

MSTCVS Quality Collaborative  
Saturday, November 21, 2015  
Kensington Court Hotel, Ann Arbor



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These slides are to be used for quality improvement by the MSTCVS member surgeon champions and data managers. Each slide includes the MSTCVS confidentiality statement.



# MSTCVS 30 Day Readmission Hospital CQI

DiAnn Stickney, RN, MSN, CRNFA



# Reducing 30 Day Readmissions in Cardiac Surgery

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McLaren Macomb Hospital

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Surgeon Champion



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## Readmission STS QI

Rough Draft: 1-2-2014

Approved K. Minanov: 1-6-2014

Implemented: 1-14-2014

STS QI Measure:

**Re-admission < 30 days**

Rational:

To diminish the readmission rate of all open-heart procedures

Target:

All patients at risk for re-admission

- CHF patients, patients older than 80 yrs old, smoker, homeless/no insurance, sedentary/mobility issues, and or history of noncompliant with medical/Rx.

Recommendations:

1. Promote use of HHC on all patients-
  - a. Give rational to patient/family
  - b. Arrange for indigent HHC if no insurance or financial hardship
2. Follow-up calls
  - a. Call High Risk within 24 hours
  - b. Call Moderate Risk within 48 hours
  - c. Additional calls depending on patient phone assessment/needs
3. Organize & arrange for any intervention appropriate once risk for readmission identified.
  - a. Change in medications (Lasix, Betablocker, etc)
  - b. RNFA to physically see patient if appropriate
  - c. Assist & co-ordinate physician office visit date revision if needed



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## Readmit Prevention-Call Back

Patient Name: \_\_\_\_\_ A# \_\_\_\_\_ MR# \_\_\_\_\_ DOS: \_\_\_\_\_ Discharge: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Surgery: \_\_\_\_\_ Surgeon: \_\_\_\_\_ Cards: \_\_\_\_\_

Risk Assessment:	High- 2 or more risk factors Call within 24 hours	Medium- 1 risk factor Call within 48 hours	Low- no risk factors Routine 4 month F/U
Smoker:	<input type="checkbox"/> yes <input type="checkbox"/> no; COPD <input type="checkbox"/> yes <input type="checkbox"/> no; Homeless/no insurance: <input type="checkbox"/> yes <input type="checkbox"/> no; History Non-compliant: <input type="checkbox"/> yes <input type="checkbox"/> no		
EF:	____%; CHF: <input type="checkbox"/> yes <input type="checkbox"/> no; Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> *If yes Fill out HF callback form to be scanned into chart using surg admit A#		
Sedentary/Mobility issues:	<input type="checkbox"/> yes <input type="checkbox"/> no; Patient age > 80y.o. <input type="checkbox"/> yes <input type="checkbox"/> no; Misc. concerns: _____		
Based on assessment at DC Call Back Date:	#1 _____	#2 _____	#3 _____ ; #4 _____ ; #5 _____ ; #6 _____

Stapled Discharge Rx List & Follow-up appointments to this form;  HF Call Back Form Completed

SAR/IPR (circle one) Co Name: \_\_\_\_\_  
 Contact person: \_\_\_\_\_, Unit: \_\_\_\_\_, Number: \_\_\_\_\_  
 If SAR/IPR was HC ordered to begin after discharge? Yes/no Which HHC Co. name: \_\_\_\_\_  
 Discharged Home- HHC Co Name: \_\_\_\_\_ Name Primary Care Giver: \_\_\_\_\_  
 If no HHC state why: \_\_\_\_\_

+

Discharge Home Dialogue 1 <sup>st</sup> Call Date:	SAR/IPR Dialogue:
1. When did home care see you? _____	1. List any medication changes?
2. What HC Company: _____	2. List any medications not taking?
3. What CardioCom equipment do you have? _____	3. Vital Signs?
4. Who is helping you at home? _____	T _____ HR _____ BP _____
5. Did you fill all your medication scripts? <input type="checkbox"/> yes <input type="checkbox"/> no	4. Describe incisions?
6. What Medications are you taking (compare discharge Rx list)	<input type="checkbox"/> CDI _____
7. Are you checking your weight & temp daily? <input type="checkbox"/> yes <input type="checkbox"/> no	5. What is the showering schedule?
8. Wt today: _____ Temp Today: _____	<input type="checkbox"/> Daily _____
9. What should you do if you gain 3 pounds in 2 days? <input type="checkbox"/> correct	6. Any concerns?
10. What diet are you following: _____	7. Anticipated date of discharge?
11. What is your appetite like? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Start Date: _____
12. How much fluid are you drinking daily? _____	8. Remind pt to follow up with
13. How often are you showering? _____ <input type="checkbox"/> Daily	CardioCom at discharge & give # 1-
14. When are you wearing support socks? _____	800-241-3434 <input type="checkbox"/> Done
15. " " " " mammary support (if indicated) <input type="checkbox"/> ATC	Comments:
16. How are you dressed today? <input type="checkbox"/> Dressed <input type="checkbox"/> PJ's	
17. Describe your incisions _____ <input type="checkbox"/> CDI	
18. How much are you smoking? _____	
19. Describe any SOB? _____	
20. When are your follow-up appointments? (compare to DC list)	
21. Comments:	

Discharge Home Dialogue F/U Calls Dates:	SAR/IPR F/U Specific to needs/concerns:
1- How are you feeling today?	
2- When was your last HC visit?	
3- When is your next HC visit?	
4- Are you taking all your Rx?	
5- Are you using Cardio Com Equipment?	
6- Incisions Clean Dry – Red or Tender?	
7- Any questions?	
8- Weight	
Comments	

See Back  ANY READMIT: When: \_\_\_\_\_ Where: \_\_\_\_\_ Why: \_\_\_\_\_  See Back

### HEART FAILUR PTS ONLY:

- Call Back Copy to HF clinic NP's
- Progress note to MR





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Patient Name: \_\_\_\_\_

A#: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Call Back Date: \_\_\_\_\_

**Heart Failure Post Hospitalization Call Back**

- 1- What diet are you following?
  - 2- Are you weighing your self daily?  
What is your weight today?
  - 3- What do you do if you gain 3 pounds in 2 days?
  - 4- Who is helping you at home?
  - 5- Did you receive any new medications?
  - 6- Did you get all your medications filled?  
Are you taking all your medications?
  - 7- Did a Homecare nurse come to your house after discharge?  
Did you find it helpful?  
Do you have CardioCom equipment?
- Comments:

List your follow-up appointments:

- Message left
- Reviewed Diet, Daily weights, & Zone chart

Signature: \_\_\_\_\_



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# Challenges

- Human resources – clinician to call patients



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# Keys to Success

- Regular meetings to review and discuss progress with entire team
- Evaluate and modify/update process or interventions as necessary
  - Patient call back within 24 not 48 hours



