Improving Patient Outcomes through Quality Transitions

Hospital Profile & Background

- Founded in 1892, Union Hospital began as a 20 bed facility and has grown into a 380 bed not-for-profit hospital
- Union Hospital is a Regional Referral Center serving patients in west-central Indiana and east-central Illinois
- The Union Health System also includes Union Hospital Clinton and several facilities dedicated to specific service offerings, patient groups, and physician groups
- Union Health Systems is the largest provider of health care services between Indianapolis, IN and St. Louis, MO, providing quality care to all, regardless of ability to pay.

Readmission Committee

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Initial Assessment

Readmission Numbers Above National Average

All Cause Medicare Readmission Rates to Union Hospital

- 2011 18.9%
- 2012 19.2%

Medicare CHF Readmission Rates to Union Hospital

- 2011 24.8%
- 2012 25.8%

CHF Readmissions Identified as First Priority

Development of CHF Pilot

Pilot began October 1, 2012

- A Registered Nurse used in “Coaching” Role
- Identification of CHF Patient on Admit and Initiation of CHF Education Began
- Teach Back Method of Education was Utilized
- Assist with Discharge Planning
- Coordination with Next Level of Care
- More Timely Follow-up with PCP
- Increase Communication with PCP Office

Community Care Transitions

- Developed as Monthly Meeting
- Coordination and Communication
- Includes:
  - Long term care facilities
  - Home health Care
  - Hospices
  - Area Agencies
  - Durable medical equipment companies
- Purpose
  - ✓ Enhance quality of care
  - ✓ Define gaps in care
  - ✓ Improve communication and coordination to next level of care

Tools and Aids to Achieve Better Results

- Universal Heart Failure Color Zone
- Soarian Report Built to Identify CHF Patients
- Heart Failure Education Packet Developed
- 30 Day Readmission Report Built
- CHF Calendar Revised to Include Monthly Tips
- SBAR Tool Education
- Collaboration with Area 7 Counsel for Aging
- Increased Referrals to Support Agencies

Lean Six Sigma

Root Cause

Identification of Patient Diagnosis was Inadequate

- December, 2012, 37 of 54 CHF Patients Were Identified During Admission

Identified Problems

1) Computer Systems Do Not Interface
2) Data Fields Free Text Rather than Discrete Fields
3) Duplication of Efforts Identifying Patients

Goals

1) Consistent Process to Identify Primary Diagnosis Upon Admission

- Quality of Care Improvement
- Appropriate Patient Education
- Effective Discharge Planning

2) Establish Method Where ALL Departments Use Same Process

3) Aid in the Process of Concurrent Chart Review for CMS Measures

Outcome

Streamlined and Standardized the Report Generation Process

- All Disciplines Receive Same Report from the Same Source

Barriers

- Delayed End of Life Discussions
- Teaching Versus Motivational Interviewing
- Physician Buy-In
- Culture
- Difficulty in Diagnosis Recognition

