

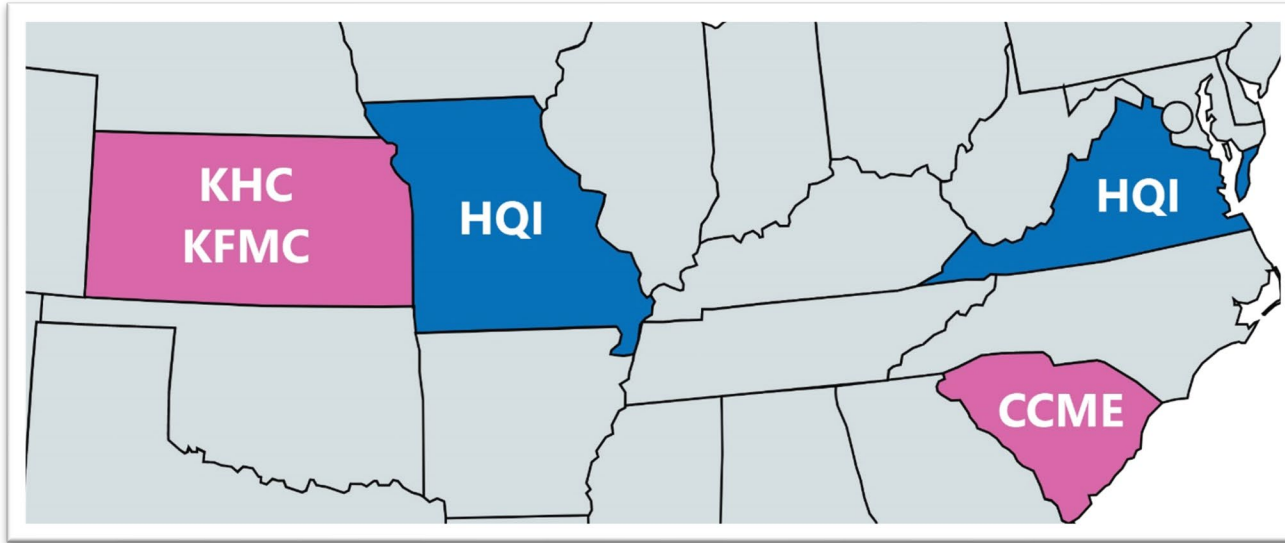


Health Quality Innovation Network

Go To the Hospital or Stay: A Decision Guide for Residents, Families, Friends, and Caregivers

Sharing Implementation Best Practices and Successes to Reduce Readmissions

Health Quality Innovation Network



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Series Objectives

Provide an overview of the Research

Use as a Quality Improvement Initiative to reduce avoidable transfers to the Emergency Department

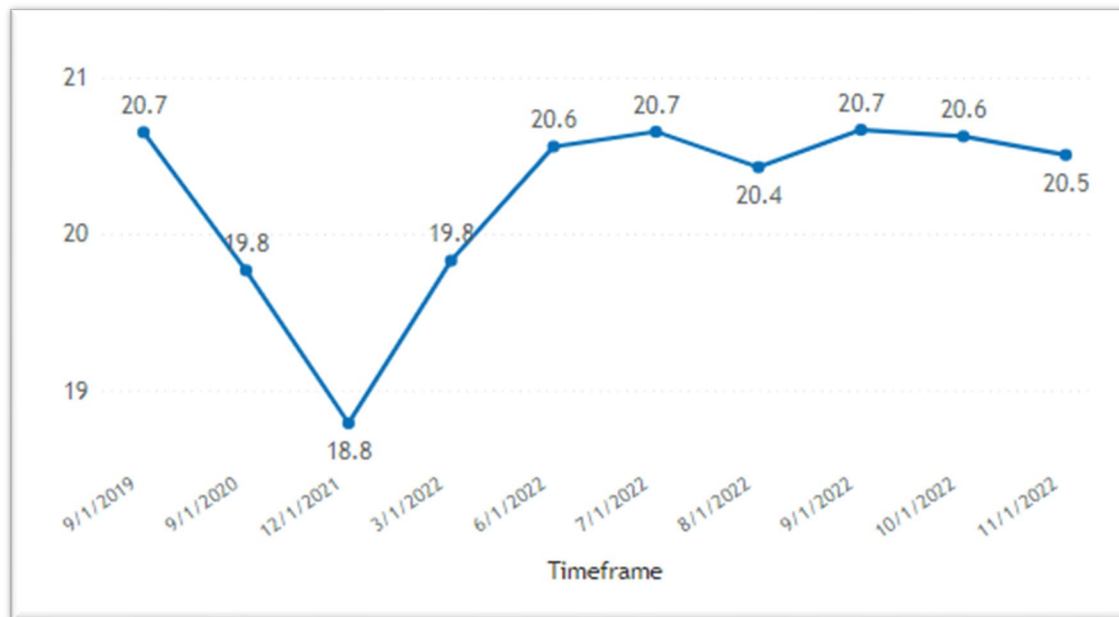
Discuss the framework for implementation

