The Role of Private Duty Home Care in Reducing Hospital Readmissions & Enhancing Quality Of Life

Presenter: Katherine Ross, RN, BSN, MBA
Title: Owner, Director of Nursing
Location: Southern Accountable Care Expo 2013

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*Centers for Medicare & Medicaid Services, Public Affairs, April 2009

New solutions

- 1 in 5 readmitted within 30 Days
- More than 75% of these readmissions are preventable*

- Return trips can be prevented

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Top Reasons for 30-day Hospital Readmissions:

- ✓ Failure to make follow-up appointments
- ✓ Lack of communication
- ✓ Failure to understand medication management
- ✓ Absence of in-home support
- ✓ Non-adherence to lifestyle recommendations
- ✓ Failure to understand and actively participate in the management of their chronic disease

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Best Practice Approach

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Inspiration

Coleman Care Transition Intervention Program

Reduced hospital readmissions by 50% at 30, 60 and 90 days

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Cutting Edge Clinical Programs

The Framework:

Making More Possible

HANDS

BrightStar Clinical Pathways℠

BrightStar LifeCare

KidCare

Staffing

Person-Centered Care
Clinical Expertise
National Quality Standards

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HANDS: What is it?

- **H**ospital **A**ccelerated **N**urse **D**ischarge **S**ervice
- Beginning of a journey.
- Begins at discharge for a minimum of 24 hours
- RN Care Manager
- Person-centered services performed by our CNA

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HANDS Checklist

I	Person Responsible	Desired	Done	Not Done	Notes/Explanation
Transportation Home	CNA/HHA				
Pick Up Medications, Medical Supplies	CNA/HHA				
Pick Up Groceries	CNA/HHA				
Follow-up Appointment Made	CNA/HHA				
Home Safety Checklist	CNA/HHA				
Equipment Reconciliation	CNA/HHA				
Check Food Supply	CNA/HHA				
Light Meal Prep	CNA/HHA				
Light Homemaking	CNA/HHA				
RN Assessment	RN				
Medication Reconciliation	RN				
Disease State Education	RN				
Red Flag Education	RN				
24/7 Contact Number	RN				
Call to Family	RN				
Family Training	RN				

Key:
Pt – Patient/Client
HHA – Certified Home Health Aide
CNA – Certified Nursing Assistant
RN – Registered Nurse
P/F – Patient/Family

'ords: 88

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HANDS Basic
HANDS Plus

- <u>HANDS Basic</u>
  - 3 hours CNA time
  - 1 RN Home Visit within 4-8 hours of discharge

- <u>HANDS Plus</u>
  - Everything included above
  - Pre-discharge RN Visit at hospital (meet & greet, chart review, discharge instructions, etc)
  - 1 additional RN visit
  - 24/7 RN phone call availability for 30 days
  - Detailed medication instruction/med set-up if indicated

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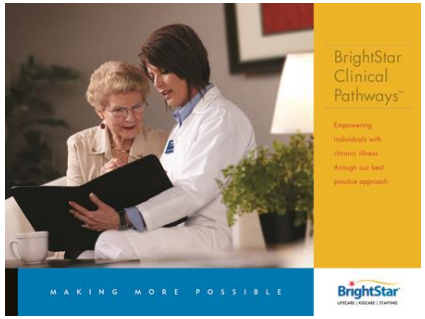
A Cutting Edge
Transitional Care Program



- Time limited, evidence-based, condition specific
- Empowering the client
- RN BrightStar Clinical Pathway Coordinator
- Specially trained care team
- Collaboration with the client's primary care team and specialists

Empowering Individuals with chronic illness through our best practice approach

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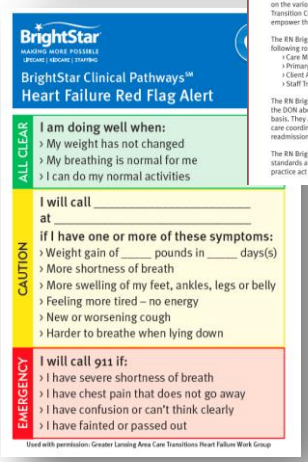
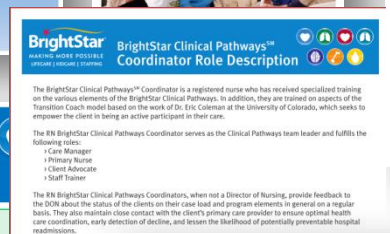
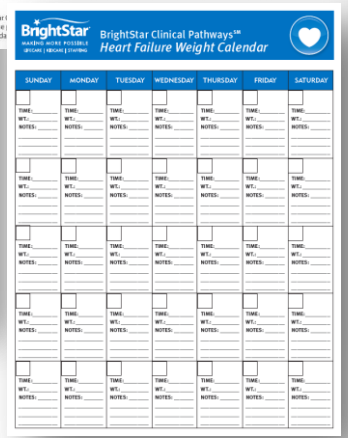
BrightStar Clinical Pathways SM

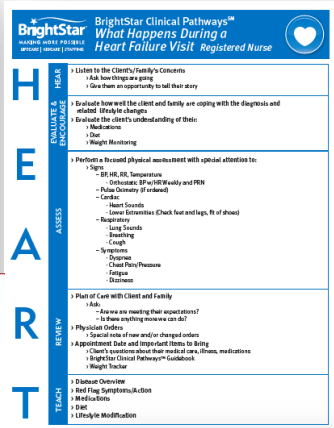
- Heart failure
- COPD
- Pneumonia
- Acute MI
- Delirium & Dementia
- Diabetes
- Falls with Fracture

