

Framework

CHF/COPD among the highest CMS DRG for 30-day readmissions
*Average readmission cost = \$15,000 (5)

Discovery

- Lack of understanding by patient re:
 - Disease process
 - Symptom management
- Lack of standardized information
- Lack of communication
- Lack of cohesive transitions of care

Impact

- Increased patient anxiety
- Unnecessary hospital visits
- Reimbursement penalties
- Quality scores
- Patient satisfaction
- Provider frustration
- Community partner disconnections

Learning Objectives

- Reduce CHF/COPD readmissions by 10%
- Utilize Zone Tools for 100% of CHF/COPD patients
- Provide patients/caregivers with resources to make them aware of the disease process, progression, and methods for self-management
- Apply Evidence Based Practice education through Teach-Back to engage patients in establishment of realistic goals
- Employ real time education of patients/caregivers regarding the use of a multidisciplinary approach to help them achieve their optimal health level
- Collaborate with community partners - (SNF, VNA, Rehab) - education, review, reinforcement of Zone Tools
- Incorporate Zone Tools in Primary Care Offices through Education, Review, and Reinforcement of Tools
- Increase Palliative Care Consults on patients with CHF/COPD

Methods

Daily Review of Hospital Admit List for Dx of COPD or CHF

CHF and COPD patients reviewed for competency or if patient is on a vent

Ventilator
Not competent
will not follow until extubated

Palliative if end stage/not
competent
Family goals of care

Health System
Discharge Home;
Telephonic Outreach
by Care Coordinator to
review and reinforce
tools



