Re-engineering the Discharge Process

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Disclosure

The following presenters have no actual or potential conflict of interest in relation to this program

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Objectives

• To become familiar with the processes and elements of Project Re-engineered Discharge (RED)

• To describe the pharmacist’s role in improving the discharge process

• To provide tools that can be used to improve documentation and communication
Background

- Research group at Boston University Medical Center
- Developed and tested strategies to improve the hospital discharge process
- Promotes patient safety and reduces readmission rates

https://www.bu.edu/fammed/projectred
Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)

- Academic teaching institution
- 357 acute care beds
- 36-bed intensive care unit
- 40-bed Spinal Cord Injury Center
- 141-bed Community Living Center
Goals of Project RED at MEDVAMC

- To reduce the readmission rates of Congestive Heart Failure (CHF) patients and Colorectal surgery patients by 15% for FY 2014
Why Reducing Re-admission is Important

- Increases patient satisfaction
- Reduces risk of infection
- Reduces overall health care cost
- Lessens the potential of losing federal payment
Reasons for Avoidable Re-admissions

- Inadequate discharge instructions to patient / caregivers
- Lack of understanding of medications or regimen
- Poor understanding of when to notify physician
- Poor transfer of information to post-discharge caregivers
- Lack of clarity on end of life preferences
- Untimely physician follow-up visit
- No assigned Primary Care Provider
- Patient has no transportation
- Poor medication reconciliation
Project **RED** Elements

1. Patient education
2. Follow-up appointments
3. Discuss outstanding tests
4. Organize post-discharge services
5. **Confirm medication plan**
6. **Reconcile discharge plan with national guidelines**
7. Review what to do if problem arises
8. Complete discharge summary in a timely manner
9. Develop plan for integrating Teach Back Methods
10. Using the After Hospital Care Plan
11. **Post-discharge telephone reinforcement**

http://www.bu.edu/fammed/projectred/components.html
Project **RED** Elements

1. **Patient education**
   - Create discrete education modules that can be handed-off between providers
   - Define the patient-education elements that will be given during stay
   - Define patient education elements that will be re-enforced after discharge by Patient Aligned Care Team (PACT)

2. **Follow-up appointments**
   - Discuss best date and time with patient at bedside
   - Discuss transportation needs with patient
   - Contact PACT to make appointment
   - Add appointments to After Hospital Care Plan (AHCP) prior to discharge
3. Discuss plan for follow-up tests/studies
   - Obtain information about tests and studies completed in hospital and pending results
   - Add list of pending test results to the AHCP
   - Designate which clinician is responsible for follow up of pending tests
   - Encourage patient to discuss tests with PACT
   - Educate patient/family where the information is located on the AHCP
Project **RED** Elements

4. **Organize post-discharge services**
   - Confirm with case manager that all services have been arranged
   - Add names of services and contact information to AHCP
   - Streamline arrangement of after hospital services (i.e. homeless shelters, mental health referrals, home health)

5. **Confirm medication plan**

6. **Reconcile discharge plan**
Element 6 - Reconcile Discharge Plan

Team Members

• Attending Physicians
• Staff Nurses
• Social Workers
• Medical Residents
• Nurse Case Managers
• Pharmacist
• Quality Management Representative
Element 6 - Reconcile Discharge Plan

• Objective
  – Ensure adherence to practice guidelines for inpatient longitudinal care of the admitting condition

• AIM Statements
  – Reduce incomplete documented reconciliation between discharge plan and national guidelines for CHF inpatients by at least 80% by the end of the 2014 fiscal year
  – Reduce incomplete discharge instructions for post-op colorectal surgery patients by at least 25% by the end of the 2014 fiscal year
Project RED Elements

7. What to do if a problem arises
   - Include warning signs and symptoms in discharge plan
   - Educate patient about who to call and how

8. Complete discharge summary in a timely manner
   - Comply with the medical facility’s standard
   - Deliver appropriate follow-up elements to PACT promptly
9. Develop plan for integrating Teach Back methods
   - Create teaching agenda for nurses and other clinicians on how to use ‘Teach Back’ in all patient encounters across the hospital
   - Goal is to improve patient understanding

10. Using the After Hospital Care Plan
    - Identify staff who will complete each patient’s AHCP
    - Develop process for delivery and instruction of AHCP

11. Post-discharge telephone reinforcement
Element 11 – Post-Discharge Telephone Reinforcement

Team members

• Quality management coordinators
• Pharmacy representatives
• Nursing representatives
  – Inpatient, PACT, Telecare
• Case managers
• Unit and PACT clerks
Element 11 – Post-Discharge Telephone Reinforcement

Objectives

• Define who will call patients after discharge
• Define when the follow-up call will be made
• Develop script for caller(s)
• Develop process for off shifts and weekends
• Develop process to provide feedback from telephone calls to PCPs and inpatient teams
Element 11 – Post-Discharge Telephone Reinforcement

AIM Statements

• Nursing
  – To provide post discharge phone calls within 48 hours to at least 75% of CHF and colorectal surgery patients discharged following an inpatient stay

• Pharmacy
  – To provide post discharge phone calls within 7 days to CHF patients identified as high risk following an inpatient stay
Demographics verified on admission → Discharge orders written → RNs educates patient on post-discharge calls → Patient Discharged

PACT receives discharge list → Post-discharge calls by PACT RN/LVN/MD

Unassigned → Unit clerks review discharge list → Post discharge calls by inpatient nurses
Element 11 – Post-Discharge Telephone Reinforcement

- Target patients for pharmacy post-discharge calls
  - Patient with frequent readmission for CHF exacerbation
  - Newly diagnosed CHF
  - Patient identified at discharge who could benefit from re-education

