

# Adfinitas Health Rehabilitative Services

Title: Strategies to Reduce Readmissions

Purpose: Guideline is intended to help inform clinical practice and is not intended nor should it be utilized to establish a standard of care. In addition, it is understood that every patient and every clinical circumstance is unique and individualized. Therefore, the provider should apply their own clinical judgment to the specific factors presented in determining the most appropriate care to be delivered to any particular patient.

Scope: Post-Acute Partners

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## Adfinitas Post-Acute Services Strategies for Readmission Reduction:

### Medical model for staffing nursing centers:

- On-site provider coverage 5 days a week based on census.
- Consistent provider staffing in facility.
- Frequency of visits calibrated to patient acuity.
- Morning Huddles: all providers in facility meet with nursing each morning to review patients receiving skilled care.
- Provider access to Adfinitas Infectious Disease Specialist

### High Risk Program

- Increased monitoring of highest acuity patients
- Specifically, patients post hospitalization for COPD exacerbation, CHF exacerbation, sepsis, pneumonia.
- Communicate information about needs of high-risk patients to nursing leadership at end of workday and prior to weekends, to ensure adequate monitoring when providers are off-site.

### Collaboration with nursing center management:

- Work with nursing leadership on strategies to treat in place.
- Work with Social Work to ensure continuum of care in community after discharge from post-acute center.
- Medical Directors regularly review and discuss “at risk” patients.

### After hours coverage:

- Easy access to after-hours provider phone coverage
- Detailed provider sign-outs to Call Team and from call providers to rounding teams.

### Coordination of care with hospital partners:

- “Warm handoffs” – direct provider to provider communication for transitions of care. (Hospitalist to Post-Acute, Post-Acute to ED, etc)
- Encourage regular meetings between hospitalists and Post-Acute providers to review readmissions.
- Collaboration with outpatient centers to schedule procedures such as paracentesis/blood transfusions to avoid potential readmissions.
- Post-Acute provider communication with ED provider for all transfers out of nursing center to describe clinical question, need for ED evaluation.
- Educate ED providers about nursing center capabilities in order to encourage transfer back to nursing center after ED evaluation.

### Palliative Care expertise:

- Regular discussions with patients regarding goals of care
- Educate patients and families about palliative care.
- Provider access to Adfinitas Palliative Care physicians.

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Quality control/ Retrospective reviews:

- Retrospective review of Call Team decisions to transfer patients to ED.
- Medical Director – retrospective reviews of all transfers to ED
- Data gathering through ED Transfer Tracking Survey
- Clinical documentation audits, focusing on nursing center core measures.