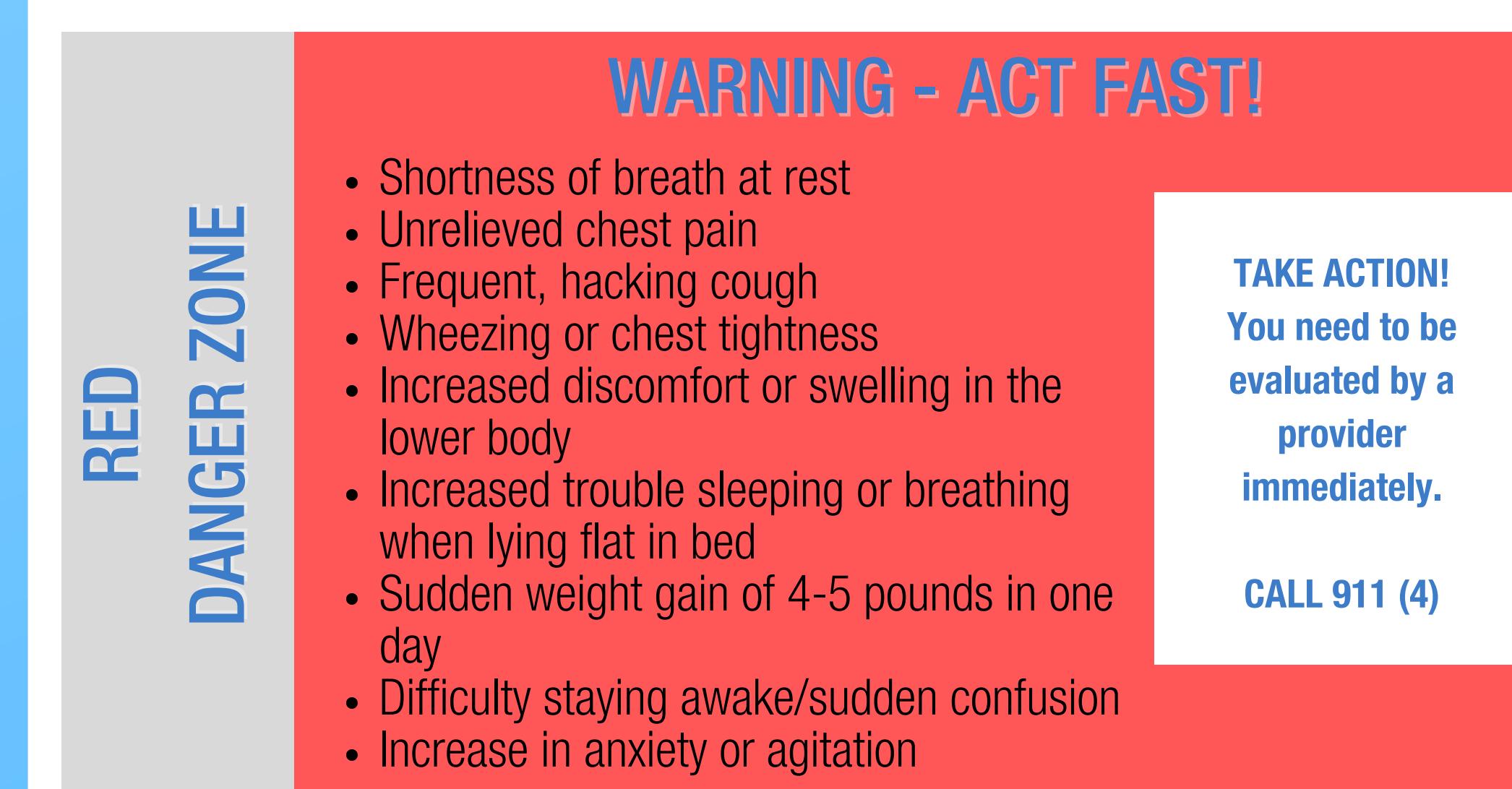
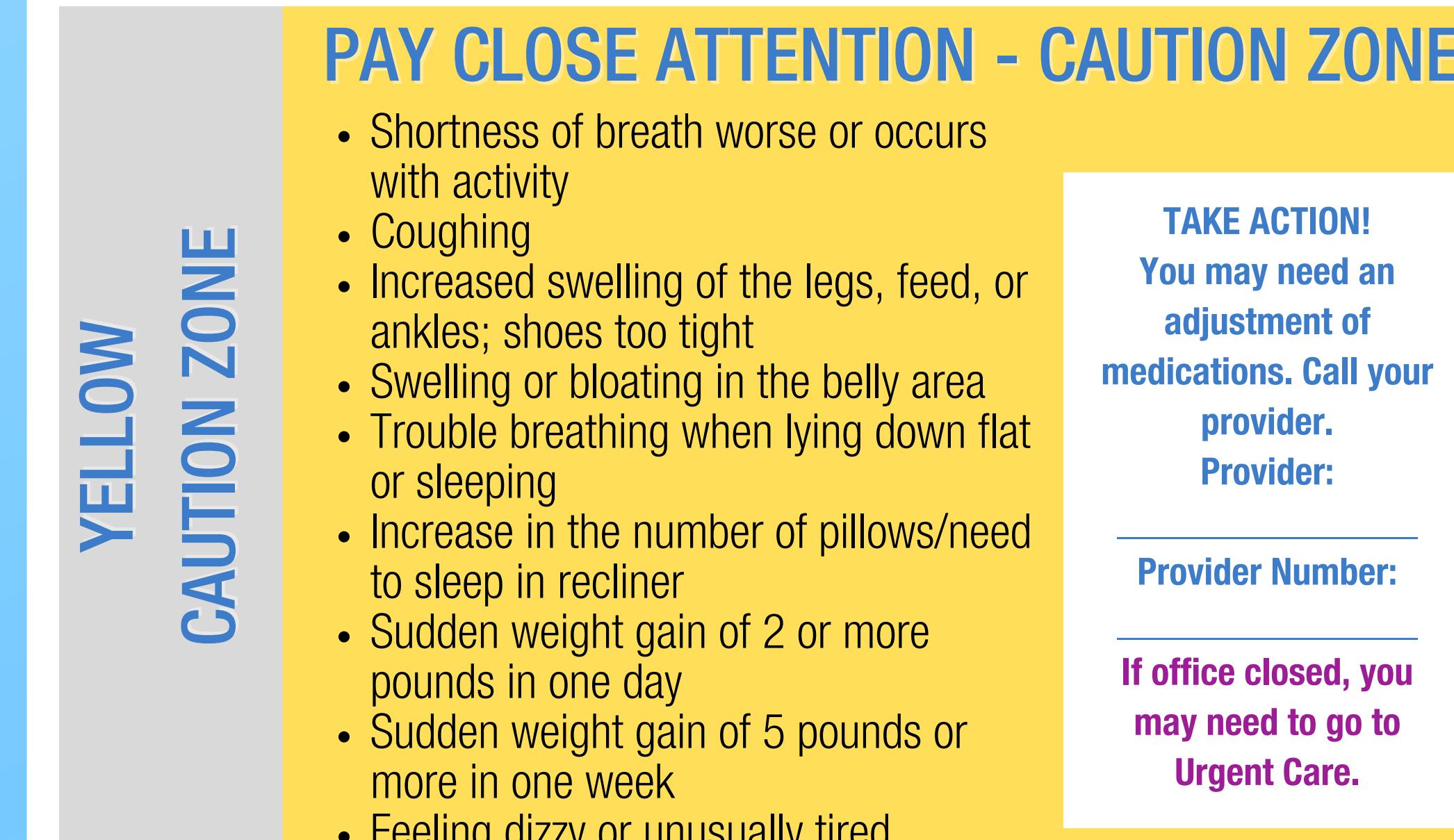
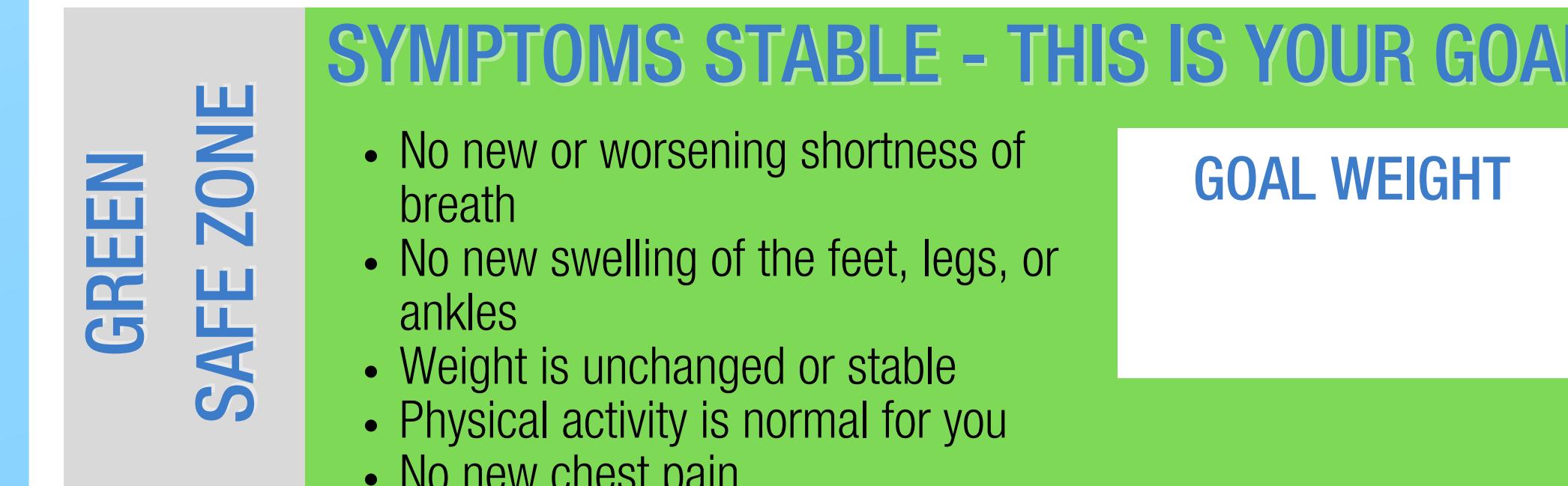
1:1 Education by Transitional Care
Nurse
Disease process, Zone tools,
Medication and Diet Review

