

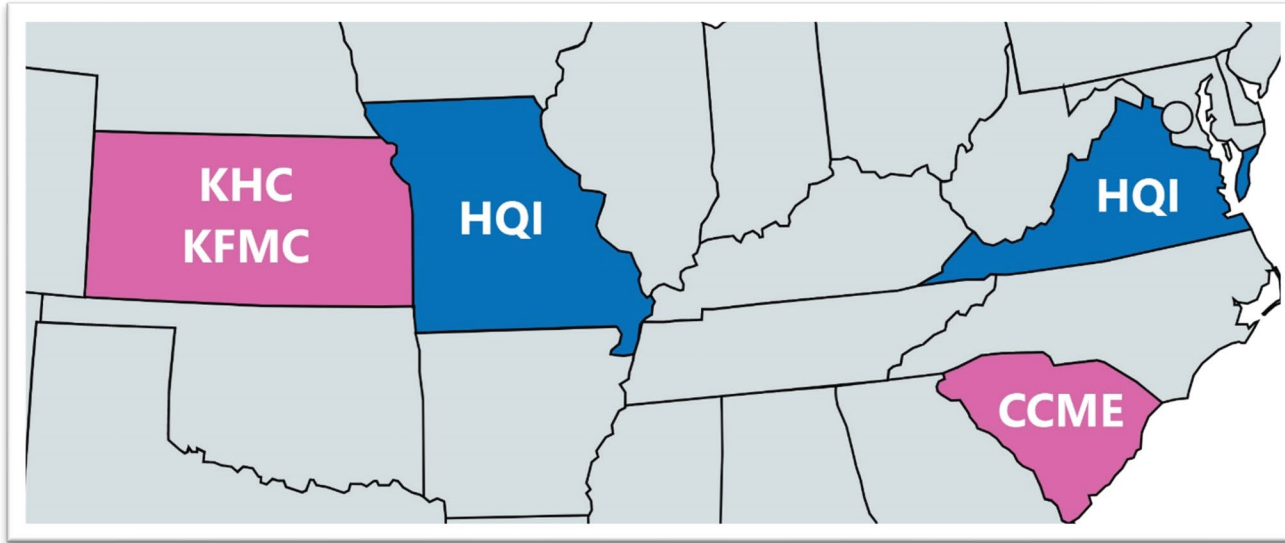


Health Quality Innovation Network

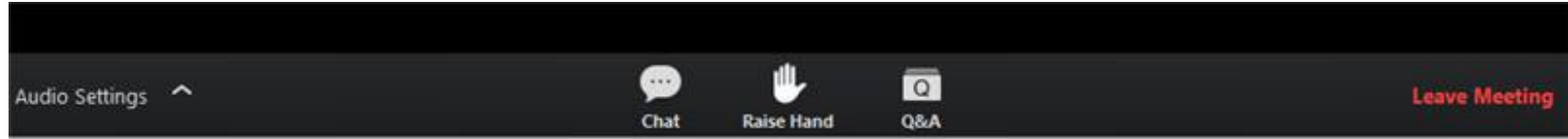
# Go to the Hospital or Stay Here?

**October 12, 2022**

# Health Quality Innovation Network



# Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

**Raise your hand** if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

## Guest Faculty

**Ruth M. Tappen EdD, RN, FAAN**  
Eminent Scholar and Professor,  
Florida Atlantic University



# Learning Objectives

- Describe the purpose and use of the resident/family decision guide, *Go to the Hospital or Stay Here?*
- Empower staff to engage in patient and family conversations about care goals, transfer risks and care setting capabilities.
- Add the decision guide to care and conversation processes with patients.
- Increase cross-setting collaboration with partner nursing homes and hospitals

## Development of the Decision Guide

# Go to the Hospital or Stay Here? –A Randomized Clinical Trial



**Preliminary Work Supported by  
Patient-Centered Outcomes Institute  
(PCORI)**

# Background & Significance

- Avoidable NH Resident readmissions to acute care generate an estimated annual cost of \$4.3 billion.
- CMS Value-Based Purchasing Program first reduced payments to hospitals with excess readmissions.
- Then, as of October 2018, nursing homes too were penalized on their readmission rates and reported now reported on CMS Care Compare.