- CHF Discharge Database
Element 11 – Post-Discharge Telephone Reinforcement

• To ensure that patient has all medications at home

• To ensure patient understanding of medications, including dosage and directions

• To answer any questions and address concerns
Element 11 – Post-Discharge Telephone Reinforcement

Obstacles during implementation

• Workload
  – Cardiology Clinical Pharmacy Specialist
  – Inpatient/Outpatient Clinical Pharmacists

• Invalid phone number on file
  – Phone number to be verified with nursing staff upon admission and discharge

• Patient not available

• Patient satisfaction if receiving multiple calls
Element 5 – Confirm Medication Plan

Team members

- Outpatient and clinical pharmacy section managers
- Clinical Pharmacy Specialists (CPS)
- Outpatient Clinical Pharmacists (OCP)
- Outpatient Pharmacy Technicians (OPT)
- Nurse Case Managers
- Attending Physicians
- Nurse Managers
Element 5 – Confirm Medication Plan

Objectives

• Reconcile inpatient and outpatient medications
• Educate patient and caregivers about medication plan
• Effectively deliver medications prior to discharge
Element 5 – Confirm Medication Plan

AIM statements

• To provide clinical pharmacy medication reconciliation for 90% of CHF medicine patients and 90% of colorectal surgery patients by the end of fiscal year 2014

• To ensure at least 96% of eligible CHF patients are prescribed ACE-Is or ARBs upon discharge by the end of fiscal year 2014

• To ensure at least 95.1% of eligible CHF patients are prescribed beta blockers upon discharge by the end of fiscal year 2014
Element 5 – Confirm Medication Plan

- Role of Clinical Pharmacy Specialist
  - Complete admission and discharge medication assessments
  - Complete clinical pharmacy health factors in discharge assessment notes
  - Assist with post-discharge telephone calls
  - Medication education upon request
Element 5 – Confirm Medication Plan

- **Role of Outpatient Clinical Pharmacist**
  - Process discharge medication orders
  - Provide bedside medication education

- **Role of Outpatient Pharmacy Technician**
  - Verify that medications ordered for discharge are in the bag
  - Deliver discharge medications to nursing units at designated times
Element 5 – Confirm Medication Plan

Obstacles during implementation

• Workload
  – Hiring of new technician staff

• Discharge medication orders not being entered prior to delivery “cut-off” time
  – Adjustment of delivery time per nursing request
  – Coordination with social workers for transportation arrangements
  – Adjustment of “discharge window” hours
Project RED pharmacy process map

1. **Patient ready for discharge; MD enters med orders**
2. **MD alerts CPS**
3. **CPS completes discharge medication reconciliation**
4. **MD finalizes outpatient medication list and signs Discharge Instructions to Patient**
   - **CPS alerts OCP**
   - **OCP provides bedside counseling**
5. **RN calls Outpatient Pharmacy designated time**
   - **Outpatient pharmacy staff checks medication bags**
   - **OPT delivers medications**
MEDVAMC Pharmacy Admission Medication Assessment Template

- New medications not continued upon admission
- Dosage changes made to home medications
- New Medications added to previous home regimen during his admission
- Outpatient/Non-VA medications to be discontinued
- Patient reports taking medication(s) not documented in the medication profile
MEDVAMC Pharmacy Discharge Medication Assessment Template

- Medications discontinued from previous home regimen during this admission
- New medications added to previous home regimen during this admission
- Dosage changes made to previous home regimen
- Home medications to be held until provider follow-up
- Inpatient medications not continued upon discharge
Health Factors

- Acute Coronary Syndrome
- Chronic Obstructive Pulmonary Syndrome
- Congestive Heart Failure

- Angiotensin Converting Enzyme Inhibitor (ACE-I)/Angiotensin Receptor Blocker (ARB)
  - Prescribed
  - Not prescribed

- Beta-Blocker
  - Prescribed (carvedilol or metoprolol succinate if ejection fraction (EF) is \( \leq 40\% \))
  - Not prescribed
Health Factors – ACE-I/ARB

• If an ACE-I or ARB has not been prescribed:
  - EF >40%
  - Allergy to ACE-I or ARB
  - Aortic stenosis
  - Azotemia
  - Hyperkalemia
  - Hydralazine and nitrates have been prescribed
  - Hypotension or low blood pressure
Health Factors – Beta Blocker

• If a beta-blocker has not been prescribed
  – Severe bradycardia
  – Markedly prolonged PR interval (>0.24-0.26 sec)
  – Second or third degree heart block
  – Allergy to beta blockers
  – Asthma or severe reactive airway disease
  – Advanced refractory heart failure
Conclusion

- Project RED encompasses a multidisciplinary team
- Discharge process begins at admission
- Medication reconciliation, medication education by the pharmacist and post-discharge phone calls can help avoid readmissions
Self-Assessment Question #1

Which of the following is NOT an element of Project RED?

A. Post-discharge telephone reinforcement
B. Confirm medication plan
C. Ensure correct coding of diagnosis
D. Reconcile discharge plan with national guidelines
Self-Assessment Question #2

Which of the following are true regarding the pharmacist’s role in Project RED?

A. Deliver medications
B. Reconcile medications
C. Write medication orders
D. Medication Education
E. B & D
Self-Assessment Question #3

All of the following are reasons for avoidable readmission except:

A. Patient does not understand medication regimen
B. Patient has a new diagnosis
C. Poor medication reconciliation
D. No primary care follow-up
Self-Assessment Question #4

Under the Affordable Care Act, medical facilities with high levels of preventable readmissions face the potential of losing a portion of federal payment.

A. True
B. False
Question and Answer Forum

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