Heart Failure Zones

EVERYDAY

- Check your weight every morning - write it down
- Continue medications as directed
- Eat a low sodium, low fat diet
- Follow-up with a physician and care manager as directed

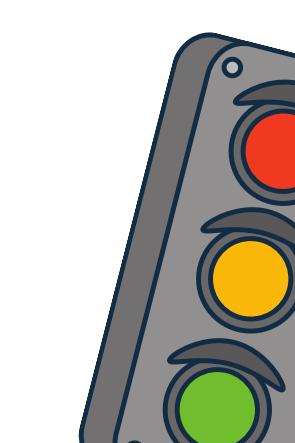
WHICH ZONE ARE YOU IN TODAY?



Bedside Education - Patient Information

TEACH BACK!

Stop Light Tool



- Zone education
- Base line - what zone are you in
- Discuss when to take action - early detection

CHF/COPD Guides

- Disease process review
- Cardio Smart - CHF (1)
- NHLBI Learn More - COPD (2)



TEACH BACK!

Diet Information



- Reading food labels
- Good foods
- Foods to avoid
- Fluid restrictions

Weight Chart



- Scale
- Ability to read scale
- Daily weights
- Importance of weight gain
- Reporting weight gain

TEACH BACK!

Medications



- Easy to read medication list
- Explanation of each medication
- Importance of medication adherence