# Polling Question #1

Does your facility leadership team focus on reducing avoidable transfers to the ED?

1. Yes
2. No
3. I don't know
4. N/A

# Programs to Reduce Avoidable Hospitalizations

- INTERACT® and the Missouri Quality Initiative addressed clinical factors, particularly early identification and timely response to changes in condition.
- Family and resident insistence on transfer have been largely overlooked yet 14 – 17% of potentially avoidable readmissions were reported by NH staff to be due to their insistence.

# Development of a Decision Guide

## **Structured Interviews:**

**96 NH Residents**

**75 Family Members**

**100 Providers**

**18 Nursing Homes**

# Transformation of Results to Decision Aid

- Team read, and re-read interview results.
- Identified many misunderstandings about contemporary long-term care: addressed in the narrative and an FAQ section of the new Guide.
- Noted concerns about transfers vs remaining in NH and incorporated them into a narrative.

# Field Test of Decision Guide

- 16 Nursing Homes selected in South Florida.
- Recruited 128 residents and 64 families, a total 192.
- Participants were randomly assigned to treatment and control groups.

# Intervention

## Treatment Group

- Provided the Decision Guide
- Brief discussion of main points
- Encouraged participants to read Guide and ask staff questions, discuss with providers

## Comparison Group

- Customary Care

## **Participant Evaluation of the Guide (N = 73) at Post-test**

- 85% found it helpful or very helpful
- Only 3 said it was not helpful, 2 were neutral
- On a rating scale of 1 (not helpful) to 5 (very helpful) mean rating was 4.5
- 25% shared it with others
- 55% read it thoroughly, 12% said they did not read it further

# Conclusions Part I

- Decision Guide was very well received by Residents and Families
- Fills a Gap in Tools for Reducing Hospital Readmissions
- Potential to Reduce Hospital Readmissions



# Polling Question #2

Are you using INTERACT tools in your facility to identify early changes in condition that contribute to transfers to the ED?

- Yes
- No
- I don't know
- N/A

## Test of Organization-Wide Implementation

In the first year of an 8-state initiative designed to assist nursing homes in reducing unnecessary hospital readmissions, 16 nursing homes were identified and invited by CMS and state agency advisors to participate in the initial study of the effects of the intervention (use of the Guide).

