Readmissions Summit

# IMPROVING CARE TRANSITIONS THROUGH EVIDENCE-BASED, TAILORED PATIENT SUPPORT



# PAM Enhances Our Transitions Program

- Blend of
  - Care Transitions Intervention SM Eric Coleman,
     MD
  - Transitional Care Mary Naylor, PhD, RN
- Includes ACE (Acute Care for Elders) Team
- And HELP (Hospital Elder Life Program)



- Admit Criteria Transitional Care
  - >= age 8o
  - Moderate to severe functional deficits (HARP >2, Katz<4, Lawton<5)</li>
  - Active behavioral or psych issue (GDS>5)
  - 4+ active co-existing health conditions
  - 6+ prescribed medications



- Admit Criteria Transitional Care
  - 2+ hospitalizations within 6 months
  - Hospitalization in past 30 days
  - Inadequate support systems
  - Low health literacy (Newest Vital Sign)
  - Documented history of nonadherence



In-hospital – ACE Team

CNS Care Mgr

MD Pall Med

RT HELP RN

PT Pharm D

CD CDE





Care Transitions Intervention <sup>SM</sup> – 4 Pillars

- Medication Self Management
- Dynamic Patient-Centered Record
- Physician Follow Up
- Red Flags



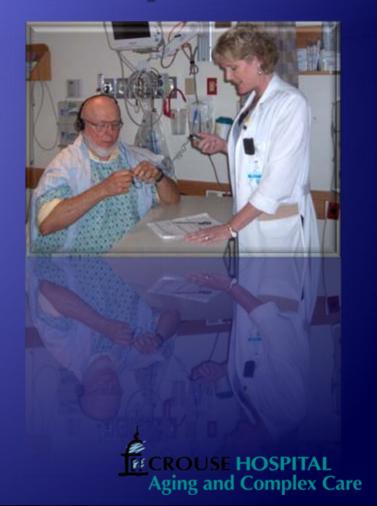
- Home visits
- MD visits
- Phone visits
- Ongoing assessment





# Patient Activation is Key

- PAM conducted at admission to program and upon discharge
- CNS or RT administers



# Mrs. T

- Age 75
- COPD primary
- Comorbidities pulmonary embolism, chronic back pain, chronic anemia, GERD
- Supports 3 grown sons, very concerned about continuing to care for them
- Mildly depressed



# Mrs. T - PAM Assessment

	ON ADMISSION TO PROGRAM	ON DISCHARGE FROM PROGRAM
	PAM – Stage 1 (45.2)	PAM – Stage 2 (52.9)
Ownership for health	Strongly disagree	Strongly disagree
Medication knowledge	disagree	agree
Know when to access MD	disagree	agree
Physician communication	disagree	disagree
Treatment knowledge	disagree	agree

PAM helped target education on medication first



### My Personal Medication Record - Keep It Handy

- List all prescriptions, over-the-counter drugs, vitamins and herbs.

	. This Medicine		How Much and How Often?			Notes/Questions
Name and Dose of Medication	is for my	Morning	Noon	Evening	Bedtime	
Example Simvastatin 40 mg	Example: High cholesterol	Example:				Example: Ordered by Dr. Brown / After I brush my teeth

If you have any problems with your medicine - do not wait. Talk to your doctor right away.

Patient Name:	Allergies

Doctor Phone Number: \_\_\_\_\_

Pharmacy Name & Phone Number: \_\_\_\_\_



# Mrs. C

- Age 67
- COPD longstanding
- Smoker
- Home o<sub>2</sub>
- Has strong drive to get back to active lifestyle



# Mrs. C - PAM Assessment

	ON ADMISSION TO PROGRAM	ON DISCHARGE FROM PROGRAM
	PAM – Stage 2 (49.9)	PAM – Stage 4 (73.1)
Medication knowledge	strongly disagree	agree
Know when to access MD	strongly disagree	agree
Physician communication	strongly disagree	agree
Treatment knowledge	disagree	agree
Confidence in managing problems	disagree	agree

PAM helped target education on medications & red flags



# Red Flags

### Lung Partners COPD Action Plan

### GREEN ZONE

- My sputum is clear/white and easily cleared in small amounts.
- I breathe without difficulty.
- I can do usual activities without tiring.
- I am able to think clearly.

- What to do
- Continue taking medications as prescribed.
- Keep all doctor appointments.
- Maintain routine activity.

### YELLOWZONE

- My sputum is thicker than normal, (green, yellow or brown) or I am producing more sputum.
- I am more short of breath, wheeze, or cough more than usual.
- I weigh more and my legs/feet swell.
- I tire easily and can not do usual
- activities without resting. I am not thinking clearly.
- more than normal.
- Having side effects from medications.

