Decreasing Rehospitalization By Improving Resident Transition and Nurse Education

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Introduction:
Golden LivingCenter and Community-Oil City is a 117 bed facility with a secured dementia unit and a personal care home. At the facility, we are aware of how many residents are readmitted to the hospital within 30 days but do not use the data we collect to help decrease future readmissions. If we began using the data effectively we could decrease the emotional and physical difficulty for residents from transfers to the hospital. By introducing or improving parts of the program INTERACT (Interventions to Reduce Acute Care Transfers) 4.0 program and restarting a guardian angel program we hope to decrease our rehospitalization rate and improve residents quality of life while improving our relationship with local hospitals.

Desired Outcomes:
• Begin using INTERACT tracking log imbedded into our Point Click Care (PCC) program.
• Require all nursing supervisors to fill out the INTERACT Hospital Transfer Form.
• Educate the nursing staff of the side effects of the resident when they are transferred to the hospital.
• Discuss 30-day rehospitalization rate (including time of day, day of week, and reason) during our monthly QAPI meeting.
• Discuss monthly transfer log (including time of day, day of week, reason, and outcome) during our monthly QAPI meeting.
• Discuss trends of rehospitalization during our monthly QAPI meeting and how to reduce them.
• Restart the Guardian Angel program and require all managers to participate.

Process:

Resident Admits
Guardian Angel program initiated for 7 days
First 30 Days-Close watch on resident-utilize CNA Stop and Watch Tool
Any signs or symptom are reported to their LPN and RN supervisor immediately
LPN/RN references Care Paths for assistance in treating resident
Treat Resident in house (Desired Outcome)
Update doctor on change of condition.
Send Resident to ER

What Was Done:
• In November and December, I started tracking rehospitalization in the INTERACT tracking log that is imbedded into our PPC program. I wanted to get a base line before we started educating staff and implementing processes to help decrease our 30-day rehospitalization rate. During both monthly QAPI meetings, we discussed that I was beginning to track rehospitalization and brainstormed ways that we could help decrease the rate.
• Starting in January, I began educating staff about rehospitalization, the side effects to the resident, and what we should be treating in house rather than sending to the hospital. I also talked with CNAs about utilizing the STOP and WATCH tool and discussing change in condition with their nurse. With the RN supervisor, I discussed the importance of filling out the INTERACT Patient Transfer Form when someone is transferred to the hospital. Lastly, with the LPNs I discussed what to do when a resident declines and how to utilize the Care Paths from INTERACT. During the monthly QAPI meeting, we started to look at trends in day of week, time of day, and reason for the hospital transfer.
• In February, I implemented the Guardian Angel Program (the facility used to do it a few years ago but had stopped). This program was mandatory for all managers to participate in and they had to meet with the guardian angel for the first seven days after admission. In the QAPI meeting for February, we discussed 3 month trends and where we needed to educate staff or implement new processes based on those trends.
• In March, I surveyed staff on their satisfaction on our rehospitalization rate and the new education on rehospitalization. All staff members were satisfied and wanted to continue discussing rehospitalization after I leave.

Conclusion and Results:
• The company goal is to have less than 18% for 30-day rehospitalization rate.
• In 2015 Quarter 1, 2, and 3, our rate was 23.3% so we were over what we should be.
• Our rate was high is January but decreased significantly in February so we should be on the right path to reach our goal.
• QAPI Meeting Identifiable Trends (Circled in Green on Graphs):
  • Transfer to Hospital Day of Week Trends: Sunday, Monday, and Wednesday.
  • Transfer to Hospital Time of Day Trends: Afternoon and Evening.
  • Transfer to Hospital Reason Trends: Falls, Altered Mental Status, Shortness of Breath, and Abdominal Pain.

Recommendations:
• Continue tracking rehospitalization in PCC.
• Continue discussing trends in our monthly QAPI meeting.
• Monthly education huddles with new and existing staff on rehospitalization.
• Begin building a stronger relationship with our local hospital showcasing our work with decreasing rehospitalization.

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