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## Post Acute-Care Transitions for COPD and Pneumonia (PNA) Patients

Northside Hospital Forsyth

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Presented by:  
 Cristiane Fukuda, ANP-BC, Outcomes Manager for Transitions of Care & Palliative Medicine / NICHE Coordinator, Northside Hospital System

APRIL 23, 2017


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
### Northside Hospital System

- ❑ 857-bed
- ❑ 3 acute care hospitals: Atlanta, Cherokee and Forsyth
- ❑ Leads the U.S. in newborn deliveries
- ❑ Diagnoses and treats the most cancer cases in Georgia and performs the most surgeries in Georgia
- ❑ Ranked #4 on the U.S. News list of the Best Hospitals in GA
- ❑ The only Georgia hospital on the Forbes list of America's Best Employers
- ❑ More than 2,500 physicians and 11,000 employees
- ❑ Serve nearly 2 million patient visits annually across a full range of medical services
- ❑ NICHE designated since 2012
- ❑ Senior Friendly Status



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### Introduction

- ❑ 20% of Medicare patients are re-hospitalized within 30 days
- ❑ COPD is predicted to be greatest impact on CMS readmission penalties
  - 24 million Americans have symptoms of COPD but have not yet been diagnosed
  - Georgia is among the 9 states with the highest age-adjusted percentage of adults with COPD
  - Georgia's health care system needs the support of primary care providers to manage this progressive disease

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### Transition of Care Pilot at Forsyth

**Goal**

- Improve healthcare outcomes for patients with COPD and/or PNA
- Reduce 30 day readmissions

**Team:**

- Pharmacist
- Social Worker
- Nurse
- Nurse Practitioner

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### TOC Program

**Process Flow:**

- Step 1: "Dynamic" Excel Spreadsheet
- Step 2: Enrolls eligible patients
- Step 3: TOC rounding
- Step 4: Post d/c phone calls

**Supporting Steps:**

- TOC team member screens patients
- Determines Risk Level (1-4)
- Coordinate D/C Plan

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Levels	Description
1	<p><b>Low Risk for Readmission evidenced by:</b></p> <ul style="list-style-type: none"> <li>• MBI: <math>\geq 85</math></li> <li>• No prior hospitalization or ER visits within past 6 months</li> <li>• Less than 5 comorbidities, well controlled</li> <li>• No current depression</li> <li>• No evident concerns about social support</li> <li>• LACE score <math>\leq 7</math></li> <li>• Medications appropriated for comorbidities</li> <li>• Plan of care changes related to acute episode illness</li> <li>• Post discharge follow up, as needed</li> </ul>
2	<p><b>Moderate Risk for Readmission evidenced by:</b></p> <ul style="list-style-type: none"> <li>• MBI: 60-84</li> <li>• 1-2 hospitalization or ER visits within past 6 months</li> <li>• Between 5-7 comorbidities, stable</li> <li>• History of or current depression</li> <li>• Some concerns about social support (lives alone, children far way, depends on others for transportation, can't afford meds)</li> <li>• LACE score <math>\geq 7</math> &lt; 10</li> <li>• Medications appropriated for comorbidities, on high risk meds</li> <li>• Need for acute changes in plan of care directly or indirectly related to reason for admission</li> <li>• Need post discharge follow up</li> </ul>

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Levels	Description
3	<b>High Risk for Readmission evidenced by:</b> <ul style="list-style-type: none"> <li>• MBI: 40-59</li> <li>• 3 or more hospitalization or ER visits within past 6 months</li> <li>• Greater than 7 comorbidities, poorly controlled</li> <li>• History of or current depression</li> <li>• Poor social support (lives alone, no family, depends on others for transportation, can't afford meds)</li> <li>• LACE score &gt;10 and &lt;15</li> <li>• Polypharmacy, on high risk meds</li> <li>• Need for acute and chronic changes to the plan of care</li> <li>• Need for complex care coordination and post discharge follow up</li> </ul>
4	<b>High Risk for Readmission/ Low TOC Team Impact evidenced by:</b> <ul style="list-style-type: none"> <li>• MBI: &lt;40</li> <li>• LACE Score &gt;15</li> <li>• On Bipap or Trilogy, unstable</li> <li>• End Stage Disease</li> <li>• Non compliant with Plan of Care recommendation</li> </ul>