Lessons Learned

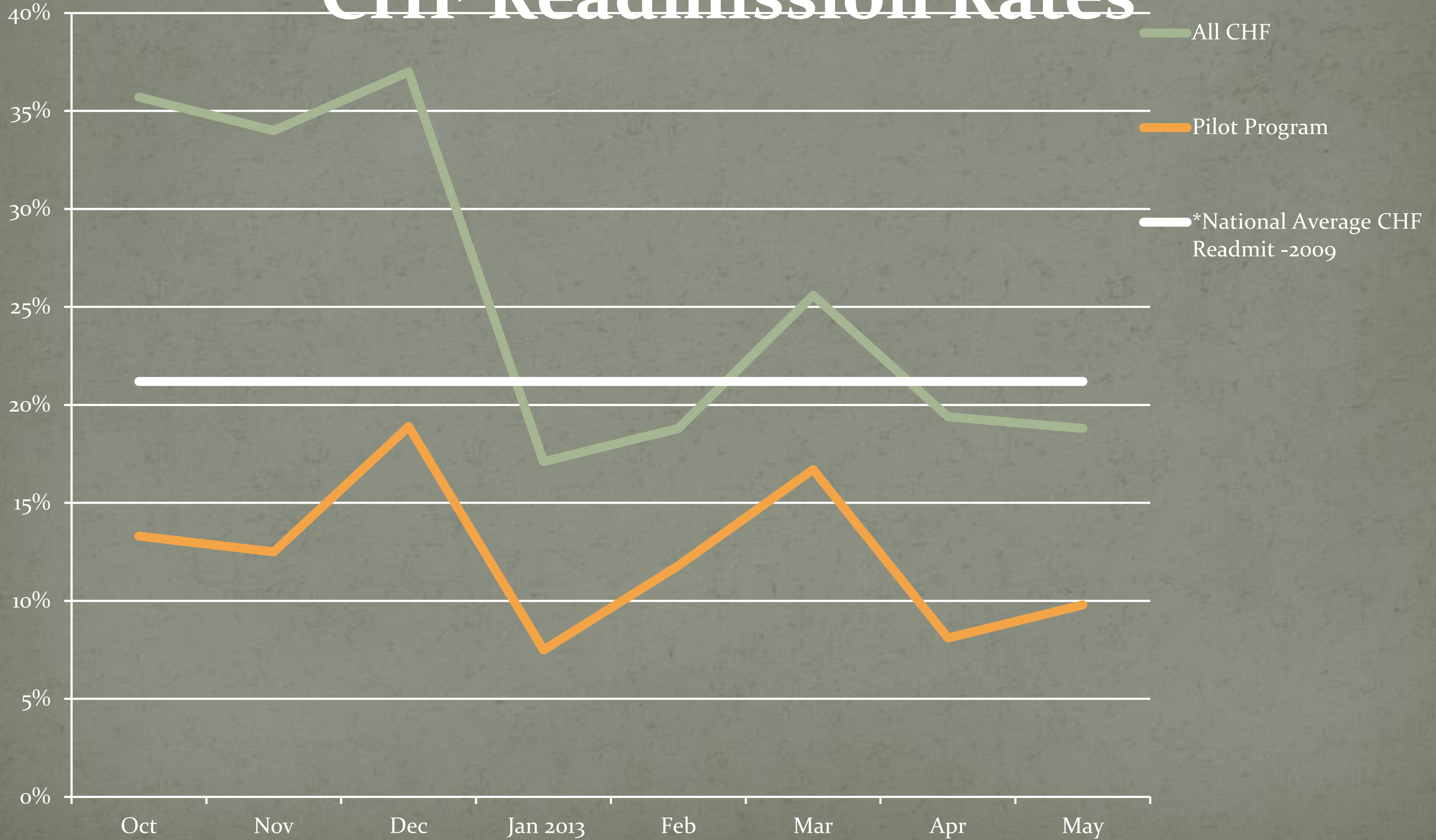
- ✓Building Good Community Relationships (Partnership with Area 7)
- ✓Value of Coordinated Care
- ✓Ensuring Timely Inpatient Intervention as Well as Post Hospital Follow-up
- ✓Need for Open/Honest End of Life Discussion