Share results and best practices from implementation and reduction in transfers

Overview of Hospital/Nursing Home Intervention

ED Utilization (KS, MO, SC, VA)

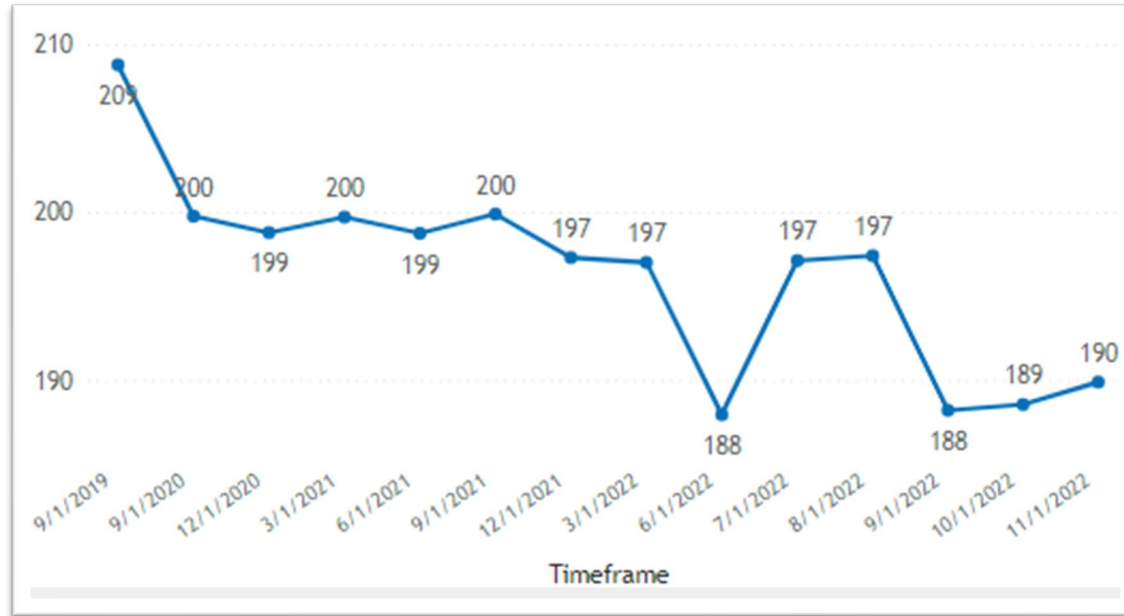
Number of ED Visits within 30 days of discharge per 1,000 NH residents discharged from a hospital



Medicare FFS Claims and MDS Data (September 2019 – November 2022)

Readmissions (KS, MO, SC, VA)

Number of Readmissions within 30 days of discharge per 1,000 NH residents discharged from a hospital



Medicare FFS Claims and MDS Data (September 2019 – November 2022)

Polling Question:

Why Do Families Insist on Going to the Hospital?

- They do not understand what treatments the facility can provide
- They believe the hospital is the best place for immediate care
- The resident and Family are scared when a change in condition occurs
- Staff suggest to families that the resident should go to the hospital



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Phase 1: Research from Residents, Families, and Staff

- **Two-Year Project with 20 Nursing Homes**
- **Interviewed 271 residents, staff, and family members**
- **Consulted experts on this issue**
- **Created Guide and Trifold**

Why is this important?

