Quality and The Effects of Our Future in Nursing

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18th Annual Conference
May 31 - June 02
THE PERIPHERAL EVENT OF THE YEAR
Disclosures

• No Disclosures
Healthcare in Transition

- **FFS**
  - Increase Volume

- **FFS/Pay for Performance**
  - Volume and Quality

- **ACOs, PFP, Bundled Payments**
  - Volume, Quality, & Covered Lives

- **Population Management**
  - Increase Covered Lives, Quality
Triple AIM

1. Improves Patient Care and Outcomes
2. Reduces Cost
3. Improves Health of a Community
Definition of Quality

Health care quality is a level of value provided by any health care resources as determined by some measurement. As with quality in other fields, it is an assessment of whether something is good enough and whether it is suitable for its purpose.
# Readmissions Reduction Program

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI</td>
<td>Acute Myocardial Infarction</td>
</tr>
<tr>
<td>HF</td>
<td>Heart Failure</td>
</tr>
<tr>
<td>PN</td>
<td>Pneumonia</td>
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<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<tr>
<td>TKA/ THA</td>
<td>Total Knee &amp; Hip Arthroplasty</td>
</tr>
<tr>
<td>CABG</td>
<td>Coronary Artery Bypass Graft</td>
</tr>
</tbody>
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- **Readmissions Reduction Program**
- **3% penalty**
ON AVERAGE,
1 IN 5
MEDICARE BENEFICIARIES
DISCHARGED FROM THE
HOSPITAL IS READMITTED
WITHIN 30 DAYS
Readmission Case Study #1

- 67 year old male admitted with systolic heart failure, hypertensive heart disease, advanced kidney disease, long standing diabetes with a baseline creatinine of 4.1
- LOS 14 days inpatient in ICU with attempt of aggressive diuresis and inotropic therapy which was unsuccessful
- Long discussion with patient, family, nephrology and health care team for initiation of dialysis
- Temporary access placed and dialysis was initiated with successful results
- Patient discharged home and readmitted 3 days later with pulmonary edema and malignant hypertension

- **REASON FOR READMISSION** – Patient discharged home without outpatient dialysis arranged due to a weekend discharge
Nursing Role in Prevention of Readmission

- Communication is key!!
- Close the communication gap between the inpatient and outpatient setting
- Education...Education...Education to the patient and caregivers on the outpatient plan and expectation of the patient’s responsibility
- Assuring follow up (Readmission Prevention Program)
Readmission Case Study #2
73 y/o female admitted with CHF

- Metoprolol Tartrate bid
- Lisinopril daily
- Lasix bid
- Coumadin 5mg TTS, & 7.5mg MWF & Sun
- Metformin bid

<table>
<thead>
<tr>
<th>Home Medications</th>
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<tbody>
<tr>
<td>Metoprolol Succ daily</td>
</tr>
<tr>
<td>Losartan daily</td>
</tr>
<tr>
<td>Lasix IV</td>
</tr>
<tr>
<td>Zaroxolyn daily</td>
</tr>
<tr>
<td>Coumadin home dose</td>
</tr>
<tr>
<td>Insulin SS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoprolol Tartrate bid</td>
</tr>
<tr>
<td>Lisinopril daily</td>
</tr>
<tr>
<td>Losartan daily</td>
</tr>
<tr>
<td>Lasix bid</td>
</tr>
<tr>
<td>Coumadin 5 mg daily</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual Discharge Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoprolol Tartrate bid</td>
</tr>
<tr>
<td>Lisinopril daily</td>
</tr>
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</tr>
<tr>
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<td>Coumadin 5 mg daily</td>
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<td>Metformin daily</td>
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</table>

- Patient Readmitted 10 days later with acute renal failure
Nursing Role in Prevention of Readmission

- Vigilant Discharge Medication Reconciliation
  Knowledge of classification of medications
  Metoprolol Tartrate vs. Metoprolol Succinate
  Lisinopril vs. Losartan

- Identification of change in dosing of medications from home to inpatient and inpatient to home meds
  Ex. Metformin
  Coumadin dosage

- Identify and Communicate Medication discrepancies to providers prior to discharge
69 year female presented to the hospital with STEMI
Emergent PCI to ostial RCA with DES was successful
History of 1ppd smoker, hypertension and GI Bleed approximately 10 years ago due to PUD
Discharged home on ASA, P2Y12 Platelet inhibitor, Beta blocker and statin
Patient readmitted 20 days post discharge

**REASON FOR READMISSION:** Acute GI Bleed requiring blood transfusion
Nursing Role in the Journey of Healthcare Transition

1. Understand which patient populations are at greatest risk of readmissions
2. Educate patient and families on palliative care programs
3. Participate in hospital efforts to reduce readmissions, reduce infections, increase quality and reduce cost
4. Join a readmission prevention-focused collaborative
5. Ensure patients schedule a seven-day follow-up
6. Ensure patients have caregivers at home and involve the appropriate team to arrange for home health services
7. Ensure smooth transitional care to home or ICF
8. Clearly communicate post-discharge instructions
9. Spend the extra time to interview and educate
Louisiana HRRP Penalties – FY 2017

• In Year 5 of the Hospital Readmissions Reduction Program...
  • 72% of all Louisiana hospitals were penalized
  • 0.81% average Louisiana hospital penalty
  • Average Hospital Penalty $69,260.07

• Louisiana Hospitals are subject to $4,640,424.44 in HRRP Penalties to be applied October 2016-September 2017.

All values were calculated using the FY 2017 Final Rule and Correction for Acute Inpatient PPS data, tables, and formulas at CMS.gov.
Let’s Focus on the Future!

DONT LOOK BACK YOU'RE NOT GOING THAT WAY.
Works Cited

- www.cms.gov
- https://qpp.cms.gov
- https://www.qualitynet.org
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