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**Outcomes: 15 month's pilot**

1. Population profile
  - ✓ Over 10,000 screenings
  - ✓ 683 patients enrolled in the TOC Program
2. Quality of Care improvement
3. All cause readmissions
4. Lessons learned

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**Population Profile**

- ❑ Patients with COPD and PNA present a complex challenge:
  - Diagnostic accuracy of pulmonary condition
  - Complicated and expensive self-care required post discharge
- ❑ Knowledge of Comorbidities
  - 50% readmissions were unrelated to index

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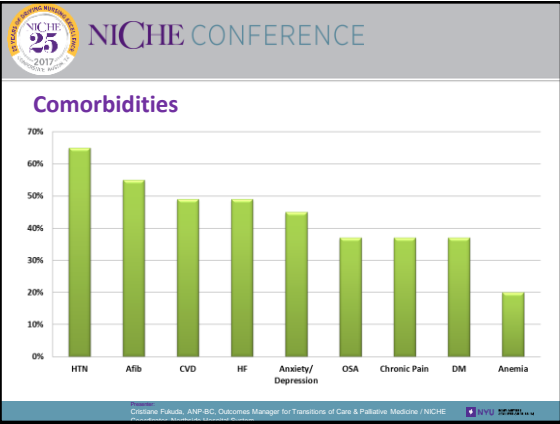
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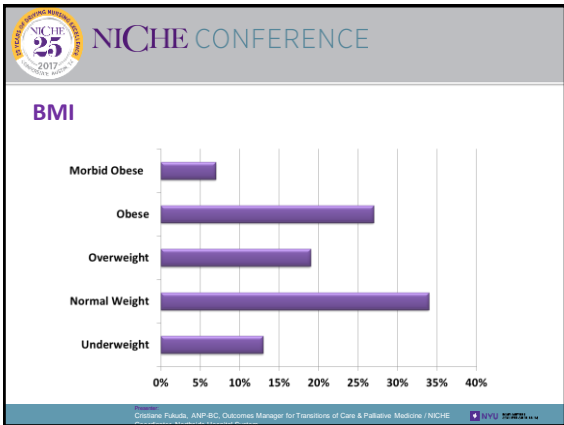
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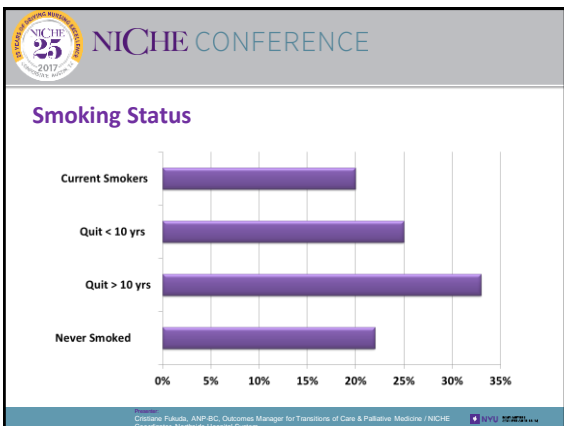
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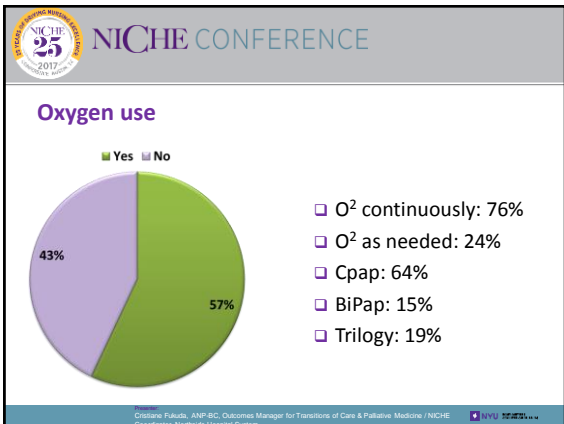