- Added FAQs because people believed would see “my doctor” in the hospital, that they could tell EMTs where they wanted to go, etc.
- Added Quotes: Many prefer to learn through conversation
 - Many people expressed their thoughts so eloquently
- Risks of Hospitalization
 - Residents and family members focused on the rushed, impersonal nature of hospital care, few mentioned risks
 - Aware of NH staff limitations but more personal “They know me here”

Designing the Guide for Adult Learners



"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

Page 3 of the Guide

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 providers
- 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 providers what else can be done for you here.

REASONS TO PREFER BEING TREATED IN THE HOSPITAL

Hospitals can provide more complex tests and include:

- 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, exposure to infections or falling in an unfamiliar place. You may feel more comfortable staying here and being cared for by staff who know you. You should carefully consider all factors when making your decision.

Benefits of the Guide

- Provides information about care that can be provided in your facility
- Covers questions regarding care in the right setting and choices of care as the condition changes
- Grant study demonstrated that skilled nursing facilities that included the Guide in their readmission strategy reduced avoidable transfers



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Phase 2: Pilot Test for Implementation and Impact

CMS Region IV

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



QAPI Framework

QAPI - Improving avoidable Readmissions

The Guide - As a Tool

- Provides information for residents on the choice to go or not to the hospital
- Supports ongoing education for all staff-
prevent “panic transfers to the ED”
- Identify areas for organizational
improvement

The Guide Compliments INTERACT

INTERACT

- Quality improvement program
- Tools and resources to improve the identification, evaluation, and management of acute changes in the condition of nursing home residents.



The Decision Guide

- Information to inform residents and families about treatments that can be provided in a nursing home.
- Elicits questions to discuss sensitive issues like end-of-life care.

Facilities that use both report increased reduction in family insisted transfers!

Decision Guide Workflow

On
Admission

Place at bedside and
review during the discussion
of care options

Admission Coordinator/Nurse,
DON or ADON

Care Plan
Session

At every session/guide
questions about care
for change in condition

DON/ADON/Social Worker

Advanced
Care Plan
Discussion

As a reference during conversations

Physician/ANP, Social Worker

Pilot Tested the Guide

- **95% of residents and families found it helpful**
- **75% read it several times**
- **50% shared it with friends or family**

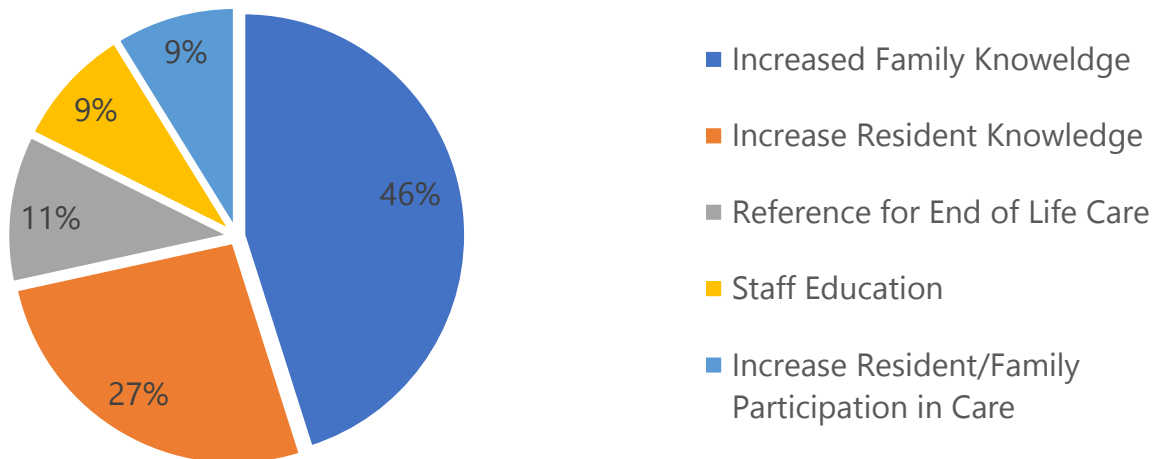
Helping Families to Use the Guide

An educational tool for residents and families to inform them on the treatment options that can be performed in the nursing home.

