

Thank you for joining the webinar!



Reducing Hospital Readmissions: What is the Role of the RD?

JOY W. DOUGLAS, MS, RD, CSG, LD

will begin shortly.

Call-in toll-free number (US/Canada)

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Reducing Hospital Readmissions: What is the Role of the RD?

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The University of Alabama

June 30, 2016

1:00 – 2:00 pm EST



Participants will be able to:

- List medical conditions commonly responsible for hospital readmissions.
- Discuss federal initiatives to decrease hospital readmissions.
- Describe ways in which they can support their facility in reducing hospital readmissions.

Participant Poll

What is your profession?

- Registered Dietitian
- Registered Nurse
- Etc...



What type of facility do you work in?

- Hospital
- Nursing Home
- Rehabilitation Facility
- Home Health Agency
- Academia/Research
- Etc...



Washington Post: 'Once Again, U.S. has most expensive, least effective health care system'¹

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

What is a hospital readmission & how common is it?

- Two hospital visits within a 30-day period.^{2,3}
- Overall, 14% of adults and 25% of elderly patients are readmitted within 30 days of hospital discharge.^{4,5}
- According to the Centers for Medicare & Medicaid Services (CMS), hospital readmissions are a leading problem facing the U.S. health care system.⁵



Readmissions: Why do we care?

- Hospital readmissions are considered a measure of the quality of care a facility provides.^{3,6,7}
- In theory, poor quality of care = frequent readmissions for the same conditions.
- Financial penalties are being imposed on hospitals with high readmission rates for certain conditions.³



Readmissions: Why do we care?

Skilled nursing facilities (nursing homes) have been added to the picture.⁸



- Rehospitalization tracking starts July 1, 2016.
- Financial penalties for high readmission rates go into effect October 1, 2018.
- 30-day hospital readmission rates are now tracked as a Quality Measure by CMS.

