


# **COPD & Pneumonia Readmission Reduction Program**

A decorative graphic consisting of several overlapping, wavy lines in shades of blue and green, positioned below the main title and above the date.

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# Locations



## *Mercy Health – Lorain Hospital*

- *Lorain, Ohio*
- *250 bed community facility*

## *Mercy Health – Allen Hospital*

- *Oberlin, Ohio*
- *25 bed Critical Access*



# Setting the stage

- One in five Medicare patients are readmitted to the hospital within 30 days of discharge. The cost of avoidable Medicare readmissions exceeds \$17 billion.
- Readmissions are the result of fragmentation within the health care system
  - Inadequate information and preparation for post-discharge care
  - Poor transmission of information to PCPs/organizations providing post discharge care
- Highest rates of readmitted patients include those
  - with CHF, COPD, various surgery
  - who take 6+ medications, with depression, poor cognitive function, hospitalized in past 6 months

# Lorain Region Readmissions

CFG	2015 O/E	2016 O/E
AMI	1.42	0.96
COPD	1.23	1.14
CHF	1.28	1.06
PN	1.32	1.14
TJR	0.72	0.84
CABG	Not available	Not available

*O/E: Observed rate/expected rate*  
*Goal is  $\leq 1.0$*

# Lorain Region Readmission PDSA

- 2017 readmission reduction strategic plan and PDSA was established December 2016

CFG	2015 O/E	2016 O/E
COPD	1.28	1.14
Pneumonia	1.32	1.32

	2015	2016	2017 Goal
CFG with O/E < 1.0	0	1	2

- Hypothesis
  - By developing a comprehensive discharge plan for patients that addresses all patient needs across the continuum of care, Mercy Lorain will reduce the readmission O/E to 1.0 for COPD and pneumonia patients and achieve target for at least 2 of the 6 CFGs.

# Lorain Region Readmission PDSA, 2

Goals	Tactics
90% of pulmonary patients (COPD, PN) are discharged with a comprehensive discharge plan.	Create standardized social services assessment tool: <ul style="list-style-type: none"><li>• Identify gaps in post acute care (meds, equipment)</li><li>• Identify patient/family goals during hospital stay and goals for discharge</li><li>• Home environment assessment</li><li>• Personalized discharge plan of care.</li></ul>
75% of COPD patients that are high risk for readmission receive pulmonary rehab consult before discharge.	Educate nurses and care coordinators to enter pulmonary rehab consult into CarePATH. Educate physicians on patient benefits with program.
90% of pulmonary patients that are high risk for readmission receive pulmonary consult during IP stay.	Develop protocol and garner Med Exec approval. Educate nurses on process.
90% of pulmonary patients that are high risk for readmission have follow-up appointments with PCP or pulmonologist within 7 days of discharge.	Develop standard work process for nurses/ unit secretaries to establish follow-up appointments.

# Lorain Region Readmission PDSA, 3

Tactics	Jan	Sept	Learnings	Outcomes
Standardized tool to identify patient goals and care needs for discharge	31%	100%	Tool revised to identify patient specific needs. Additional time is needed to complete plan.	Through August, 276 patients had the discharge plan implemented with a readmission O/E of 0.74.
Pulmonary rehab consult for 75% of patients with COPD	14%	77%	RNs and care coordinators identify patients for consult.	53 patients qualified for and agreed to pulmonary rehab & are active in the program. Zero (0) readmissions in this group.
Pulmonology consult for patients admitted with COPD,PN	65%	71%	Med Exec declined protocol for automatic pulmonology referral. Physician education on new process. Physicians receptive when approached for referral.	Uncomplicated PN patients are sometimes managed by hospitalist without pulmonologist.
Follow-up appointment	51%	78%	Barriers: weekend/ holiday discharges; some access issues in non-Mercy offices; patient refusal.	Standardized secretary work flow hardwired.



# Lorain Region Readmission Plan: other tactics

- High utilizers of inpatient services
  - Identified patients with 3+ readmissions with chronic diseases
  - Track utilization monthly
  - Tactics employed (besides inpatient management)
    - Collaboration with post acute providers, ambulatory care
    - Enroll patient in telehealth
- Smoking cessation
- Nutrition consult; ONS for malnourished
- Education: zone sheets, inhaler use

# COPD Plan

It is recommended that patients and physicians/healthcare providers complete this action plan together. This plan should be discussed at each physician visit and updated as needed.

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not comprehensive, and you may experience other symptoms. In the "Actions" column, your healthcare provider will recommend actions for you to take based on your symptoms by checking the appropriate boxes. Your healthcare provider may write down other actions in addition to those listed here.

### Green Zone: I am doing well today

- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

### Actions

- Take daily medicines
- Use oxygen as prescribed
- Continue regular exercise/diet plan
- At all times avoid cigarette smoke, inhaled irritants\*
- \_\_\_\_\_

### Yellow Zone: I am having a bad day or a COPD flare

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- Swelling of ankles more than usual
- More coughing than usual
- I feel like I have a "chest cold"
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

### Actions

- Continue daily medication
- Use quick relief inhaler every \_\_\_\_ hours
- Start an oral corticosteroid (specify name, dose, and duration)  
\_\_\_\_\_
- Start an antibiotic (specify name, dose, and duration)  
\_\_\_\_\_
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- At all times avoid cigarette smoke, inhaled irritants\*
- Call provider immediately if symptoms don't improve\*
- \_\_\_\_\_

### Red Zone: I need urgent medical care

- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

### Actions

- Call 911 or seek medical care immediately\*
- While getting help, immediately do the following:
- \_\_\_\_\_

\*The American Lung Association recommends that the providers select this action for all patients.

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# Lorain Region Readmission PDSA, 4

## 2017 YTD metrics

CFG	2015 O/E	2016 O/E	2017 O/E (thru July)
COPD	1.28	1.14	0.94
PN	1.32	1.32	0.85

## Next steps

- 2017: continue to hardwire pulmonary processes
- 2018: focus on CHF

**Questions?**