



Clinical Practice Protocol to Decrease Hospital Readmissions after CABG Surgery: Implications for Clinical Leadership

Therese Jamison DNP, ACNP-BC
STTI, Kappa Iota Chapter, President

Faculty Disclosure

Faculty Name	Therese Jamison DNP, ACNP-BC
Conflict of Interest	None
Employer	Lawrence Technological University St John-Providence, Macomb-Oakland
Sponsorship/Commercial Support	None



Goals and Objectives



∞ Goal

Describe the implementation of a Clinical Practice Protocol that involved the redesign of processes that were started prior to the patient's admission and extended to 30 days after discharge from CABG surgery

∞ Objectives

Examine the key elements of the clinical practice protocol designed to prevent hospital readmissions after CABG surgery.

Describe the role of interprofessional team leaders needed to decrease hospital readmissions.



Definitions

- ❧ The definition of a hospital readmission for patients undergoing coronary artery bypass surgery (CABG), according to the Society of Thoracic Surgeons (STS) (2016), is an inpatient readmission within 30 days from the date of surgery (DOS) for any reason.
- ❧ *Benchmark for readmissions is 10% per STS*
- ❧ The Centers for Medicare and Medicaid Services (CMS) have extended the 30-day readmission criteria to include readmissions from the date of discharge (DOD), not the DOS (CMS, 2012).