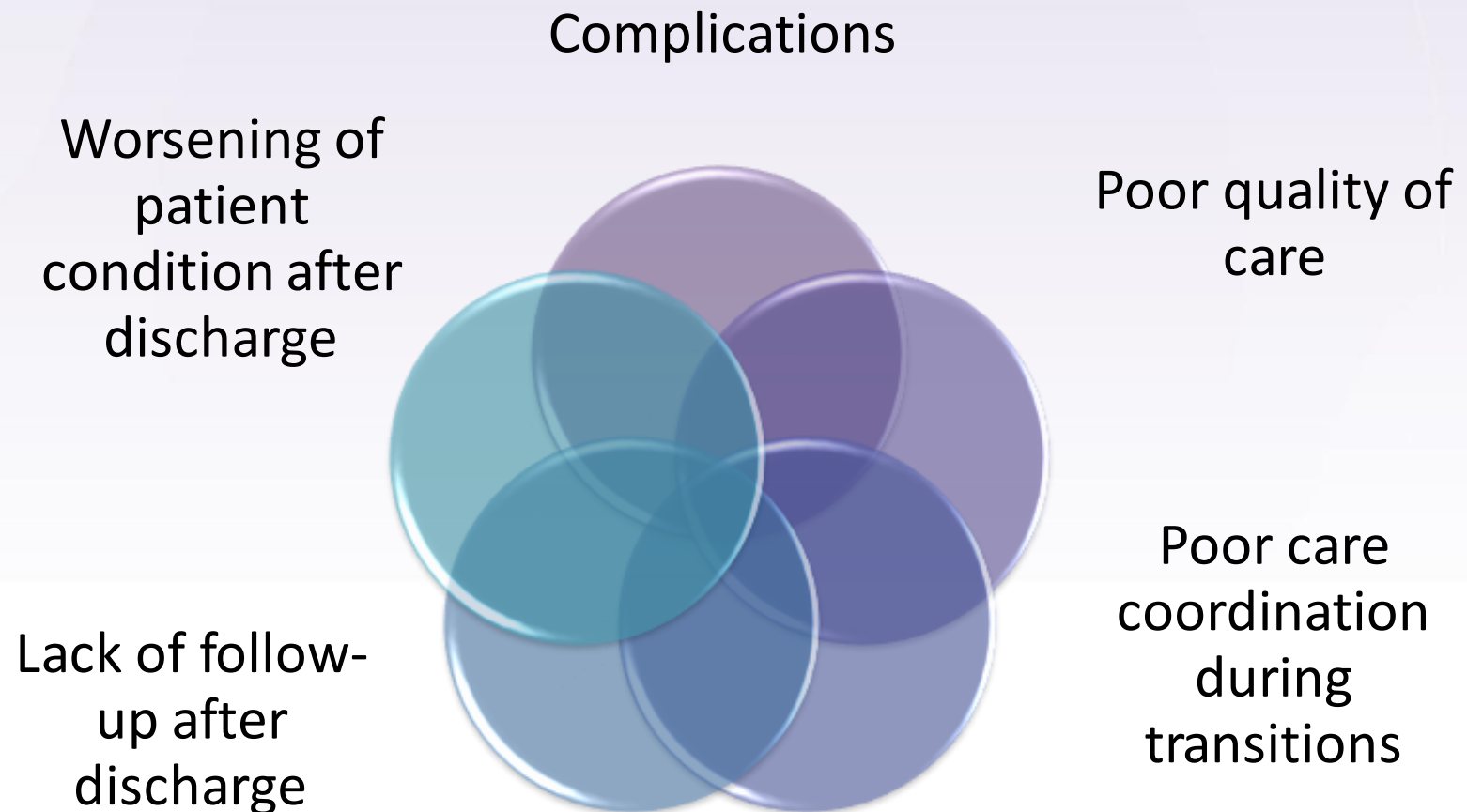
The Costs of Readmissions

- In 2011, hospital readmissions contributed to over \$41 billion in hospital costs.⁴
- As of 2013, Medicare patients alone accounted for \$26 billion in readmissions annually, with \$17 billion paying for potentially avoidable readmissions.⁵