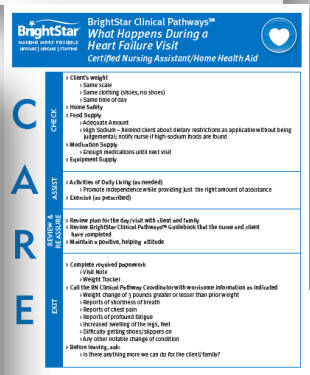
BrightStar Clinical Pathways℠ Materials

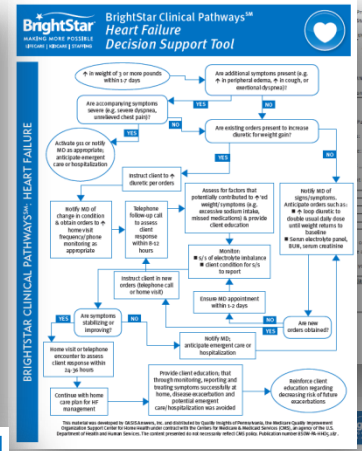


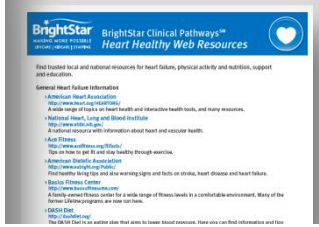












This certifies that

[NAME OF ATTENDEE]

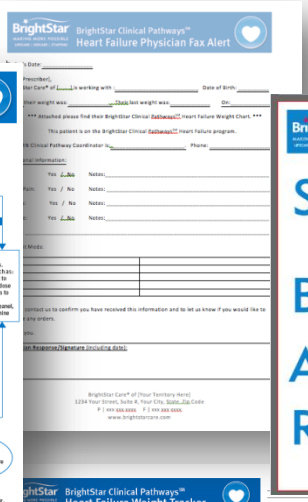
has completed the required Clinical Pathway training for

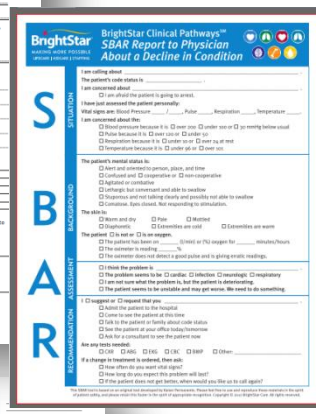
[CONDITION / DISEASE].

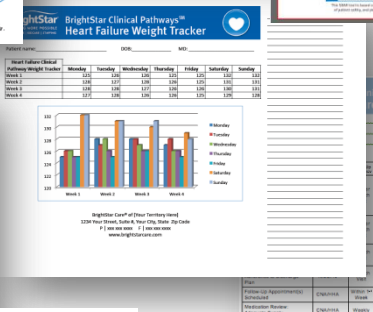
[DATE]

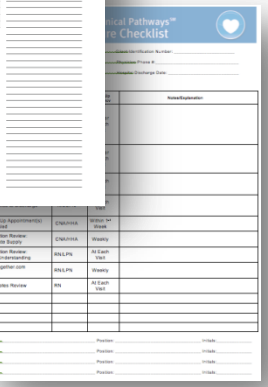
Length of Training: [enter length here]

Signature of Trainer: _____









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MAKING MORE POSSIBLE

BrightStar Clinical Pathways ℠ : Essentials Package

4 RN Visits, 8 RN Virtual Visits,

13 Specialty CNA Visits

	Week 1							Week 2							Week 3							Week 4							TTL
RN Visit	X										X							X								X			4
RN Phone Call		X		X		X			X				X			X				X				X					8
CNA Visit		X	X	X	X	X		X		X		X			X		X		X			X						X	13
																													25

Each face to face visit is a 2 hour condition-specific person-centered interaction focused on empowering the client as well as symptom surveillance

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MAKING MORE POSSIBLE

BrightStar Clinical Pathways ℠ : Essentials **Plus** Package

5 RN Visits, 13 RN Virtual Visits,

17 Specialty CNA Visits

	Week 1							Week 2							Week 3							Week 4							TTL
RN Visit	X			X							X							X							X				5
RN Phone Call		X	X		X	X	X		X			X	X			X			X		X			X		X			13
CNA Visit	X	X	X	X	X	X	X	X		X		X		X		X		X		X		X			X			X	17
																													35

Each face to face visit is a 2 hour condition-specific person-centered interaction focused on empowering the client as well as symptom surveillance

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HF Visit Details: RN & CNA

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BrightStar Clinical Pathways℠
What Happens During a Heart Failure Visit *Registered Nurse*

HEART

HEAR

- Listen to the Client's/Family's Concerns
  - Ask how things are going
  - Give them an opportunity to tell their story

EVALUATE & ENCOURAGE

- Evaluate how well the client and family are coping with the diagnosis and related lifestyle changes
- Evaluate the client's understanding of their:
  - Medications
  - Diet
  - Weight Monitoring