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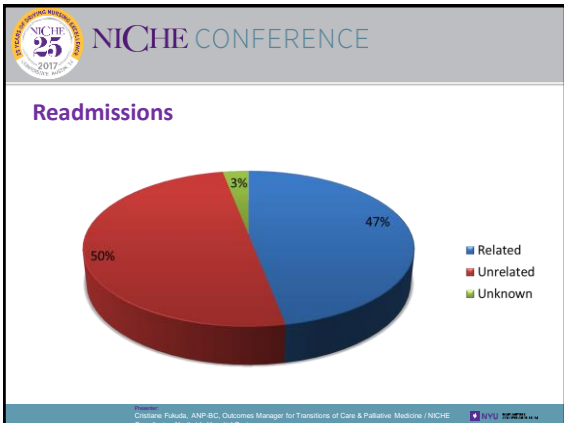
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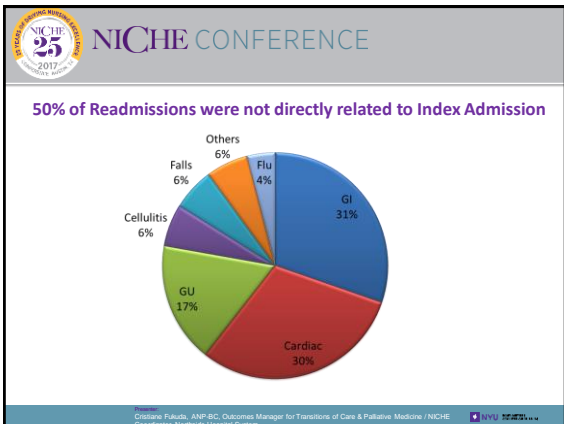
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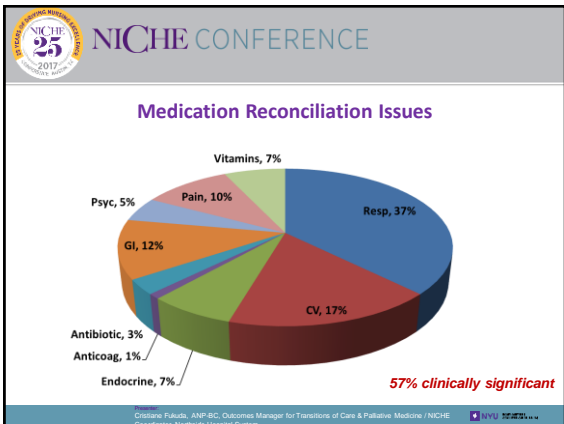
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- TOC Interventions**
- Inpatient assessment
  - Comprehensive Medication Reconciliation
  - Patient Education
  - Post D/C Telephone Outreach within 48 hours
    - Weekly monitoring (or more frequent, as needed)
  - Ongoing Care Coordination for 30 days
    - Care Coordination with post acute-care facilities/providers
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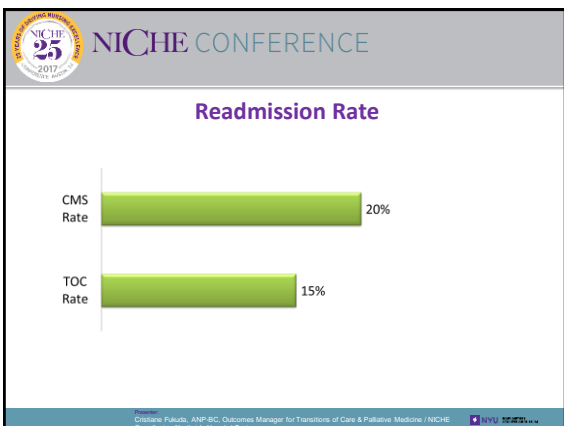
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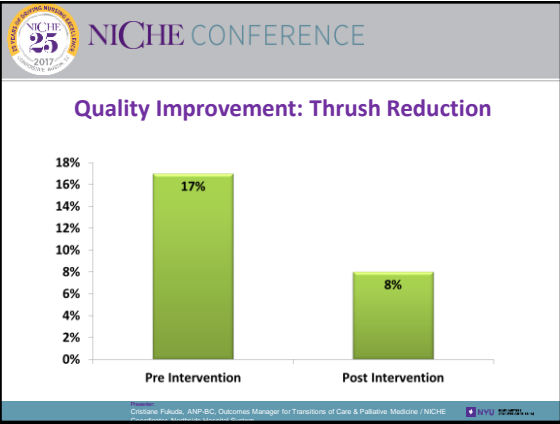
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### Lessons Learned/ Opportunities