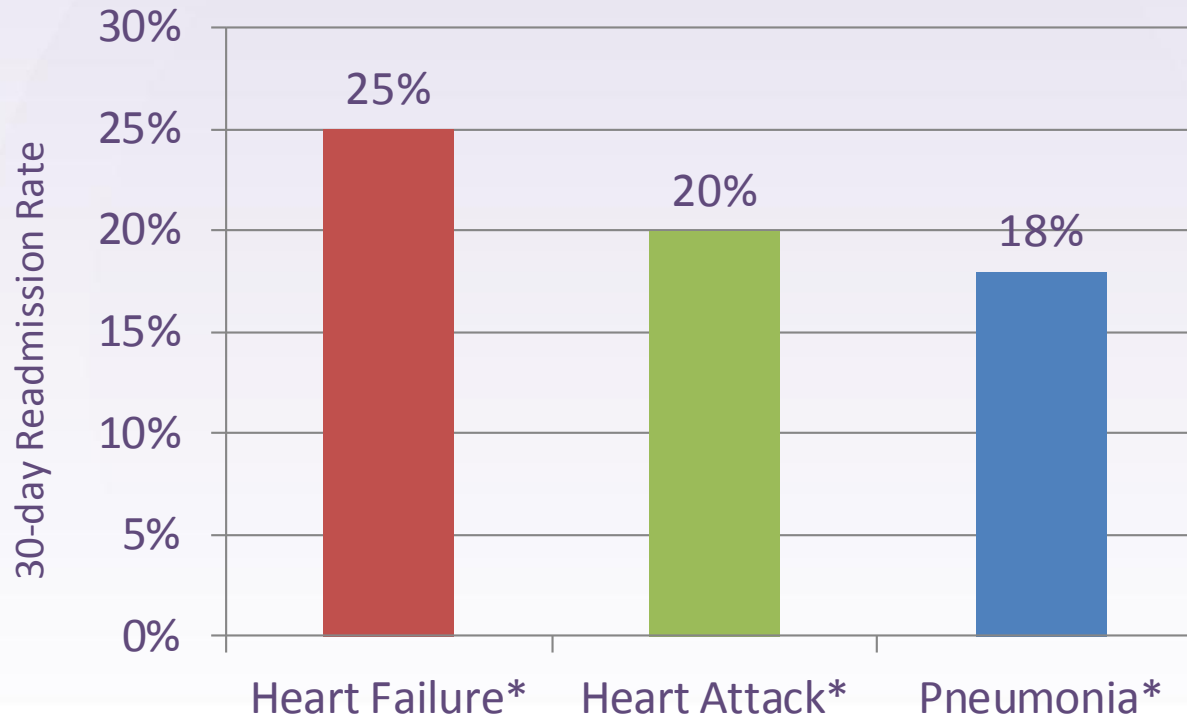


The Causes of Readmissions³

Factors contributing to readmission rates:



Most Common Readmission Diagnoses⁹



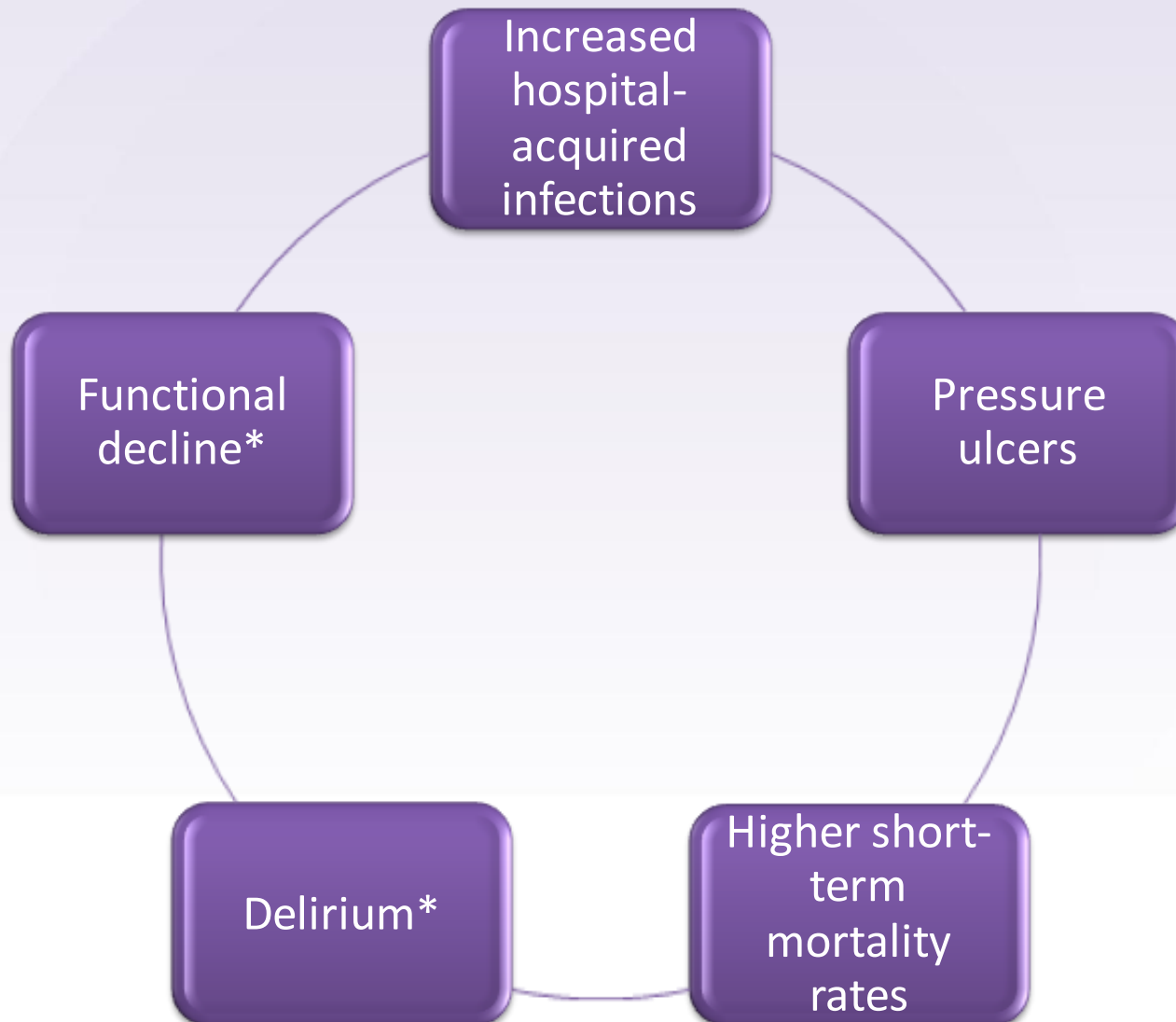
*Condition has a direct connection to nutritional status