## CMS Region IV

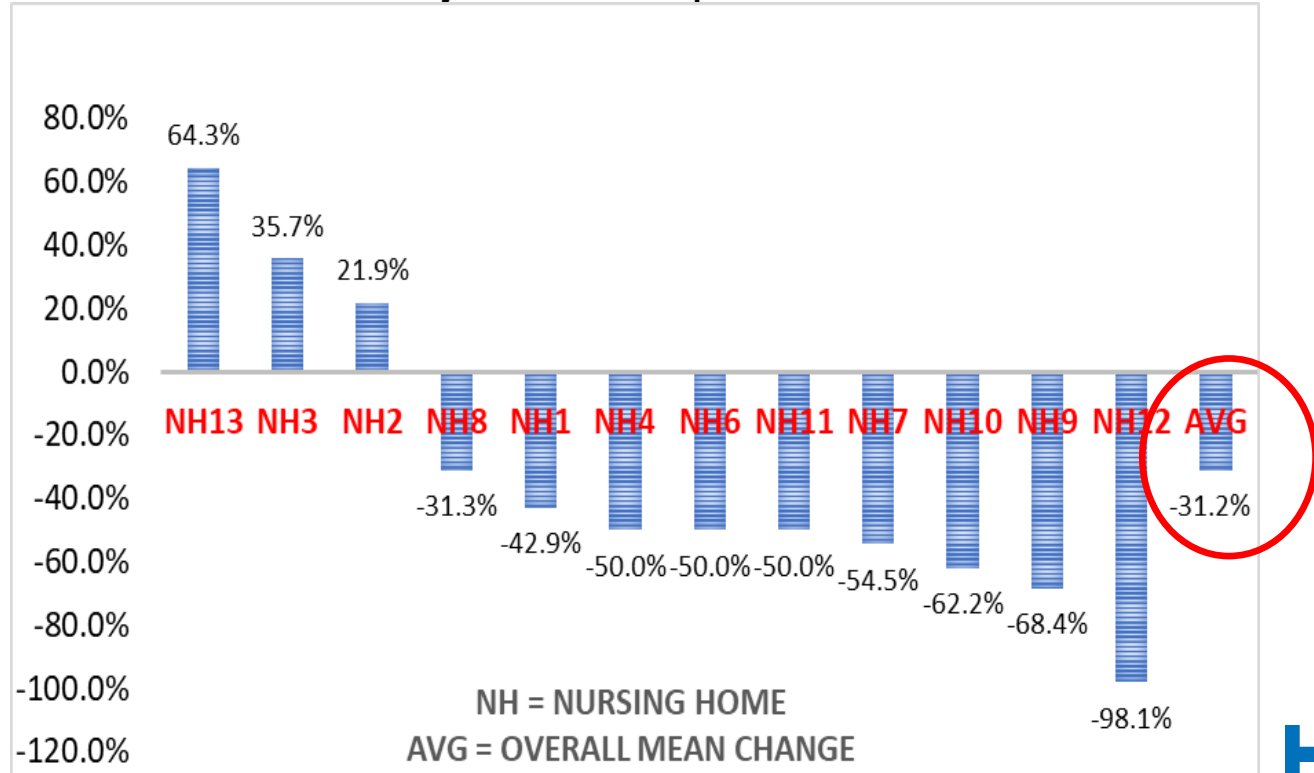
1. Alabama
2. Florida
3. Georgia
4. Kentucky
5. Mississippi
6. North Carolina
7. South Carolina
8. Tennessee



# Expectations of the Participant NHs

1. Complete a baseline survey of facility characteristics and report all hospital transfers that had occurred in the 3 months prior to introducing the Guide/Trifold in their facility.
2. Prepare facility management and staff to deploy the Guide/Trifold.
3. Rollout Guide/Trifold use in the facility.
4. Complete a report of hospital transfers that occurred in the first three months of Guide and/or Trifold use and report their experience implementing the Guide.

**Understanding the Results:**  
**Percentage Change in Readmissions:**  
**3-Month Project Period Compared to 3 months Prior**





*“It gives family members a better understanding of what questions to ask regarding nursing home services provided at this facility. It helps them (families) in structured meetings to ask questions about services.”*

*NHA, Tennessee*

# Conclusions Part II

Demonstrated the acceptability and potential usefulness of the Guide in reducing hospital readmissions of nursing home residents.

Reports from the participating nursing homes indicated that the resident and family members were appreciative of receiving the Guide and many had been unaware of the services that could be provided in the nursing home.



# Polling Question #3 - *select one*

## What is the most frequent reason for transfers back to the hospital?

- Limited ability to provide basic diagnostics and/or medical treatment?
- Staff expertise or confidence to manage changes in condition?
- A resident or family insistence

## Using the Guide

# Getting Started

## First Steps:

- Meet with your leadership team.
- Make sure Medical Director and medical providers are on board with the initiative.
- Provide facility-wide staff preparation.
- Monitor and reinforce at the unit and team level.
- Embed in orientation.

# Distribution of the Guide: Workflow

## Preadmission

Interview with  
prospective  
resident/family  
(The Pamphlet)

## Admission

During  
discussions about  
the care you will  
be providing (The  
Guide Book)

Send with bill  
(The Pamphlet)

## Family Care Plan Meeting

Setting  
goals (The Guide  
Book)

## Planning and Change in Level of Care

Considering  
palliative/hospice  
care (The Guide  
Book)

# Distributing the Guide

*Have the guide available in the resident's room. "We have the brochure in a binder at each resident's bedside. We find quite frequently that the copies of the brochure are removed-so people are reading the."*

*Nursing Home Executive, Alabama*

# Hardwiring the Workflow Process

## Staff

Introduce at staff meeting

Embed into orientation

## QI

Use the information in The Guide to assess where you may need to improve on resident/family demand for transfer