ASSESS

- Perform a focused physical assessment with special attention to:
  - Signs
    - BP, HR, RR, Temperature
      - Orthostatic BP w/HR Weekly and PRN
    - Pulse Oximetry (if ordered)
    - Cardiac
      - Heart Sounds
      - Lower Extremities (Check feet and legs, fit of shoes)
    - Respiratory
      - Lung Sounds
      - Breathing
      - Cough
    - Symptoms
      - Dyspnea
      - Chest Pain/Pressure
      - Fatigue
      - Dizziness

REVIEW

- Plan of Care with Client and Family
  - Ask:
    - Are we are meeting their expectations?
    - Is there anything more we can do?
- Physician Orders
  - Special note of new and/or changed orders
- Appointment Date and Important Items to Bring
  - Client's questions about their medical care, illness, medications
  - BrightStar Clinical Pathways™ Guidebook
  - Weight Tracker

TEACH

- Disease Overview
- Red Flag Symptoms/Action
- Medications
- Diet
- Lifestyle Modification

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BrightStar Clinical Pathways℠
What Happens During a Heart Failure Visit
Certified Nursing Assistant/Home Health Aid

CARE

CHECK

- Client's weight
  - Same scale
  - Same clothing (shoes, no shoes)
  - Same time of day
- Home Safety
- Food Supply
  - Adequate Amount
  - High Sodium – Remind client about dietary restrictions as applicable without being judgemental; notify nurse if high-sodium foods are found
- Medication Supply
  - Enough medications until next visit
- Equipment Supply

ASSIST

- Activities of Daily Living (as needed)
  - Promote independence while providing just the right amount of assistance
- Exercise (as prescribed)

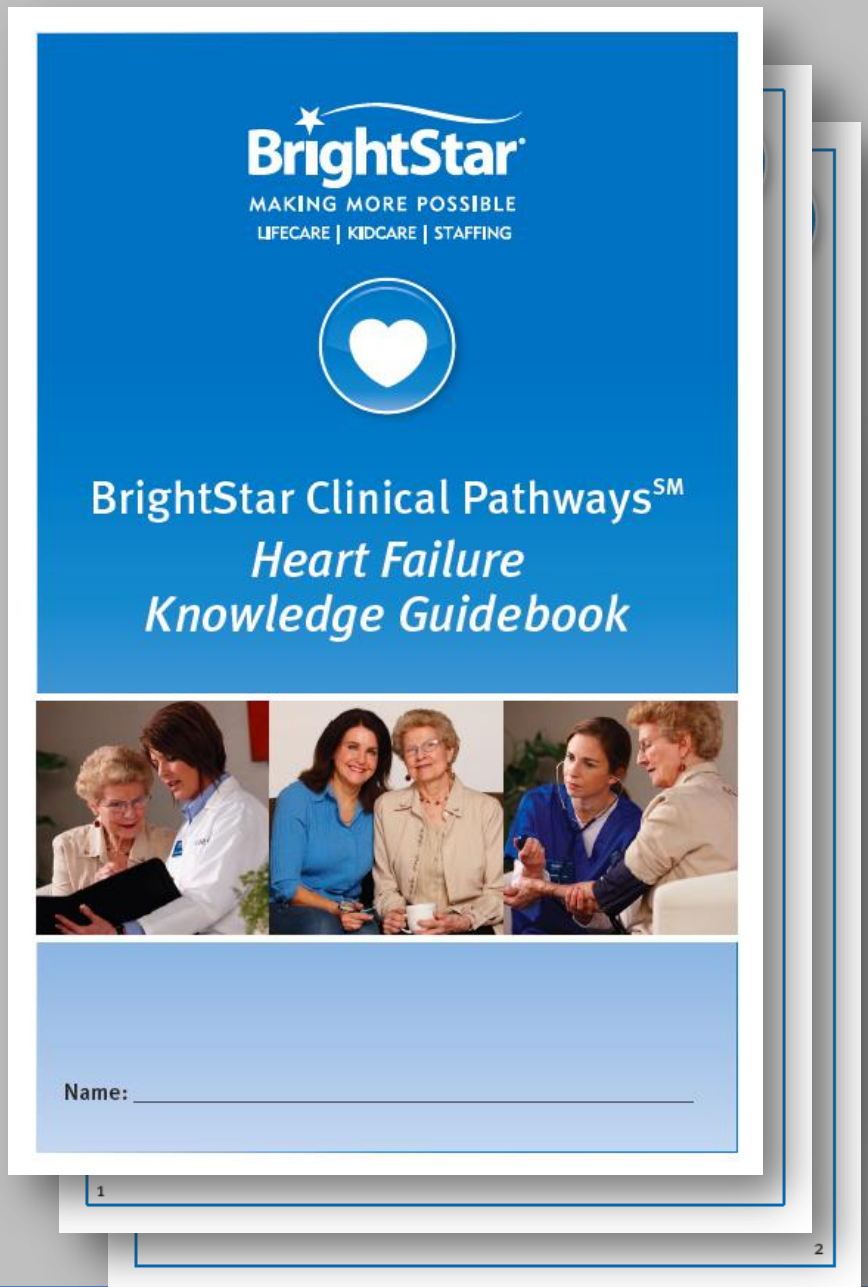
REVIEW & REASSURE

- Review plan for the day/visit with client and family
- Review BrightStar Clinical Pathways™ Guidebook that the nurse and client have completed
- Maintain a positive, helping attitude

EXIT

- Complete required paperwork
  - Visit Note
  - Weight Tracker
- Call the RN Clinical Pathway Coordinator with worrisome information as indicated
  - Weight change of 3 pounds greater or lesser than prior weight
  - Reports of shortness of breath
  - Reports of chest pain
  - Reports of profound fatigue
  - Increased swelling of the legs, feet
  - Difficulty getting shoes/slippers on
  - Any other notable change of condition
- Before leaving, ask:
  - Is there anything more we can do for the client/family?