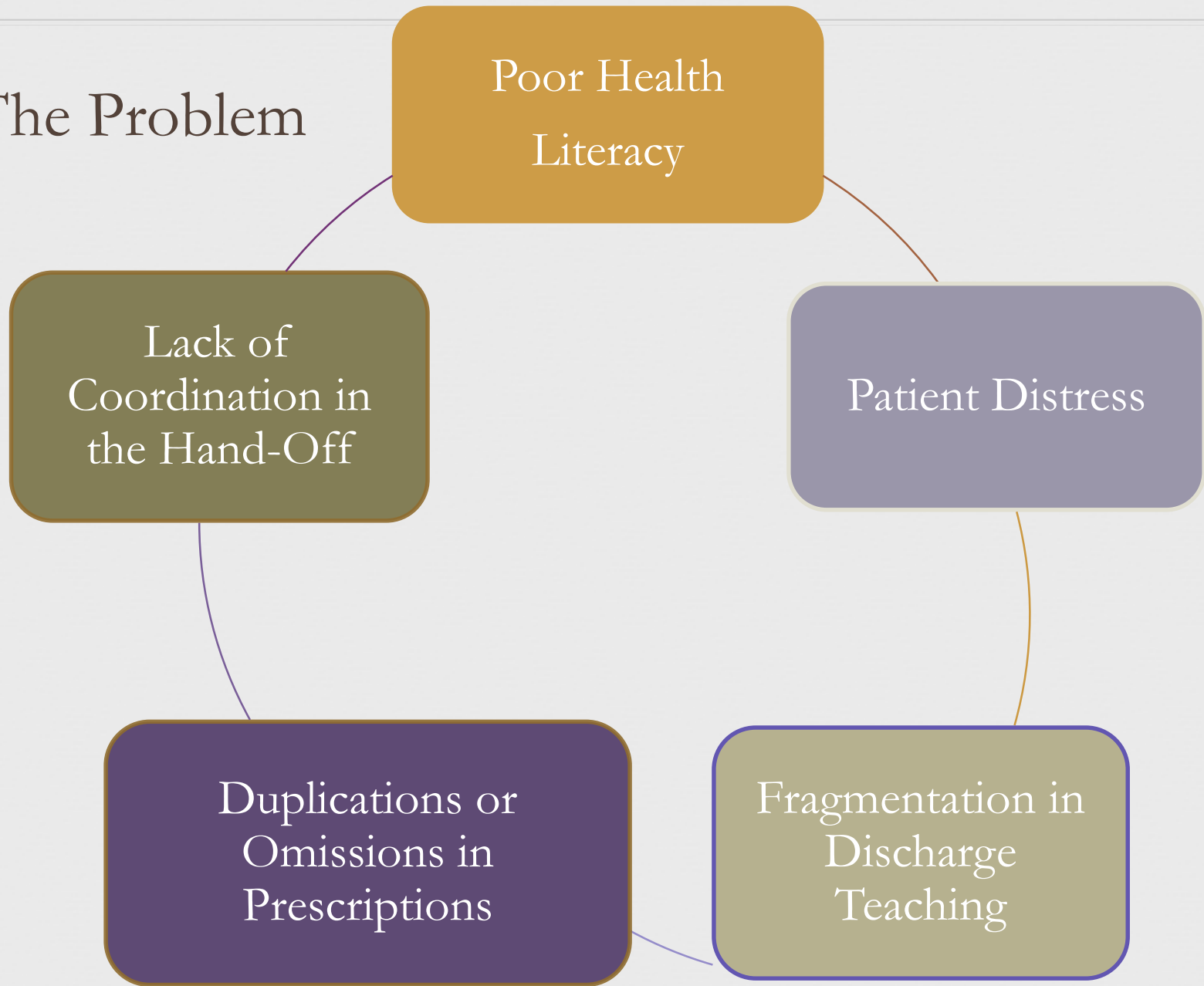
Significance



- ❧ Hospital readmissions have significant implications for payment under the Hospital Readmissions Reduction Program (HRRP) as defined by CMS and outlined in The Affordable Care Act, section 3025.
- ❧ This program was initially implemented in 2012 with statutes focused on congestive heart failure (CHF), acute myocardial infarction (AMI), and pneumonia at a one percent reduction in payment. Maximum payment reductions increased to three percent of hospital payments by 2015.
- ❧ Recently, CMS expanded the penalty to other conditions such as CABG surgery for 2017.

(Alper, O'Malley & Greenwald, 2012; Hubbard & McNeill, 2012; CMS, 2016).

The Problem



Clinical Practice Protocol:

Methods

- ❧ Identified best practice across the care continuum from preadmissions to 30 days after discharge.
- ❧ The cardiovascular surgery nurse practitioners (CVSNP) and Director of the Cardiovascular Service Line devised this protocol after an extensive review of the literature for best practice and national initiatives.
- ❧ Interprofessional members:
Chief of CVS, NPs, Director of the CVS service line, home care liaison, IT, ED physicians
- ❧ The data manager for the practice site collected data retrospectively using the STS data base form.

Specifics of the Clinical Practice Protocol: Before Surgery

- ❧ Patient seen in Pre-surgical Services (PSS) or if in-patient, upon consult
- ❧ Diagnostic Testing
- ❧ Comprehensive H/P performed by CVSNP
- ❧ Preoperative Teaching
- ❧ Identification of home care agency
- ❧ Consents
- ❧ Orders



Specifics of the Clinical Practice Protocol: After Surgery

- ❧ Optimization of clinical status by CVSNP, surgeon, intensivist, cardiology, PCP
- ❧ Validation of support system and health literacy
- ❧ Education using Teach Back Method done by CVSNP and staff nurse
- ❧ Development of a one page form as well as hospital generated form for reference



Specifics of the Clinical Practice Protocol: Day Before Discharge

- ❧ Dedicated RN home care liason and/or case manager communicates with the CVSNP
- ❧ Confirm the demographic data, home support, and second learner information
- ❧ Assess for the need for durable medical equipment, support services (physical therapy, occupational therapy) and/or telehealth