Evaluate improvement in family demanding transfer

## Others

Share with referring hospitals

Share with Medical Director and all covering providers

Sample  
page



"It depends on what is going on, the severity of the illness. Give me a run down on what the hospital can do for me and what they can do for me here."  
(Patient)

"I don't want to push the panic button and send her to a hospital if it can be kept under control here."  
(Son)

2

### REASONS TO PREFER BEING TREATED HERE

Many tests and treatments can be provided in the nursing home:

- Medications
- X-rays
- Blood tests
- Oxygen
- Wound care
- Checking on you and reporting to your doctor or other medical provider
- Comfort care (pain relief, fluids, bed rest)
- IV (intravenous) fluids in some facilities
- Physical or Occupational Therapy
- Speech Therapy

You can ask your nurse, doctor or other medical provider what else can be done for you here.

### REASONS TO PREFER BEING TREATED IN THE HOSPITAL

Hospitals can provide more complex tests and treatments including:

- Heart monitoring
- Body scans
- Intensive care
- Blood transfusion
- Surgery

### THERE ARE ALSO RISKS TO GOING TO THE HOSPITAL

Being transported to the hospital can be stressful. You are likely to have to explain your concerns to nurses and doctors you do not know. You are also at greater risk for skin breakdown,

# Helping Families to Use the Guide

*“Great educational tool for residents and families and a useful guide for resident-family decision making and the treatments (their options) that can be performed in the nursing home.” (Georgia)*

*“In a crisis, family members panic, staff panic. Just stop and think what we can do here. The guide is a great educational tool for staff.” (Alabama)*



## GO TO THE HOSPITAL OR STAY HERE?

A Decision Guide for Residents, Their  
Families, Friends and Caregivers



*"The Decision Guide tools and resources have really helped us think differently on how we can prepare our Residents and Families for changes in condition and to let them know, WE take care of them in our Nursing Facility." NC SNF*



Trifold Version

### Education & Resources

Use this section to access Training & Educational Videos, Case Studies and Webinar Presentations

Information for  
Residents & Families

[click here](#)

Information for  
Professionals

[click here](#)



#### Ordering information

To order printed, full-color guides with same-day shipping:

[click here](#)



#### Give feedback

[click here](#)

# Training Videos

## Videos



### The Usefulness of the Guide

Dr Adrienne Mims shares her perspective as a gerontologist and the family member of a nursing home resident



### An Introduction from the Project Director

Dr Ruth Tappen describes the development of the Decision Guide



### A Testimonial from a Nursing Home Resident

Paul, a rehab center resident talks about how the Guide and better information could have helped avoid an unnecessary hospital transfer.



### Introduction for a new Resident and Family Member

A new resident and a family member are introduced to the Guide



### Teaming with Resident to Prevent Hospitalization

A resident's change in condition that can be managed in the nursing home. (Pneumonia)



### Engaging the Resident and Family in the Plan of Care

Resident and family learn how following the recommended diet can prevent another hospitalization. (Salty Fish)



### Managing an upset resident

How not to do it and how to get it right. (Including a resident calling 911.)



### Decision Guide for Resident in Palliative Care

Offering Options: Speaking to a resident on palliative care about the Guide



### Decision Guide for Resident in Hospice Care

A Social Worker and Hospice Nurse explain issue of hospitalization when the resident is in hospice care

# Project Website – Case Studies

## Educational Materials for Staff

**Best Practices**

[click here](#)

**Powerpoint Presentation**

[click here](#)

### Case Studies

**1. Anxious Resident – Possible C. Difficile**

An 89-year-old post acute patient feels they should go back to the hospital.

[click here](#)

**2. Abdominal Tenderness**

A resident with CHF, hypertension and anxiety suffers abdominal tenderness.

[click here](#)

**3. Pneumonia**

Resident admitted after hip surgery – family feels she would be better in hospital.

[click here](#)

**4. Advance Directives**

Resident with pancreatic cancer has change in condition.