HF Knowledge Guidebook



HF Red Flag Alert

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BrightStar Clinical Pathways℠
Heart Failure Red Flag Alert

ALL CLEAR

I am doing well when:
- My weight has not changed
- My breathing is normal for me
- I can do my normal activities

CAUTION

I will call _____
at _____
if I have one or more of these symptoms:
- Weight gain of _____ pounds in _____ days(s)
- More shortness of breath
- More swelling of my feet, ankles, legs or belly
- Feeling more tired – no energy
- New or worsening cough
- Harder to breathe when lying down

EMERGENCY

I will call 911 if:
- I have severe shortness of breath
- I have chest pain that does not go away
- I have confusion or can't think clearly
- I have fainted or passed out

Used with permission: Greater Lansing Area Care Transitions Heart Failure Work Group

HF Symptom Tracker

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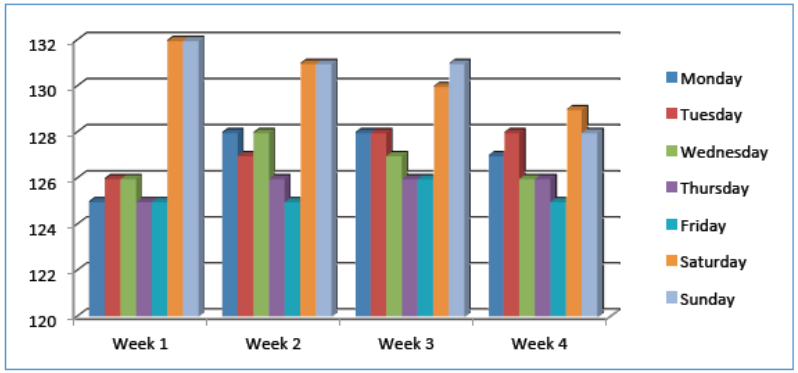
BrightStar Clinical Pathways℠
Heart Failure Weight Tracker

Patient name:_____ DOB:_____ MD: _____

Heart Failure Clinical Pathway Weight Tracker	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	125	126	126	125	125	132	132
Week 2	128	127	128	126	125	131	131
Week 3	128	128	127	126	126	130	131
Week 4	127	128	126	126	125	129	128



BrightStar Care® of [Your Territory Here]
1234 Your Street, Suite #, Your City, State Zip Code
P | xxx xxx xxxx F | xxx xxx xxxx
www.brightstarcare.com

Notes:

HF Physician Fax Alert

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BrightStar Clinical Pathways℠
Heart Failure Physician Fax Alert

Today's Date: _____

Dear [Prescriber],
BrightStar Care® of [_____] is working with : _____ Date of Birth: _____

Today their weight was: _____ Their last weight was: _____ On: _____

*** Attached please find their BrightStar Clinical Pathways℠ Heart Failure Weight Chart. ***

This patient is on the BrightStar Clinical Pathways℠ Heart Failure program.

Their RN Clinical Pathway Coordinator is: _____ Phone: _____

Additional Information:

SOB: Yes / No Notes: _____

Chest Pain: Yes / No Notes: _____

Edema: Yes / No Notes: _____

Fatigue: Yes / No Notes: _____

Other: _____

Current Meds:

Please contact us to confirm you have received this information and to let us know if you would like to change any orders.

Thank you.

Physician Response/Signature (including date):

BrightStar Care® of [Your Territory Here]
1234 Your Street, Suite #, Your City, State, Zip Code
P | xxx xxx xxxx F | xxx xxx xxxx
www.brightstarcare.com

SBAR

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BrightStar Clinical Pathways℠
SBAR Report to Physician About a Decline in Condition

S — SITUATION

I am calling about _____ .
The patient's code status is _____ .
I am concerned about _____ .
☐ I am afraid the patient is going to arrest.
I have just assessed the patient personally:
Vital signs are: Blood Pressure ____ /____, Pulse ____, Respiration ____, Temperature ____.
I am concerned about the:
☐ Blood pressure because it is ☐ over 200 ☐ under 100 or ☐ 30 mmHg below usual
☐ Pulse because it is ☐ over 120 or ☐ under 50
☐ Respiration because it is ☐ under 10 or ☐ over 24 at rest
☐ Temperature because it is ☐ under 96 or ☐ over 101

B — BACKGROUND

The patient's mental status is:
☐ Alert and oriented to person, place, and time
☐ Confused and ☐ cooperative or ☐ non-cooperative
☐ Agitated or combative
☐ Lethargic but conversant and able to swallow
☐ Stuporous and not talking clearly and possibly not able to swallow
☐ Comatose. Eyes closed. Not responding to stimulation.
The skin is:
☐ Warm and dry ☐ Pale ☐ Mottled
☐ Diaphoretic ☐ Extremities are cold ☐ Extremities are warm
The patient ☐ is not or ☐ is on oxygen.
☐ The patient has been on _____ (l/min) or (%) oxygen for _____ minutes/hours
☐ The oximeter is reading _____%
☐ The oximeter does not detect a good pulse and is giving erratic readings.