NEXT STEPS

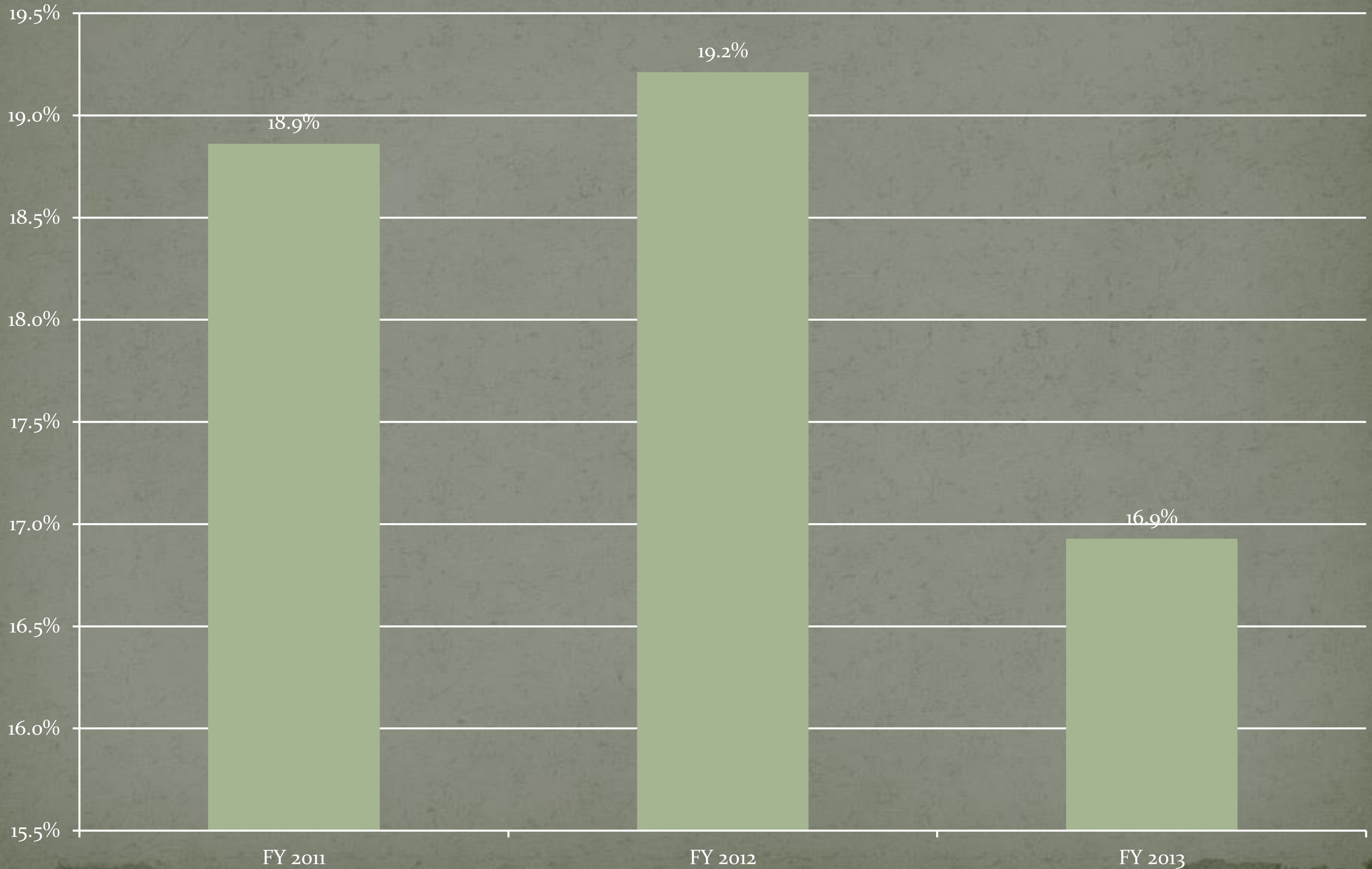
- Formation of Palliative Care Team
- Community Support Group for CHF Patients and Caregivers
- Continued Community Care Transitions

  -Work on Gaps in Care-
- Integration with ACO Care Management
- Collaboration with ER Case Management
- Incorporation of Physician Advisor