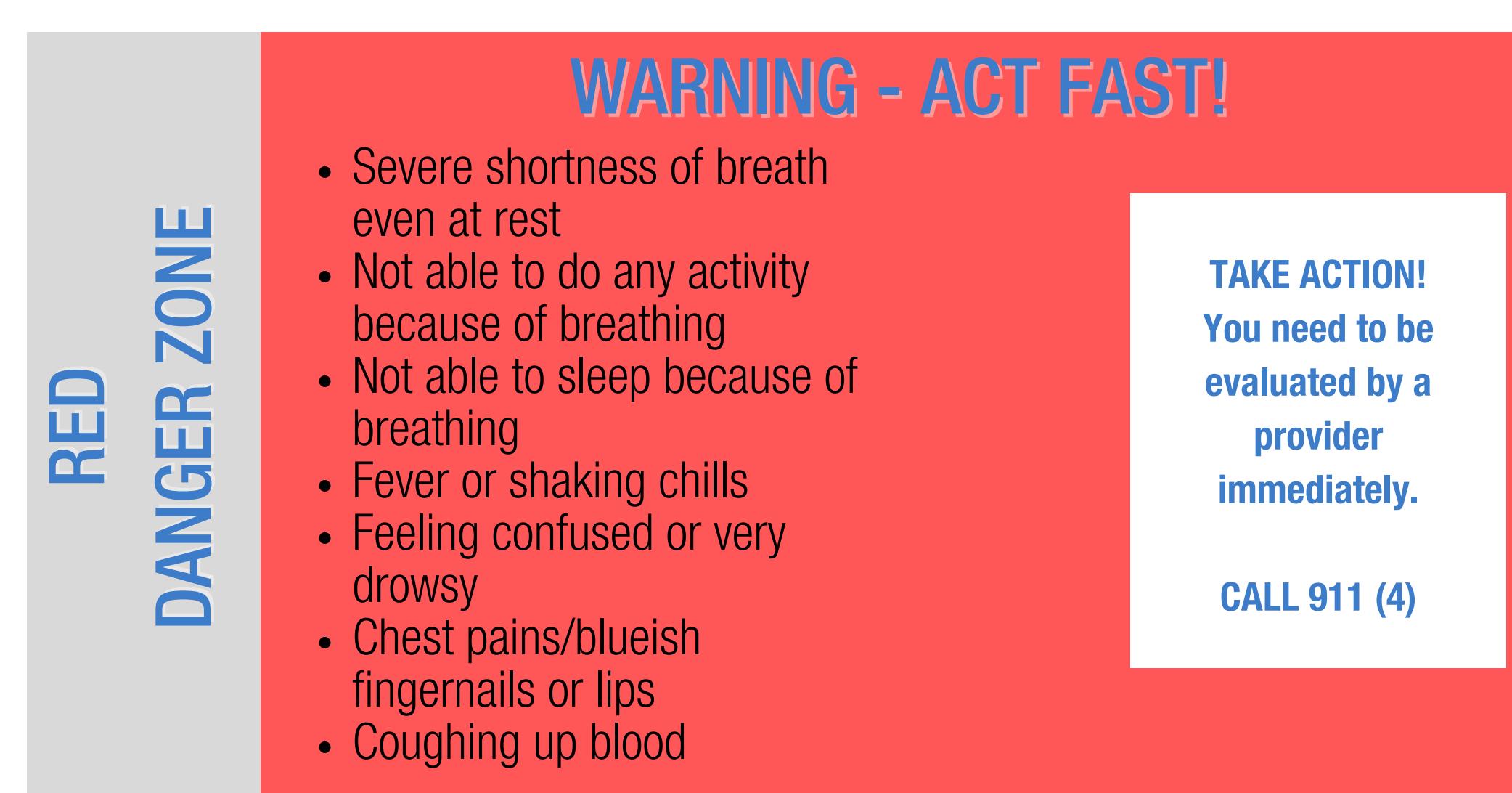
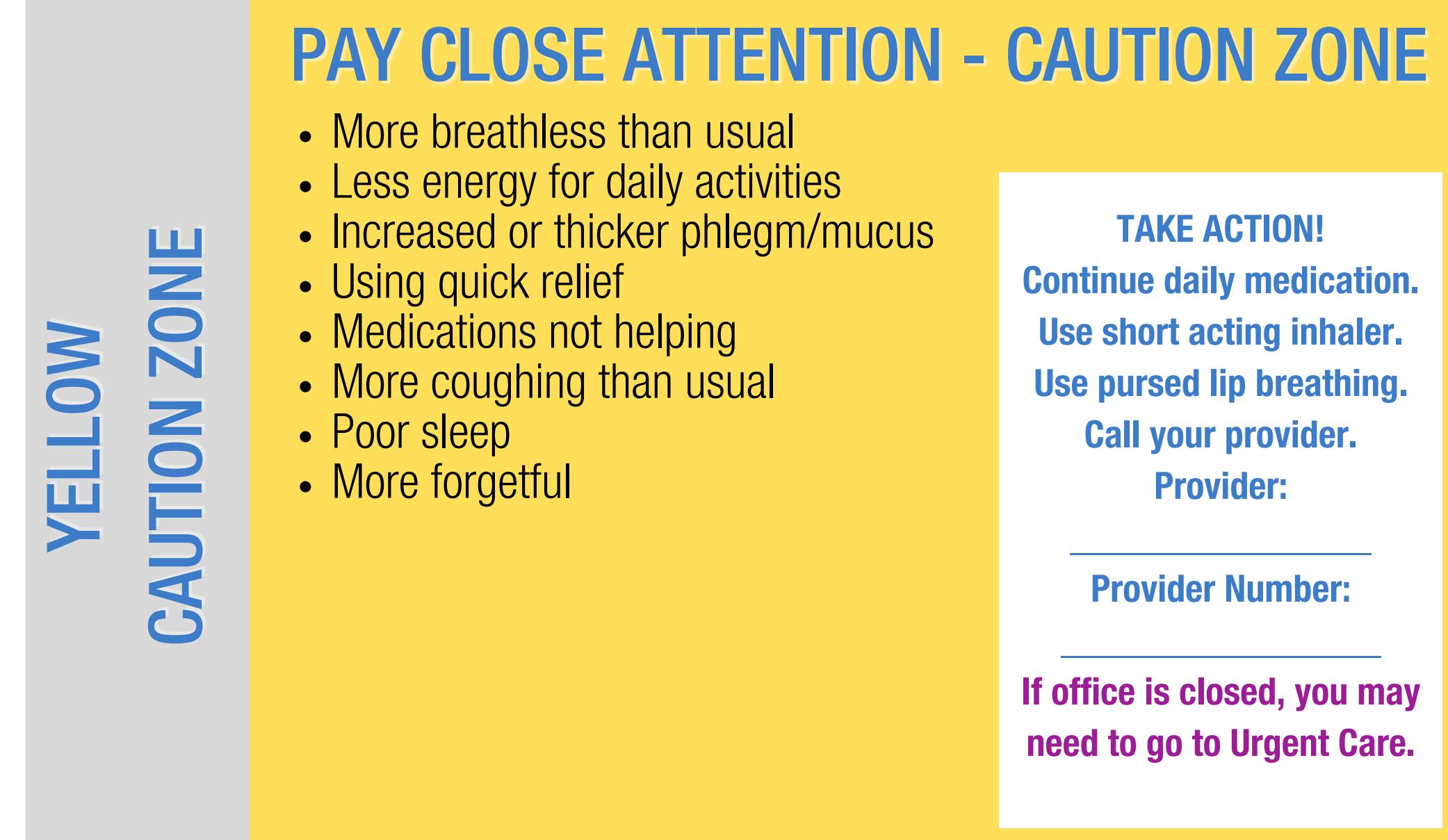