A — ASSESSMENT

☐ **I think the problem is** _____ .
☐ **The problem seems to be ☐ cardiac ☐ infection ☐ neurologic ☐ respiratory**
☐ **I am not sure what the problem is, but the patient is deteriorating.**
☐ **The patient seems to be unstable and may get worse. We need to do something.**

R — RECOMMENDATION

I ☐ suggest or ☐ request that you _____ .
☐ Admit the patient to the hospital
☐ Come to see the patient at this time
☐ Talk to the patient or family about code status
☐ See the patient at your office today/tomorrow
☐ Ask for a consultant to see the patient now
Are any tests needed:
☐ CXR ☐ ABG ☐ EKG ☐ CBC ☐ BMP ☐ Other: _____
If a change in treatment is ordered, then ask:
☐ How often do you want vital signs?
☐ How long do you expect this problem will last?
☐ If the patient does not get better, when would you like us to call again?

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Other Essential Elements of BrightStar Clinical Pathways℠

Building a Platform of Clinical Excellence

careTogether

- Care Together
  - Web based communication and calendar tool for the client and their formal and informal care team; also promotes the self-management of chronic illness

PatientImpact

- PressGaney/Patient Impact
  - National Patient Satisfaction Survey comparable to what many hospitals utilize
    - We hold ourselves to a high service standard
    - 9 out of 10 clients would refer us to a friend

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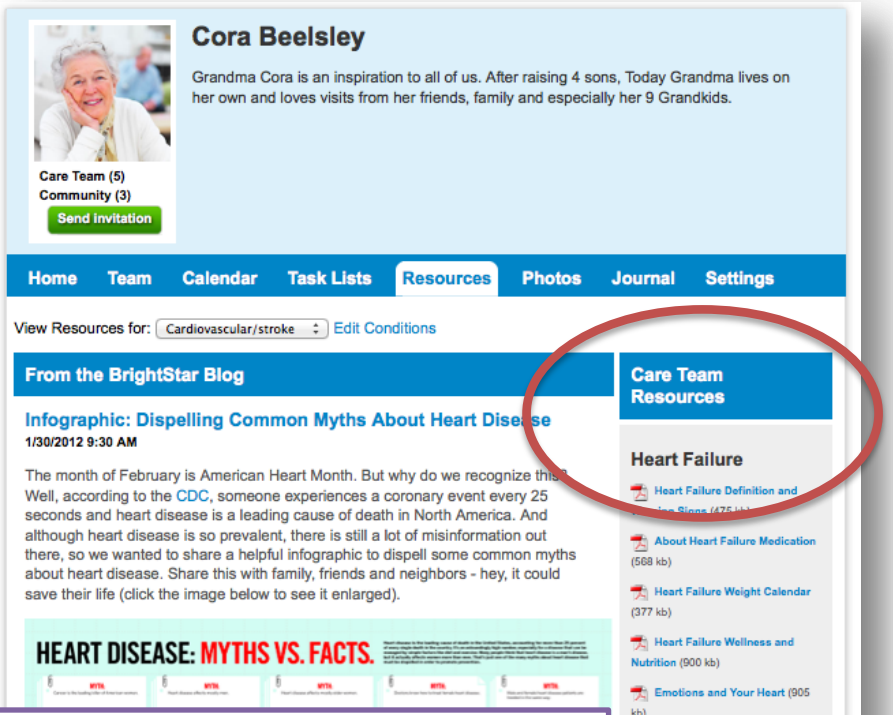
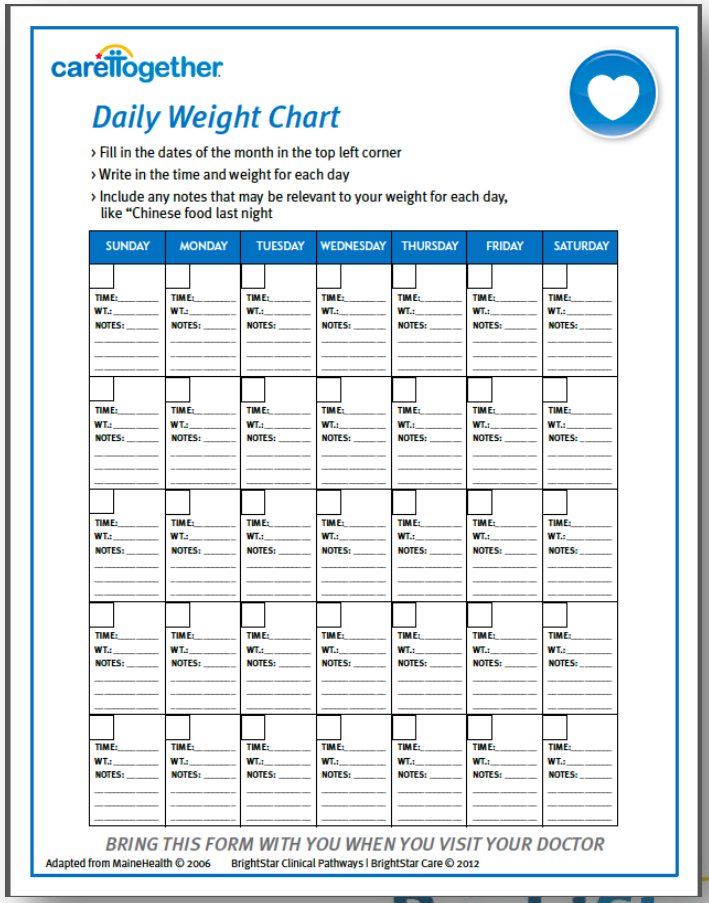
CareTogether® + BrightStar Clinical Pathways ℠

