessons Learned / Next Steps
Literature Review – PAC Transition Issues

Christopher L. Roy, MD et al., “Patient Safety concerns Arising from Test Results that Return after Hospital Discharge,” Ann Intern Med., 2005


O’Leary,KJ, et al., “Outpatient physicians’ satisfaction with discharge summaries and perceived need for an electronic discharge summary
Literature Review – PAC Transition Issues


Williams, Mark, “Hospital Patient Safe-D(ischarge): Discharge bundle for,” Emory University, 2005
Post Acute Care Levels of Care
ABC’s

- **In-patient settings:**
  - LTAC: Long Term Acute Care
  - IRF: Inpt Rehabilitation Facility
  - Sub- Acute or Short Term or TCU
  - SNF: Skilled Nursing Facility
  - LTC: Long Term Care

- **Home Setting:**
  - VNA: Visiting Nurse Association
  - Medical House Calls
  - Palliative Care
  - Hospice
Initial PAC Strategy

1996 started with belief:

BMC had a responsibility to ensure our patients had the highest quality of PAC that would provide the optimal potential for return to prior functional status.
Post Acute Strategies Overview

- Developed key relationships with each major type of post acute care
  - Home Health - 1995
  - Sub Acute - 1996
  - LTAC - 2004
  - IRF - 2007

- Excluded PAC levels that had less impact on the hospital
  - Long Term Residential Care
  - Assisted Living
Post Acute Strategies

- Mutual wins & goal setting
- Collaborate, don’t own
  - Collegial partnerships
  - Allows each to focus on their core business
- Imbed medical leadership
  - Ability to influence standards of care
  - Clinical champions
- Regular, formal and informal communication
- Program based approach
- Pull not push patients to post acute
- Not financially based
Post Acute Tactics

- Oversight committees
  - Steering
  - Operations
- Medical leadership positions
- Selected medical staffing
- Internal and External Education
- PAC PI
Key Success Factors

- **Shared Goals**
  - Mission and Vision

- **Involved broad groups of staff, both sides**
  - Case managers, physicians, nursing, therapy, program managers, administrators

- **Influential stakeholders**

- **Embraced quality and safety as core drivers**
  - Not heads in beds

- **Transparency**
  - Data sharing

Similar Cultural Values
# Medicare Readmission Analysis

## Discharges with and w/o PAC

### FY06 Medicare PAC - Readmission Analysis

<table>
<thead>
<tr>
<th>Medicare Discharges WITH PAC</th>
<th>No. of Cases</th>
<th>% of Medicare Discharges FY06</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY06 Medicare Discharges</td>
<td>11661</td>
<td></td>
</tr>
<tr>
<td>Total Discharged With PAC Services</td>
<td>4534</td>
<td>38.88%</td>
</tr>
<tr>
<td>Total Readmitted within 15 days</td>
<td>520</td>
<td>11.47%</td>
</tr>
<tr>
<td>Top 20 DRGs Readmits within 15 days</td>
<td>205</td>
<td>1.76%</td>
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</tbody>
</table>

### Medicare Discharges WITHOUT PAC

<table>
<thead>
<tr>
<th>Medicare Discharges WITHOUT PAC</th>
<th>No. of Cases</th>
<th>% of Medicare Discharges FY06</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY06 Medicare Discharges</td>
<td>11661</td>
<td></td>
</tr>
<tr>
<td>Total Discharged Without PAC Services</td>
<td>7127</td>
<td>61.12%</td>
</tr>
<tr>
<td>Total Readmits w/in 15days</td>
<td>1082</td>
<td>15.18%</td>
</tr>
<tr>
<td>Top 20 DRGs Readmits within 15 days</td>
<td>248</td>
<td>2.13%</td>
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</tbody>
</table>
Post Acute Data

- Discharge patterns from Baystate by level of care and or diagnosis
- Bounce back rates from post acute providers
- Key quality & safety initiatives both organizations
- Post acute program outcomes
- Key staffing / leadership changes
- Readmission rates
Comparative of Transitions to PAC and PAC Readmission Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Total To PAC</th>
<th>PAC Cases Readmitted</th>
<th>% of PAC ReAdmitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY05</td>
<td>229</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>FY06</td>
<td>281</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>FY07 YTD</td>
<td>268</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Linear (Total To PAC)
PAC – Performance Improvement
Team at Baystate Medical Center

- Subset of Medical Services
  Performance Improvement (MSPIT)
- Multi Organizational Team, various backgrounds
  - Program Directors
  - Physicians
  - Nursing
  - Therapy
  - Case Management
  - Risk Management (to assist in initial development)
PAC – PI Evolution

- Blinded shared case discussion *(still on going)*
  - Bounce backs, complaints, challenging patient care
  - Reduced “noise”
  - Ideas for operational improvement
- Programs and Services Document
- Education to Baystate Audiences
  - Post acute levels of care specifics
  - Discharge summary importance and content
  - Expectation management
- Modification of Baystate’s discharge report
  - Formally surveyed post acute providers
  - Used feedback to change hospital process and DC summary organization and content
- Developing the “Hand off” of care for pts treated and returned from the ED
Electronic PAC Discharge Report
Key Hand off information

Current information
- Reason for acute admission
- Advanced Directive
- Allergies
- Infection Control Concerns
- Emergency contacts
- Physician and Nursing Discharge Summary
- Scheduled Meds at time of transition w/ time of next dose

Last 7 days
- Discontinued scheduled and PRN Meds w/ date/time of last dose
- Completed / Discontinued IV Infusions

History and Physical
Clinical Summary of last 7 days
- Lab
- Therapies

- Vaccines (pneumoncoccal / influenza)
- Consult orders and dictations
- Vitals for last 24 hrs
- Radiology Reports
- Ancillary Assessments
  - Nutrition
  - Therapies
  - Case Management
Case Review

<72 hour Re-Admits / Unplanned Transfer

- Protected by peer review laws
- HIPPA – sharing of PHI by entities providing care to the patient
- Medical Staff Bylaws
- Baystate policies
- All corporate entities recognize process as peer review and abide by confidentiality status.
Lessons Learned / Next Steps

- Patients who have some level of PAC are less likely to be readmitted.
- If readmitted the subsequent LOS is as much as 1 – 1.5 days longer than initial LOS
  - Raised awareness of the need for PAC
  - Identification and screening of patients with risk factors for readmission if sent home.
- End of week discharges have a slightly higher rate of return within 72 hours.
Lessons Learned / Next Steps

- High percentage of discharges to PAC occur between 3pm and 5pm.
  - Working to establish mid-level provider coverage in evenings

- Home healthcare readmissions - opportunity for greater understanding of readmissions within 72 hrs.