Other factors leading to frequent readmissions:

- Lung disease (COPD)*
- Low body weight or low BMI*
- Pressure ulcers*
- Cognitive impairment
- Depression
- Presence of a urinary catheter or feeding tube*
- Urinary tract infections*
- Increasing number of medications taken daily*

*Condition/factor has a direct connection to nutritional status

The Consequences of Readmissions⁶



*Especially among older adults

To Summarize...

Hospital Readmissions:

- Common
- Costly
- Carry negative consequences for patients, especially older adults



Reducing Hospital Readmissions¹⁰

- CMS Initial Goal
 - Reduce hospital readmissions by 20% to save ~ \$15 billion by the end of 2013
- Community-Based Care Transitions Program
 - Save \$500 million in 5 years by coordinating care transitions
- At Home Demonstration Program
 - Save \$25 million in 3 years by providing in-home care to keep people at home
- Hospital Readmissions Reduction Program
 - Aligns payment with outcomes

How familiar are you with the Hospital Readmissions Reduction Program?

Not familiar at all

Slightly familiar

Moderately familiar

Very familiar

The Hospital Readmissions Reduction Program²

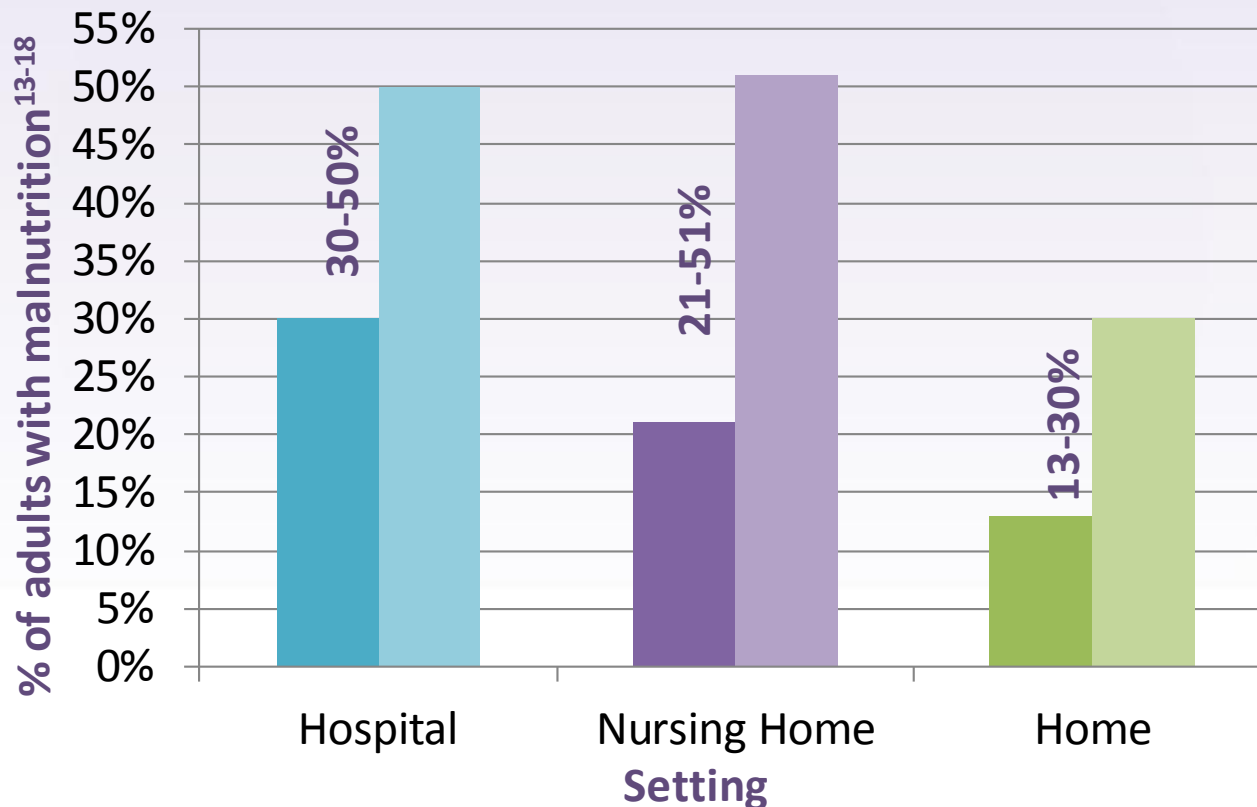
- Created by The Affordable Care Act
- Imposes financial penalties on hospitals with high readmission rates for the following conditions:
 - Heart attacks (2013)
 - Heart failure (2013)
 - Pneumonia (2013, expanded in 2016)
 - Acute exacerbation of COPD (2015)
 - Elective knee and hip surgeries (2015)
 - Open heart surgery (2017)
- Result: Hospital administrators are very focused on reducing readmission rates.