Key ways CareTogether enhances BCPs for clients & their families:



1. Condition specific educational materials, care tools, resources



carettogether

Daily Weight Chart

› Fill in the dates of the month in the top left corner
› Write in the time and weight for each day
› Include any notes that may be relevant to your weight for each day, like "Chinese food last night

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME: WT.: NOTES:	TIME: WT.: NOTES:	TIME: WT.: NOTES:	TIME: WT.: NOTES:	TIME: WT.: NOTES:	TIME: WT.: NOTES:	TIME: WT.: NOTES:
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BRING THIS FORM WITH YOU WHEN YOU VISIT YOUR DOCTOR

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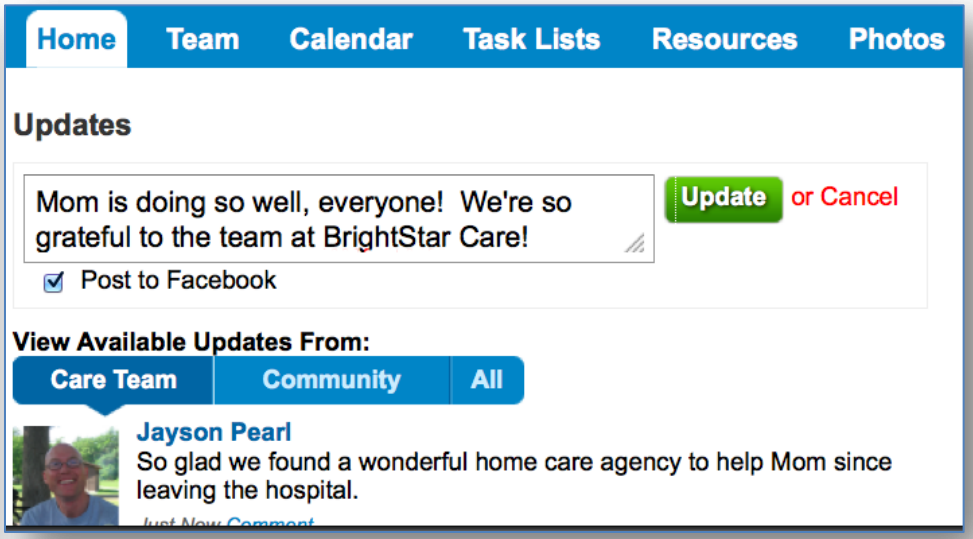
MAKING MORE POSSIBLE

CareTogether® + BrightStar Clinical Pathways ℠

Three key ways CareTogether enhances BCPs for clients & their families:



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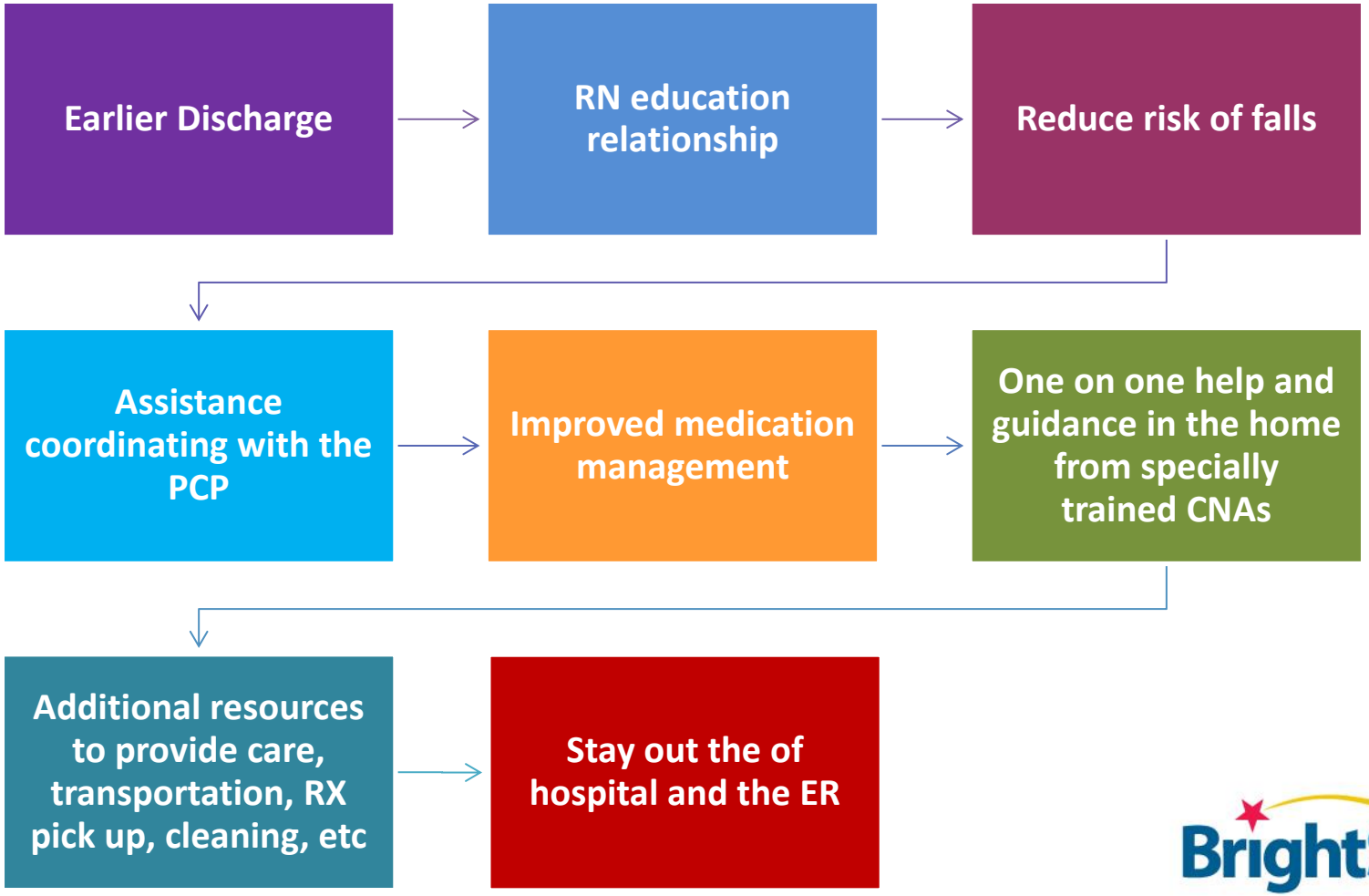
Benefit to Patient:
Continuous care for better outcomes