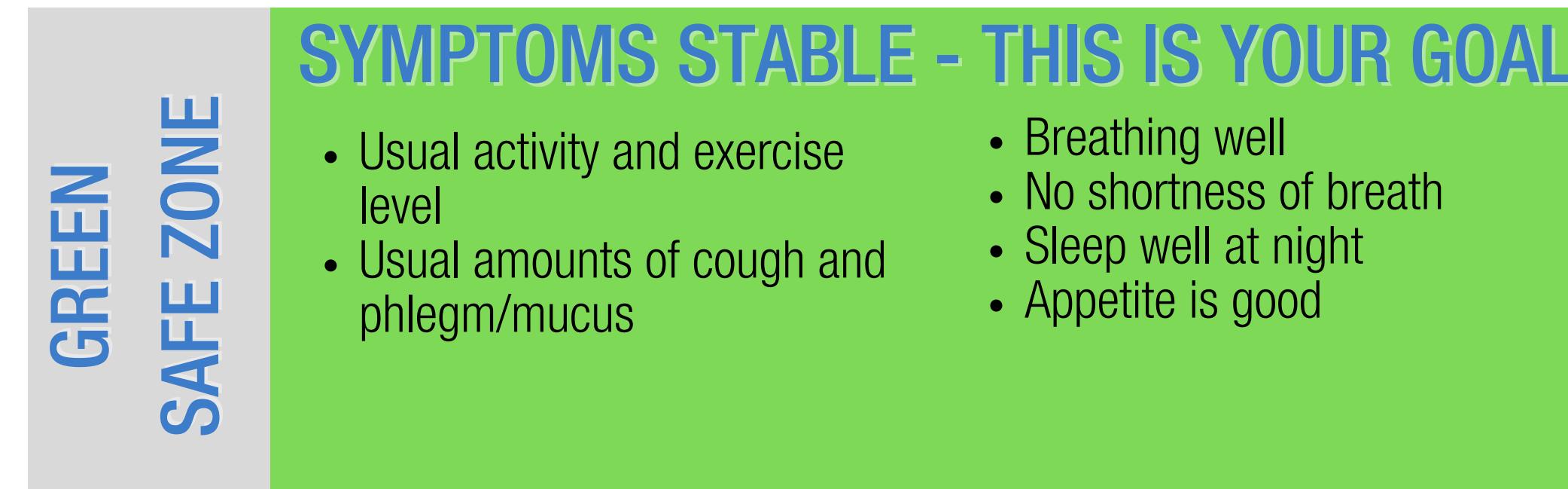
- Reinforcement
- Contact information