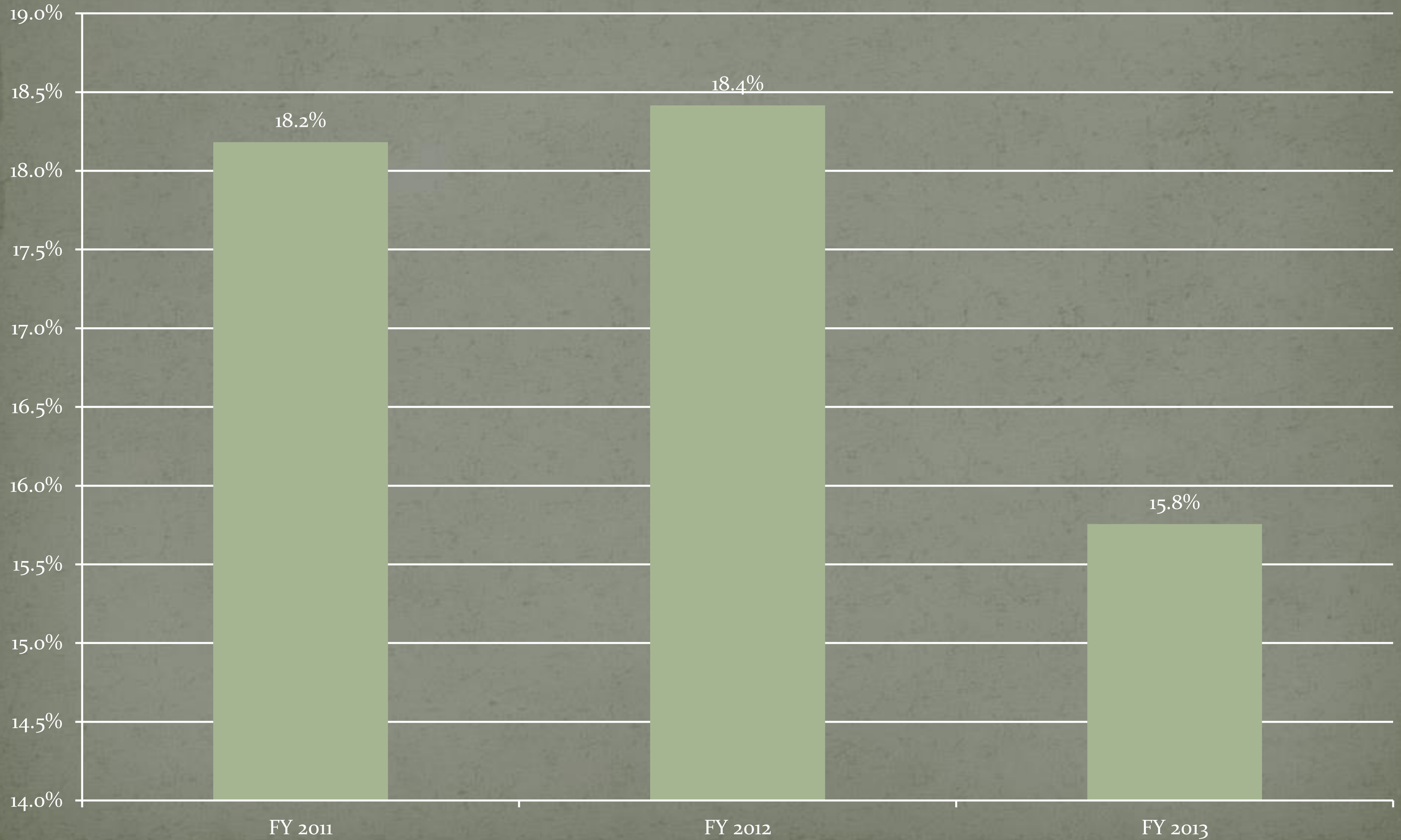
Run Charts



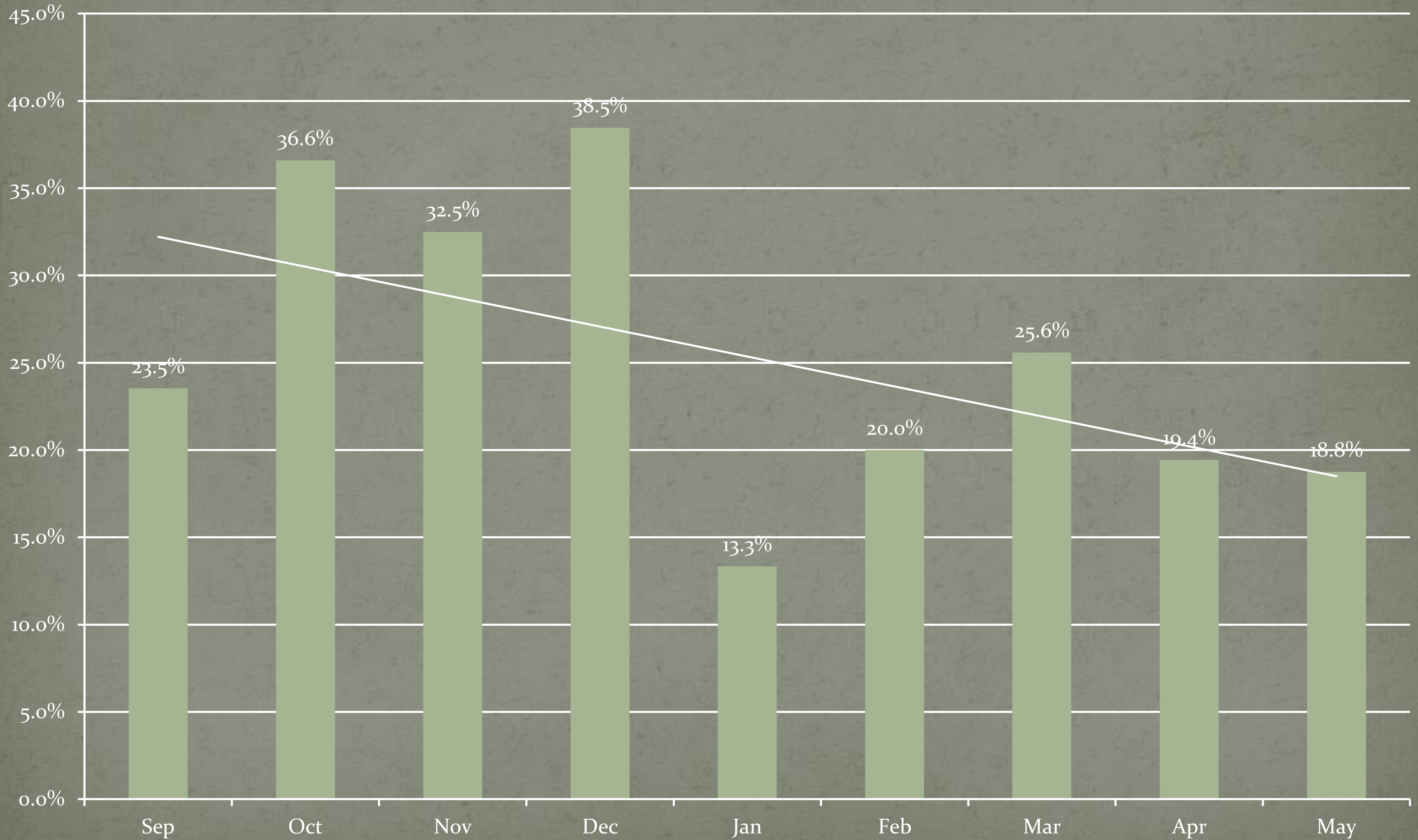
Medicare 30 day Readmissions All Diagnosis/All Cause