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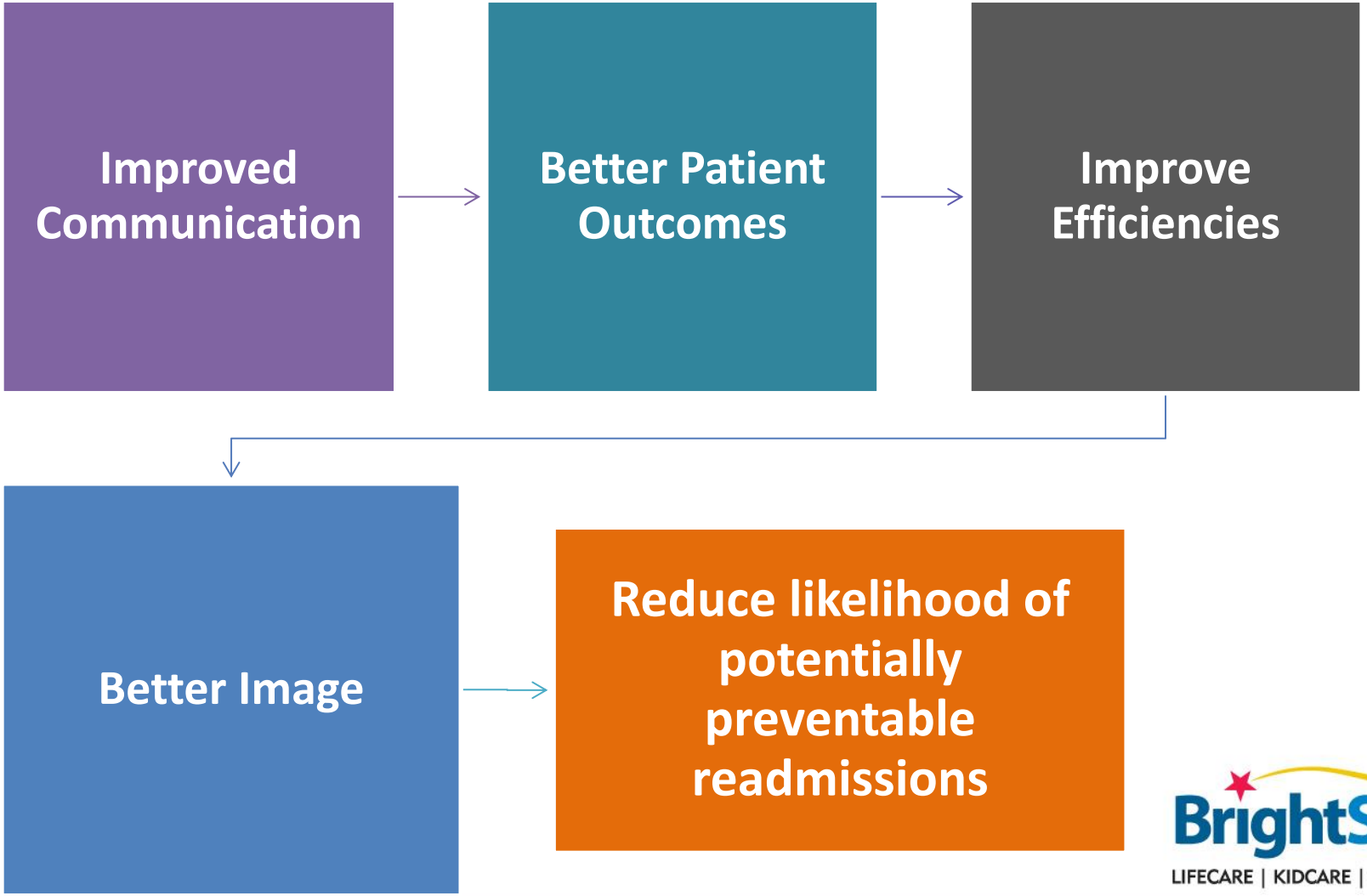
What this program will mean to Healthcare Systems & Providers:



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Why BrightStar?
Our Difference:

- ✓ Joint Commission Accreditation
- ✓ Fully Licensed by the State of Texas
- ✓ Press Ganey satisfaction survey
- ✓ Licensed and insured for transport
- ✓ RN DON trains & competency tests all CNAs
- ✓ All patients receive in-home risk assessment to help reduce falls
- ✓ Continuity of care and care collaboration
- ✓ Ongoing services to maintain safety and success
- ✓ Commitment to RN oversight
- ✓ Person centered approach
- ✓ CareTogether®
- ✓ Flexible & responsive
- ✓ Highly qualified and specially trained staff
- ✓ Stringent screening and employment practices
- ✓ HANDS
- ✓ BrightStar Clinical Pathways
- ✓ Locally owned & operated

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MAKING MORE POSSIBLE

Thank you for your time!

Questions & Comments.

Contact Me at: (281-606-4335)
Email: katherine.ross@brightstarcare.com

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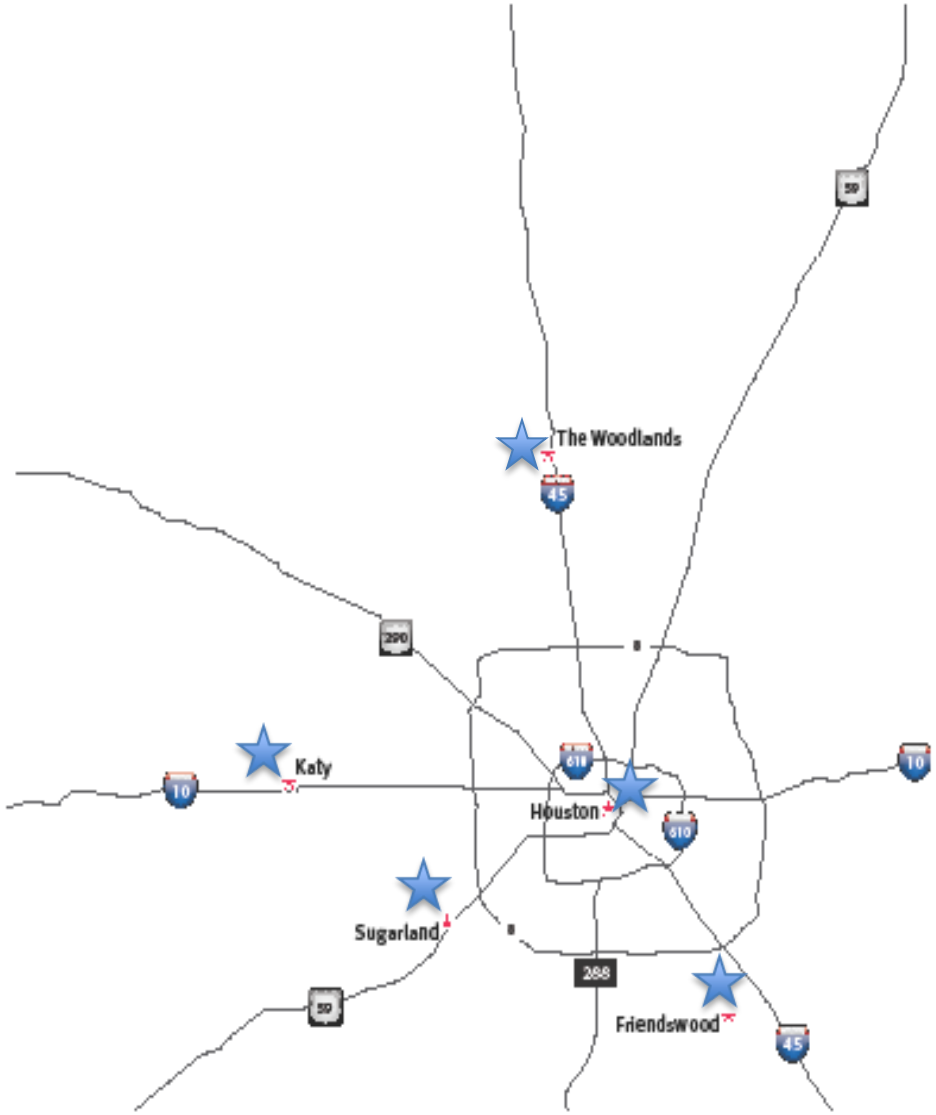

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North Houston/The Woodlands
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The Woodlands, TX 77381
Phone: 281 367 7827
Fax: 281 367 7837
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West Houston/Katy &
BrightStar Care® of Sugarland
134 Eldridge Road, Suite C
Sugarland, TX 77478
Phone: 281 201 3700
Fax: 281 201 3701
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Downtown Houston
3311 Richmond Avenue, #230
Houston, TX 77098
Phone: 832 730 1255
Fax: 832 730 1253
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