COPD Zones

EVERYDAY

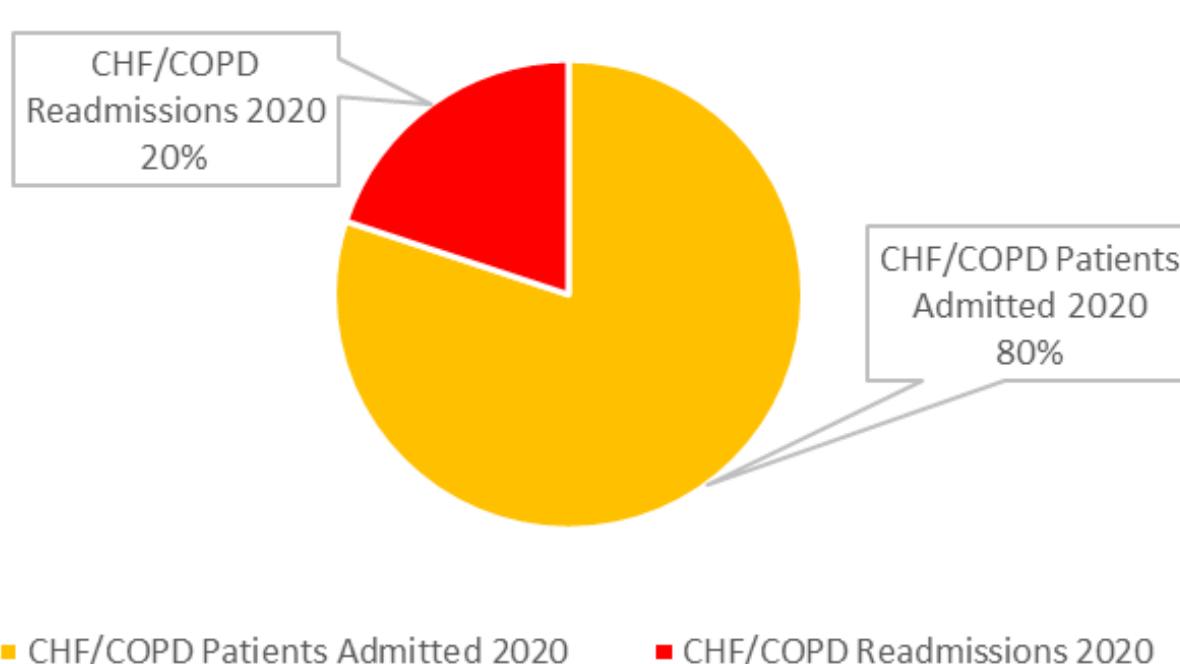
- Continue medications as directed
- Continue Regular exercise and diet plan
- Avoid cigarette smoke, inhaled irritants, and vaping
- Get flu shot every year
- Ask your provider if you should get the pneumonia vaccine
- Follow up with provider and care manager as scheduled
- Wash hands often

WHICH ZONE ARE YOU IN TODAY?