Specifics of the Clinical Practice Protocol: Day of Discharge

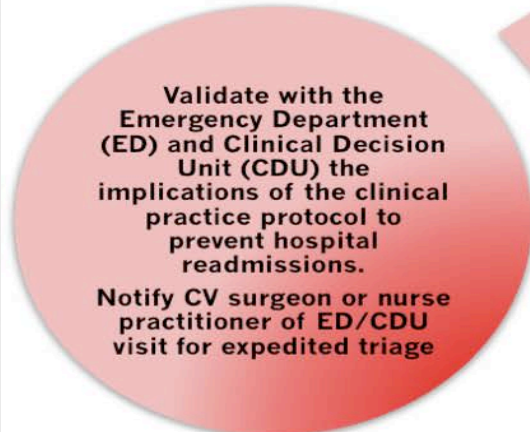
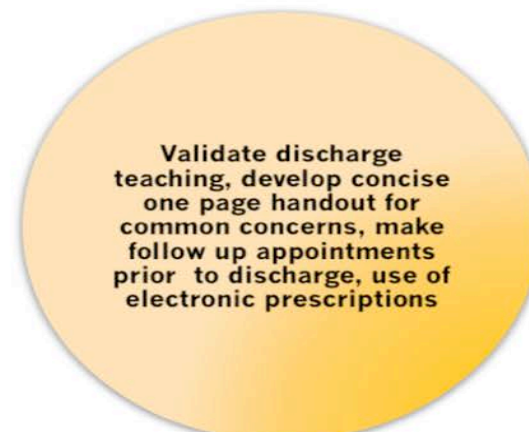
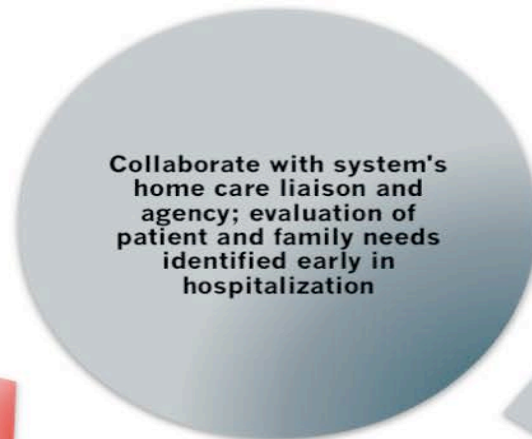
- ❧ Education, reinforce education with Teach Back Method
- ❧ Follow up Appointments made by Unit Secretary
 - ❧ Cardiologist 2 weeks, Surgeon 3 weeks, PCP 4 weeks
- ❧ Electronic Medical Record Discharge Form
- ❧ Verbal Hand off from CVSNP to home care nurse
 - ❧ Record of primary home care nurse and cell phone number
- ❧ Dictation of Discharge Summary into EMR



Specifics of the Clinical Practice Protocol: After Discharge

- ❧ Home care nurse visit to patient
- ❧ As issues arise: call to CVSNP/surgeon
- ❧ Clinical Issue
 - ❧ Resolved with medication titration
 - ❧ Visit to Emergency Department (ED)
 - ❧ ED to Clinical Decision Unit
 - ❧ Readmission to in-patient setting





Results

- ❧ During the timeframe of December 2013 to December 2014, when the clinical practice protocol was instituted, the initial readmission rate of 14% continued to be above the national STS benchmark of 10%.
- ❧ Further revisions to the practice protocol were implemented with the latest readmission rate in calendar year (CY) 2014 being 5.26 %
(N = 4 of 76 total patients)
- ❧ 5.26% is well below the national benchmark and a new best practice standard for the practice site.
- ❧ This information is publicly shared at the STS meetings, as well as reported to the Duke Clinical Research Institute.

Conclusions



- ❧ An interprofessional leadership team is essential to institute best practice across the care continuum.
- ❧ The clinical practice protocol was provided to all patients undergoing open-heart surgery at the practice site.
- ❧ Data was tracked on the CABG only patients based on quality measures set by the STS database form.
- ❧ Quantified readmissions rates for all open-heart patients can be extrapolated from this database in the future.

References

- ❧ Alper, E., O'Malley, T. A., & Greenwald, J. (2012). Hospital discharge. *UpToDate*.
- ❧ Centers for Medicare & Medicaid Services. (2012). *Roadmap for quality measurement in the traditional Medicare fee-for-service program*. Retrieved from <http://www.cms.gov>
- ❧ Center for Medicare & Medicaid Services. (2016). *Readmissions reduction program*. Retrieved from <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html>
- ❧ Hubbard, T., & McNeil, N. (2012). *Improving medication adherence and reducing readmissions..* National Health Policy Institute.
- ❧ Society of Thoracic Surgeons. (2012) *Home page*. Retrieved from <http://www.sts.org>.