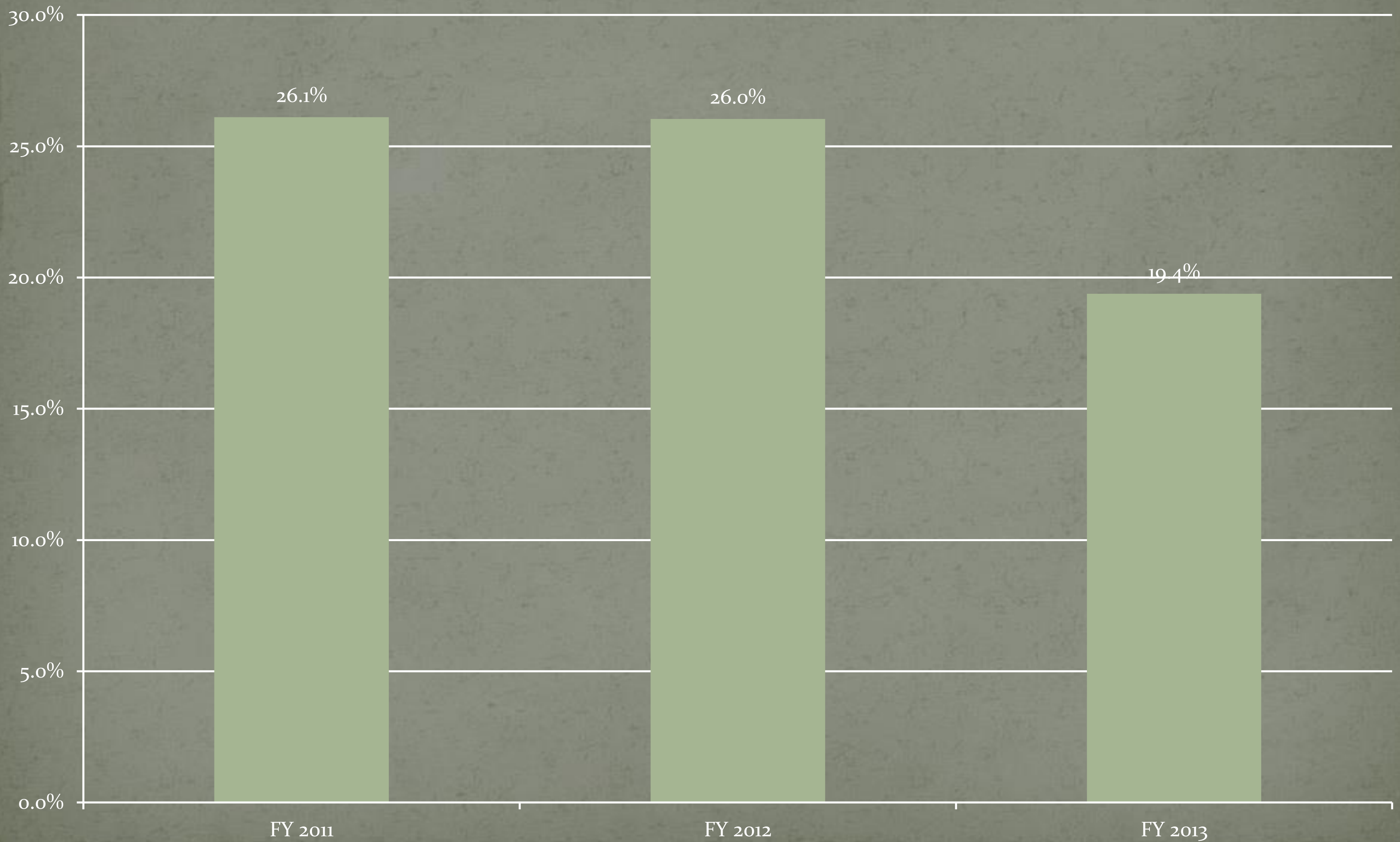
Medicare 30 Day Readmissions AMI



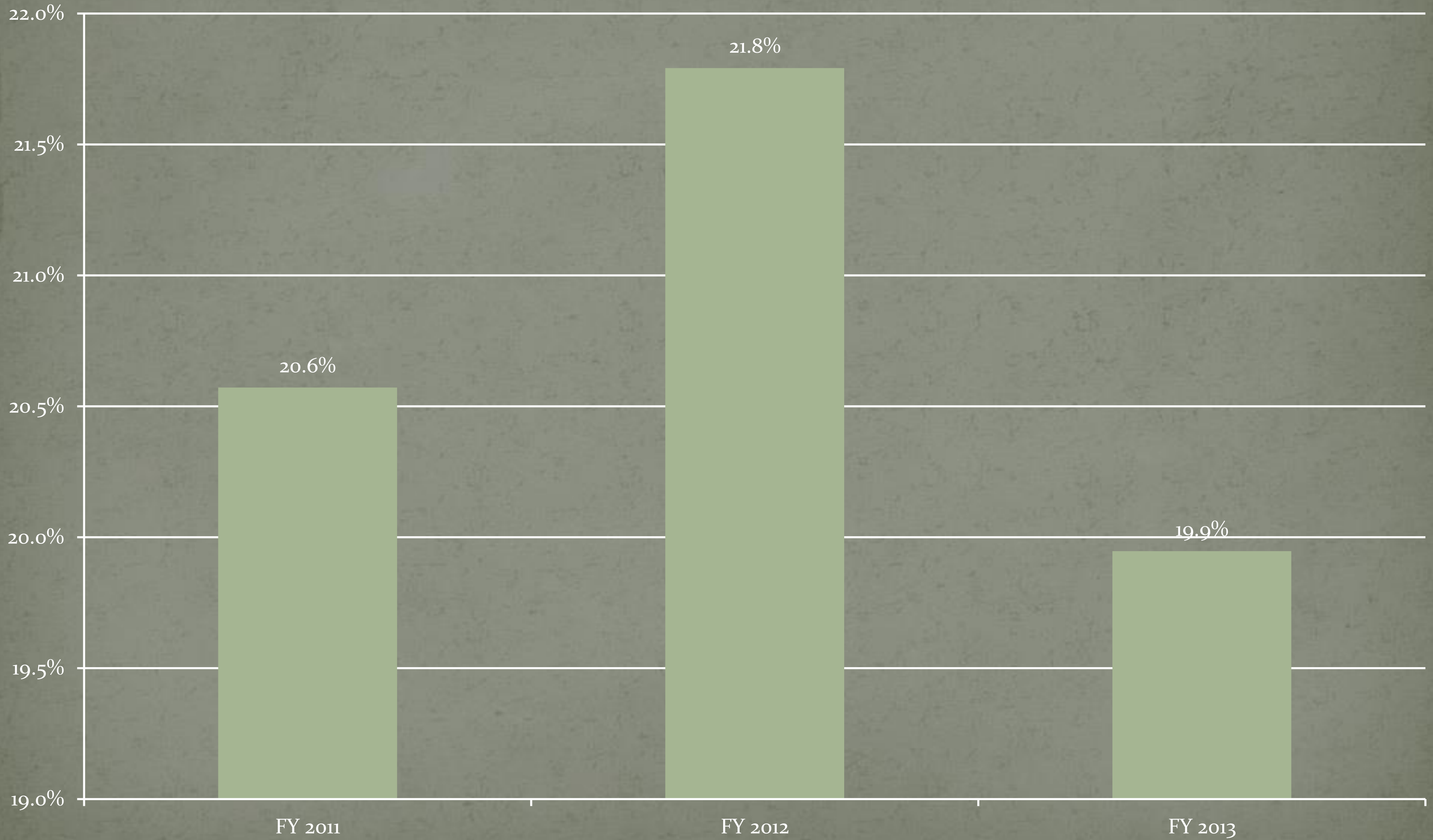
Medicare 30 Day Readmissions CHF FY 2013



Medicare 30 Day Readmissions COPD



Medicare 30 Day Readmissions Pneumonia



Reasons for Successful Declines

- Raised Awareness
  - Hospital Staff
  - Physicians
  - Community
- Increased Communication
  - Hospital Staff
  - Physicians
  - Community
- Coordination
  - Hospital Staff
  - Physicians
  - Community

QUESTIONS

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