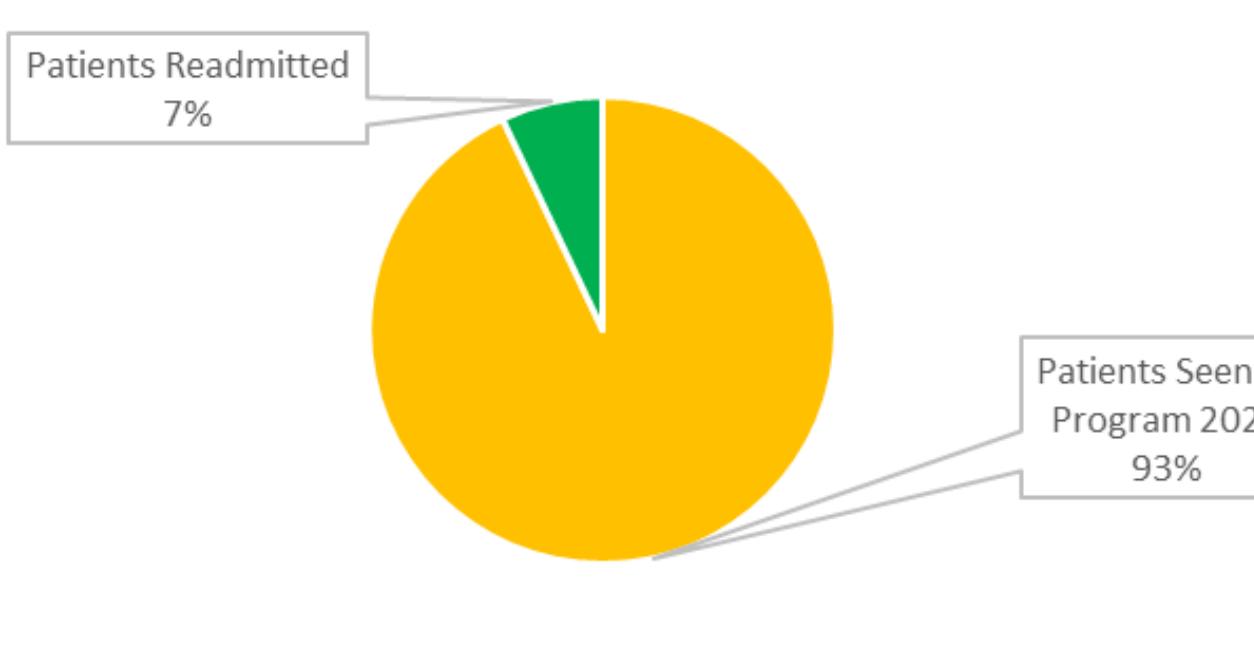


Data Outcomes

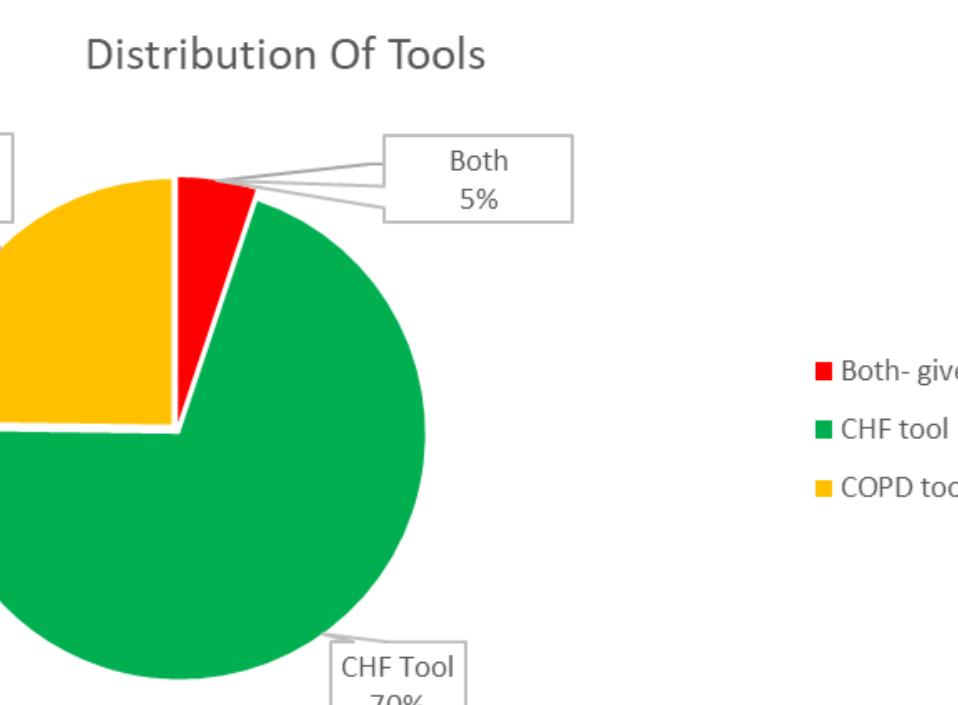
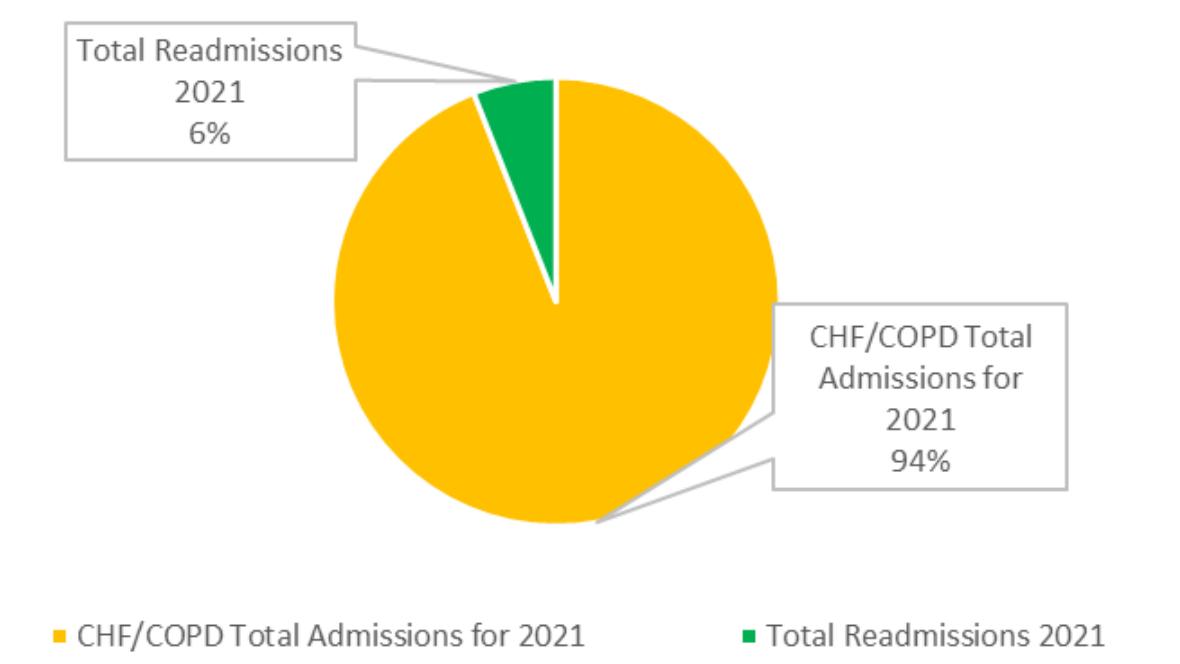
2020 Admission vs Readmission
Baseline 273 Patients



Get In The Zone 2021
145 Patients Seen
11 Readmitted



2021 Admission vs Readmission
Baseline 408 Patients



Practice Implications

- Collect baseline data
 - CHF/COPD readmissions
- Gather evidence based practice resources (3)
- Education**
 - Dedicated person
 - Nursing
 - Case Management
- Education - Zone Tools**
 - Inpatient staff/Hospitalists
 - Physician Practices
 - Community Partners
 - Nursing Orientation
- Education - Zone Tools**
 - Patients/Family/ Caregivers
- Collect data:
 - CHF/COPD Zone Tool use
 - Readmissions
- Palliative Care Importance
 - Goals of Care
 - Advance Directives
 - Life Planning
- Education**
 - Reinforcement
 - Patients/families/ care givers
 - All staff
 - Community partners

References

- Heart failure: CardioSmart – American College of Cardiology. CardioSmart. (n.d.). Retrieved November 9, 2021, from <https://www.cardiosmart.org/topics/heart-failure>.
- U.S. Department of Health and Human Services. (n.d.). What you should know about COPD. National Heart Lung and Blood Institute. Retrieved November 9, 2021, from <https://www.nhlbi.nih.gov/>.
- Diana, R. (2019). Rise above heart failure toolkit for healthcare professionals. www.heart.org. Retrieved September 9, 2021, from <https://www.heart.org/en/health-topics/heart-failure/heart-failure-tools-resources/rise-above-heart-failure-toolkit>.
- Heart failure zones. Cleveland Clinic. (2016). Retrieved May 5, 2020, from <https://my.clevelandclinic.org/departments/heart/patient-education/recovery-care/heart-failure/heart-failure-zones/what-zone-tab>.
- Weiss & Jiang. (2021). Overview of Clinical Conditions with Frequent and Costly Hospital Readmissions by Payer, 2018. AHRQ. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb279-Conditions-Frequent-Readmissions-By-Payer-2018.jsp>. Accessed 10 November 2021.