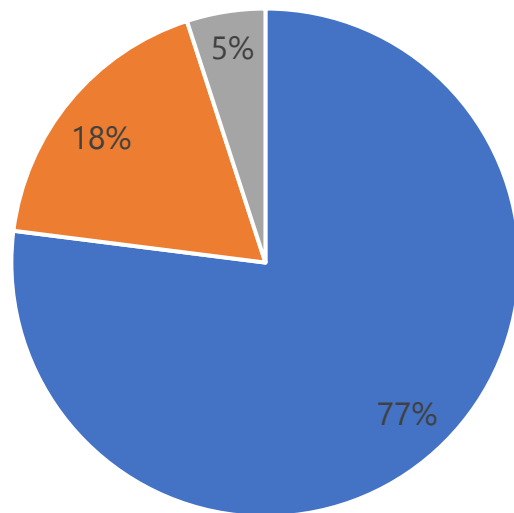
"In a crisis, family members panic, staff panic. Just stop and think about what we can do here. The guide is a great educational tool for staff."

NHA, Alabama

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



Impact on Readmissions Over 1 Year



■ Yes ■ No ■ Maybe ■



“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

Polling Question:

What education or resources would help you continue to reduce avoidable transfers to the ED?

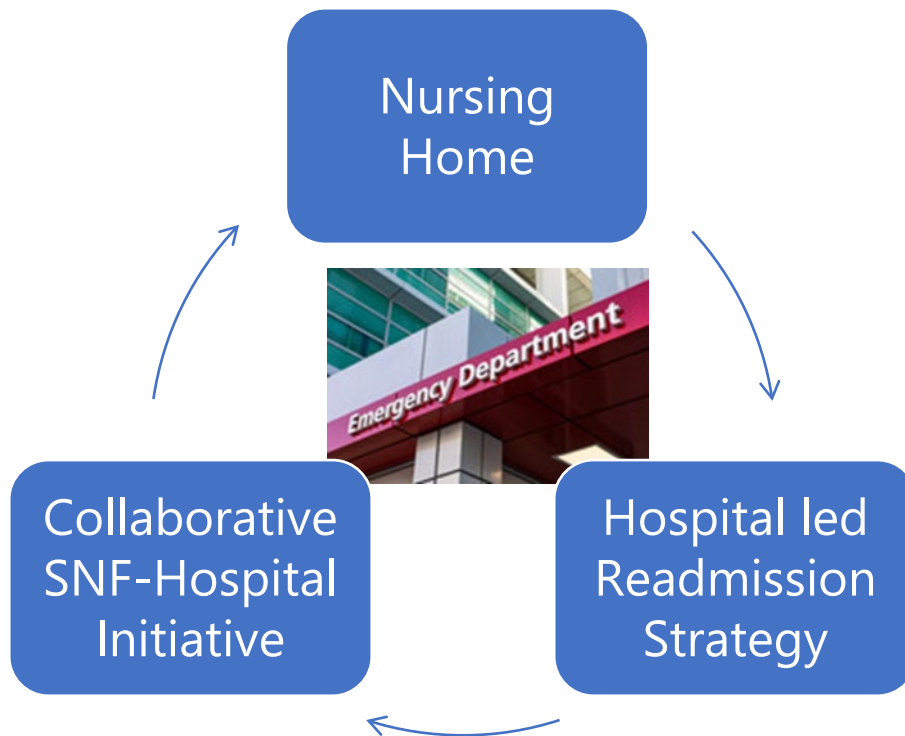
- Staff education on early changes in condition and management
- Staff education on what capabilities of the nursing home to care for residents
- Resident/family education on making decisions for care in the nursing home or hospital
- Resident/family education that outlines progressive options for care and Advanced Directives



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Phase 3: Implementing the Guide

Who Can Implement the Guide?