[click here](#)

**5. Advanced Dementia**

Resident's son insists his 99-year-old mother go to the hospital

[click here](#)

**Incorporating Avoidable Admission/Readmission into  
Staff Education**

# Educating Staff In 30 Minutes

- Highlight how your facility is working to prevent avoidable transfers and readmissions to the hospital
- Review the Guide and plan when it will be introduced to the Resident and Family
- Review some recent transfers that could have been prevented-use a training video to emphasize learning
- Use a case study to engage staff in the discussion



# Impact on Staff

*“An educational tool for staff nurses (and for retraining staff) strengthens their confidence in decisions and the follow-up measures necessary when a change in a resident’s condition occurs.”*

*NHA, Mississippi*

FLORIDA ATLANTIC UNIVERSITY

## What We Have Learned: Helps with the End of Life Plan of Care Discussion

*Helps to set resident/family goals for care and discussion of their expectations and the nursing home expectations such as the quality of care for the resident versus quantity of care.*

*"The Guide is very colorful and laid out in easy to read facts with resident and family quotes from interviews. It opens that dialogue for residents and families to have discussions around end of life care.*

*DON, Alabama*

*Making Waves*

# A Family Story

*"This decision guide should be offered to all families in nursing homes. It is very helpful to explain to families what treatments can be provided in the nursing home. My mother died this past July in a nursing home. We didn't have to go to the ER."*

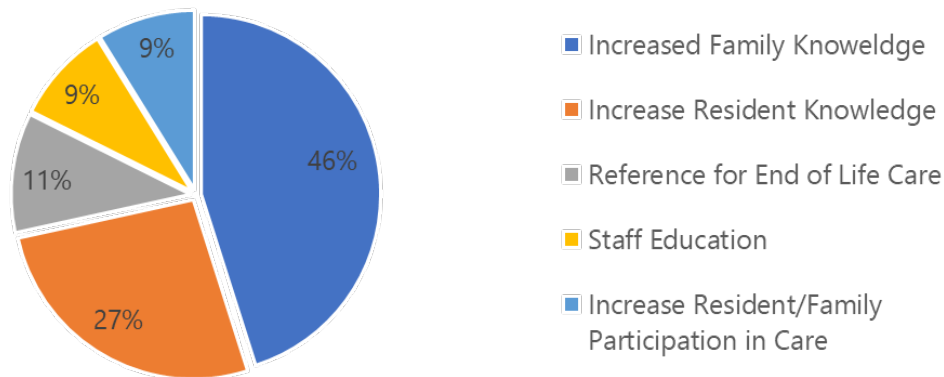
*Tammy from Mississippi*





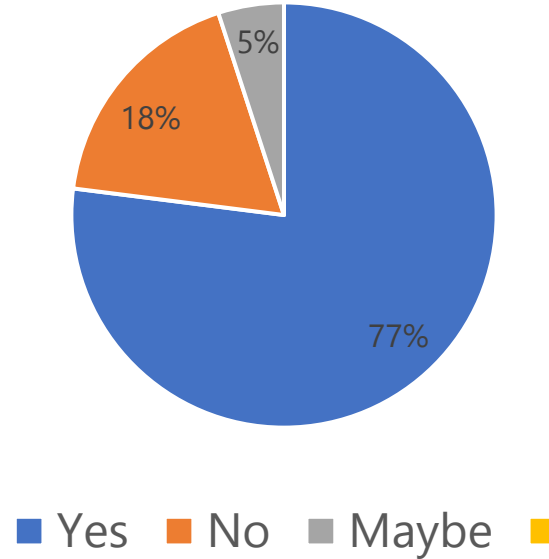
# Results from Phase 3

*How has the Guide been helpful in reducing avoidable transfers back to the hospital?*