- 1) Write down (or have someone write for you) your concerns and why you feel something is wrong. BE VERY SPECIFIC
  - \*Write exactly what your symptoms are, how long you have had them and how they are different than usual (ex: my sputum has changed color and I'm more short of breath.)
  - \*Any meds that have changed since your last visit. "Any sick contacts.
- I am using my nebulizer/rescuhaler 2) Call your Pulmonologist. (If you don't have a pulmonologist, call your regular doctor.)
  - \* Tell them your name
  - \*Your doctors name

Call 911 NOW!

- \*Your history (ex: I have a history of COPD.)
- \*What your symptoms are and how they changed. (ex: my sputum is now thick and \_\_\_\_\_ in color.)
- \* Any concerns you have written down
- \*Explain that you need an appointment today.
- If you can not have an appointment today, insist on talking to the Nurse Practitioner or Doctor.
- 4) Emphasize your goal to stay out of the hospital.

### I have trouble coughing up sputum. What to do

- Severe shortness of breath.
- My sputum contains blood.
- I can not do my usual activities.
- I am confused.
- My speech is slurred and I feel dizzy,

### faint or sleepy.

- It is difficult for me to wake up.
- Chest pain



# Red Flags

### YELLOWZONE

- \* My sputum is thicker than normal, (green, yellow or brown) or I am producing more sputum.
- I am more short of breath, wheeze, or cough more than usual.
- I weigh more and my legs/feet swell.
- I tire easily and can not do usual activities without resting.
- I am not thinking clearly.
- I am using my nebulizer/rescuhaler more than normal.
- Having side effects from medications.

### What to do

- Write down (or have someone write for you) your concerns and why you feel something is wrong. BE VERY SPECIFIC
  - \* Write exactly what your symptoms are, how long you have had them and how they are different than usual (ex: my sputum has changed color and I'm more short of breath.)
  - \* Any meds that have changed since your last visit.
  - \* Any sick contacts.
- Call your Pulmonologist. (If you don't have a pulmonologist, call your regular doctor.)
  - \* Tell them your name
  - \*Your doctors name
  - \*Your history (ex: I have a history of COPD.)
  - \* What your symptoms are and how they changed. (ex: my sputum is now thick and \_\_\_\_\_ in color.)
  - \* Any concerns you have written down
  - \* Explain that you need an appointment today.
- If you can not have an appointment today, insist on talking to the Nurse Practitioner or Doctor.
- 4) Emphasize your goal to stay out of the hospital.

# Mrs. W

- Age 84
- Admitted with acute bronchitis
- Longstanding COPD environmental
- Seemed knowledgeable about COPD



# Mrs. W – PAM Assessment

	ON ADMISSION TO PROGRAM	ON DISCHARGE FROM PROGRAM
	PAM – Stage 2 (49.9)	PAM – Stage 4 (68.5)
Confidence with prevention	Disagree	Disagree
Physician communication	Disagree	Agree
Medication knowledge	Agree	Strongly agree
Ownership for health	Agree	Strongly agree
Understand health problems	Agree	Strongly agree

PAM helped target education on knowledge and MD communication



# Personal Health Record



Care Transitions Program
Personal
Health Record



### To better manage my health and medications, I will ...

- Take this Personal Health Record with me wherever I go, including all health care provider visits, visits to the Emergency Department, to all future hospitalizations and on vacation.
- Call my health care provider if I have questions about my medications or if I want to change how I take my medications.
- Tell my health care providers about ALL medications I am taking, including overthe-counter drugs, vitamins and herbal formulas.
- Update my Personal Health Record and Personal Medication Record with anything that is new or changed.
- Make family members, friends and caregivers aware of where my Personal Health Record is kept.



# Mrs. P

- Age 69
- Admitted with pneumonia
- Comorbid diabetes
- Developed delirium in hospital



# Mrs. W - PAM Assessment

	ON ADMISSION TO PROGRAM	ON DISCHARGE FROM PROGRAM
	PAM – Stage 1 (45.2)	PAM – Stage 4 (82.8)
	"I didn't know I had diabetes; I was never on insulin."	"I now believe if I was taking better care of myself, I wouldn't have landed in the hospital."
Medication knowledge	Disagree	Agree
Disease knowledge	Strongly disagree	Strongly agree
Treatment knowledge	Disagree	Agree
Ownership for health	Agree	Strongly agree
Maintain lifestyle	Agree	Agree



# **Diabetes Education**



# PAM Helps Tailor Coaching

- Part of patient discussion their answers
- Meet patients where they are what are they interested in?
- What does the patient know?
- Solve problems together make patient an active participant



## Lessons Learned

- Don't "jump the gun"
- Self management takes time
- Collaboration required between patient, providers and families