Decision Guide-Strategy and Success

Reducing Avoidable Transfer Strategy

Staff Education

Provided the Guide
to all residents, and
families

Incorporate it in
admission and care
plan meetings

Medical
Director/Advanced
Practice staff have an
active role in having
care discussions
using the Guide

Obtaining the Guide

www.decisionguide.org

- Purchase the Guide or Download it for free.
- Training Videos
- Case Studies
- Implementation FAQs



Engage and Empower Your Team to Lead the Charge



Ensure



**Staff Understands and Shares
in the Goal of reducing
avoidable transfers.**



**Post monthly ED Transfer and
Readmission Rates**



**Recognize staff contributions
in reducing transfers**



What Does the Data Show?

Review of Transfers to Hospital

Review the last transfers over the 6 months
(Medically Avoidable vs. Not Avoidable)

Family insistence on transfer despite the ability to treat in the facility

Using the Guide, place transfers into categories:

- Family education and care planning
- Staff knowledge and skills
- Advanced care planning conversations and signed documents

Planning Roll out With Staff

STAFF EDUCATION

Facility Leadership Meetings

- Introduce at leadership and staff meetings
- Reinforce use of the Guide during unit-based and facility-wide staff meetings
- Embed the Guide and videos into staff orientation

Quality Improvement

- Use the information in the Guide to assess where you need to improve your efforts to address resident/family insistence on transfer
- Evaluate improvement in resident and family insistence on potentially preventable transfers
- Use in a QAPI project

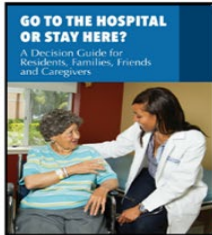
Procedures & Referral Source

- Involve your Medical Director and all covering providers
- Share with referring hospitals

Decision Guide Training Videos

Decision Guide


Home About Us Decision Guide Trifold Version Audio Version CMS Project Training Materials Contact Us



GO TO THE HOSPITAL OR STAY HERE?
A Decision Guide for Residents, Families, Friends and Caregivers

LOOK RESIDE


Welcome to The Decision Guide Website from Dr. Ruth Tappen, Leader of the Team that developed The Guide.




An Introduction from the Project Director...


YouTube

CMS Project

 Enter your Data
Click here to enter data for the QI Tool, 3-month look-back and Baseline Survey [click here](#)


 Training Materials
Click here to access Training Videos, Case Studies and the Workshop Presentation [click here](#)

Introduction to the Decision Guide from Dr. Adrienne Mims, geriatrician and family member



The Usefulness of the Guide

YouTube



Funding for development of original Guide provided by Patient-Centered Outcomes Research Institute (PCORI). Funding for this updated Guide provided by the Eight States of CMS Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) Copyright Florida Atlantic University

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FLORIDA ATLANTIC
UNIVERSITY

Project Website – Case Studies

The screenshot displays the Project Website interface. At the top is a navigation bar with links: Decision Guide, Home, About Us, Decision Guide (dropdown), Trifold Version (dropdown), Audio Version (dropdown), CMS Project (dropdown), Training Materials, and Contact Us. The main content area is divided into two columns. The left column features a section titled "GO TO THE HOSPITAL OR STAY HERE? A Decision Guide for Residents, Families, Friends and Caregivers" with a photo of a doctor and a patient. Below this is a video player showing "An Introduction from the Project Director" by Dr. Ruth Tappen. The right column features a "CMS Project" section with two main links: "Enter your Data" (with a document icon) and "Training Materials" (with a printer icon). Below these is a video player showing "The Usefulness of the Guide" by Dr. Adrienne Mims. A large red arrow points from the left column to the right column. At the bottom, there is a footer with funding information and the Florida Atlantic University logo.

Decision Guide

Home About Us Decision Guide Trifold Version Audio Version CMS Project Training Materials Contact Us

GO TO THE HOSPITAL OR STAY HERE?
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Incorporating Avoidable Admission/Readmission into Staff Education

Education for Staff

- Highlight how important 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- Workflow.
- Review some recent transfers that could have been prevented- use training videos to increase staff skills in early recognition and communication- INTERACT Tools.
- Use a recent avoidable transfer as a discussion for a different approach.

What We Have Learned- Impact on Staff

"An educational tool for staff nurses (and for educating staff) strengthens their confidence in decisions and the follow-up measures necessary when a change in a resident's condition occurs."