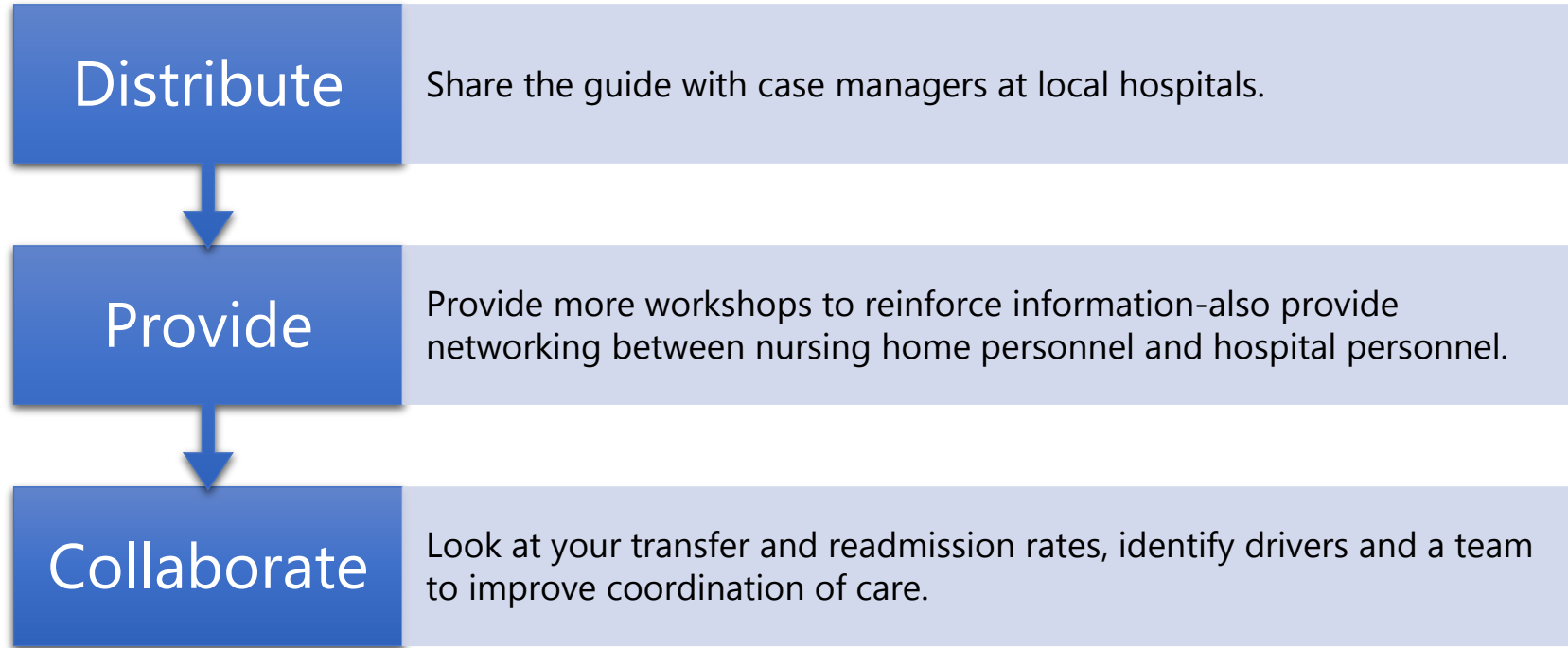




*Did you achieve a reduction in avoidable transfers that led to readmissions?*



# Next Steps: Sharing with Hospitals



# Polling Question #4- *select multiple options*

## What benefit do you think the Decision Guide could have for your readmission program?

- Provide facts for residents and families about the care a nursing home can provide if a change in condition occurs.
- Incorporate into staff education
- Implement into admission processes and care planning meetings
- Use as a reference for discussing a different level of care
- Starting a conversation about advanced care planning



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# Wrap up and Next Steps

Karen Southard, RN, MHA, CPHQ  
CCME, SC Director

## Join the Go to the Hospital or Stay Here- The Decision Guide Affinity Group to Reduce Avoidable Transfers

Learn about the following topics related to the implementation and utilization of the Guide and receive specific guidance for the next steps.

**November 9, 2022:** Leadership Commitment to the Guide and its Impact on Avoidable Transfers

**December 7, 2022:** Designing your Workflow and Educating Staff

**January 11, 2023:** Collaborating with your Hospitals on the Guide

**March 15, 2023:** Sharing implementation best practices and successes

**All sessions - 1:00 p.m. to 1:45 p.m. EST**

**Registration information in chat.**



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*Thank you!*

Dr. Ruth Tappen

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<http://www.decisionguide.org/>



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