- Social Support
- Chronic disease management
- Medication
  - Reconciliation, Medication Therapy Management
  - Changing delivery mechanisms/techniques for enhanced efficacy
  - Proper inhaler use and cleaning
  - Affordability: patient assistance programs coupons
- Surveillance for avoidable readmissions
  - Focus on patient not only on disease process
  - Smoking Cessation
  - Importance of Flu/Pneumovax 23/Prevnar 13 vaccines
  - Identification of irritants that can cause flares
- Action Planning for Breathlessness

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### Action Plan

- Adapted from the American Lung Association COPD Action plan
  - Stop light format
    - Helps patient identify what type of day they are having with their symptoms
    - Helps patients formulate a plan for their care

Green Zone: I am doing well today	Actions
<ul style="list-style-type: none"> <li>• Grad activity and exercise level</li> <li>• Grad amounts of cough and phlegm/discharge</li> <li>• Sleep well at night</li> <li>• Appetite is normal for me</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to follow the plan</li> <li>• Avoid cigarette smoke (passed), irritants, as all of these can trigger an exacerbation</li> <li>• Take meds as prescribed</li> <li>• Get your medicine as prescribed by your doctor (or pharmacist at the store)</li> </ul>
Yellow Zone: I am having a hard day	Actions
<ul style="list-style-type: none"> <li>• More breathless than usual</li> <li>• Increased or longer cough/phlegm</li> <li>• Using quick relief medicine more often than usual</li> <li>• Feeling of waking worse than usual</li> <li>• More coughing than usual</li> <li>• More fatigued or "tired" than usual</li> <li>• More chills and/or symptoms worse than usual</li> <li>• My medicine is not helping</li> </ul>	<ul style="list-style-type: none"> <li>• Continue daily medicine as listed on the back</li> <li>• Call your provider to discuss change in symptoms and follow an action plan</li> <li>• While we wait for your provider to receive and get your medicine review if you are in a Yellow Zone or a Red Zone for a potential exacerbation (call 911 if you are in a Red Zone or if you are in a hospital or office building)</li> <li>• Get prompt care if needed</li> <li>• Get plenty of rest</li> <li>• Use your inhaler and/or other medicines as prescribed on the back</li> <li>• Don't use your quick relief medicine unless advised by your doctor</li> </ul>
Red Zone: I need urgent care	Actions
<ul style="list-style-type: none"> <li>• Severe shortness of breath even at rest</li> <li>• More sputum or more phlegm</li> <li>• More chills or fever because of breathing</li> <li>• More or changing cough</li> <li>• Feeling confused or very drowsy</li> <li>• Chest pain</li> <li>• Choking or wheezing</li> </ul>	<ul style="list-style-type: none"> <li>• Call 911 or seek medical care immediately</li> <li>• While waiting for help, do the following:           <ul style="list-style-type: none"> <li>• Sit upright</li> <li>• Use your quick relief inhaler</li> <li>• Use your quick relief inhaler (as prescribed) this repeat as directed on the back of the inhaler or follow instructions from your doctor</li> </ul> </li> </ul>

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**Lessons learned/Opportunities**

- ❑ Early diagnosis and disease staging using GOLD guidelines
- ❑ Increase use of office Spirometry for better diagnosis & follow-up
- ❑ Support for:
  - Pulmonary Rehab
  - Occupational
  - Physical Therapy
- ❑ Partnership with post acute care services

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