Director of Nursing, South Carolina

Education for Medical Leadership on End-of-Life Care

- Assess Pre- and Post- Education, Advanced Care Planning Conversations, documented and documents executed.
- Use the training videos to help improve confidence and conversations
- Embed the process of when and how to begin the conversation

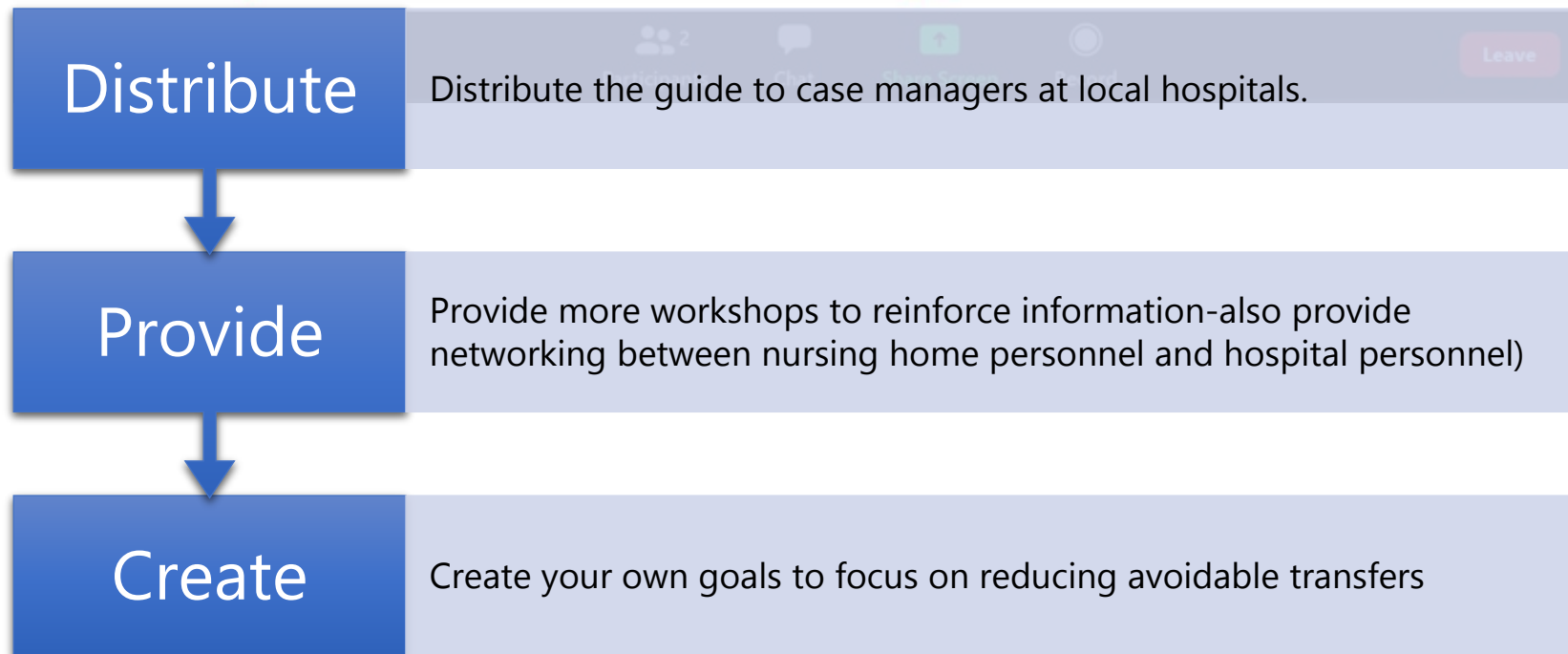
What We Have Learned: Helps with the End-of-Life Plan of Care Discussion

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.

Director of Nursing, Alabama

Working With Your Hospital



Implementing the Guide as HQIC or QIN-QIO Intervention

Hospital or Nursing Home-led Intervention.

Examine ED utilization and prioritize the focus for top diagnosis.

Using INTERACT Capabilities Form to determine the gaps and opportunities to partner in care management.

The Guide can be used to assess nursing home function, inform on educational needs or improve care coordination.

CONNECT WITH US

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