What Role Does Nutrition Play?

- Malnutrition leads to significant increases in:^{11, 12, 13}
 - Post-operative complications
 - Pressure ulcers
 - Hospital length of stay
 - Hospital costs
 - Hospital readmission rates
 - Inpatient mortality
 - Mortality rates after hospital discharge
- The cost of a hospital stay for a malnourished patient is 2-3 times higher than that of an adequately nourished one.¹³

What Role Does Nutrition Play?

Malnutrition Prevalence by Setting



- Nutrition status impacts many of the common causes of hospital readmissions, including:
 - Heart Attack
 - Pneumonia
 - Heart Failure
 - Lung Disease (COPD)
 - Pressure Ulcers
 - Urinary Tract Infections (UTI)
 - Weight Loss, Low Body Weight, Low BMI

Reducing Hospital Readmissions: Strategies for Acute Care Clinicians

- Position Paper from The American Society for Parenteral and Enteral Nutrition
 - Systematic literature review of interventions to reduce hospital readmissions

The American Society for Parenteral and Enteral Nutrition published a position paper in 2013, which described strategies for clinicians in the hospital setting:¹³

- Coordination of care
- Evidence-based nutrition screening procedures
- Interdisciplinary collaboration
 - Nutrition Support Team
 - Nutrition Champions



- Fragmented care wastes as much as \$25-45 billion annually, and leads to increased readmission rates, complications, and decreased independence and functional ability for patients.
- Malnutrition is a risk factor for readmission.
- Providing for adequate nutrition care after discharge is essential.

Things to think about:

- Where is this patient going after hospital discharge? Home? Nursing home? Will they receive home health?
- Are the nutrition interventions utilized in the hospital appropriate and realistic for these patients to continue at home?
- Does the facility they are going to next have a dietitian?
- Can the next facility continue your nutrition care plan?
- Can you communicate with the healthcare team who will be caring for this patient after discharge?

New tools are available that are valid and reliable for use in nutrition screening in the acute care setting.

Encourage your facility to update nutrition screening protocols to match current guidelines.

Interdisciplinary Collaboration: The Nutrition Support Team¹³

- Interdisciplinary Nutrition Support Teams (NST's) have been associated with **improved nutrition-related outcomes**.
- **Advocate** for the use of an interdisciplinary NST for patients in your facility who are **receiving enteral and parenteral nutrition**.

Interdisciplinary Collaboration: The Nutrition Champion¹³

- Designate a 'Nutrition Champion' at the facility to provide increase awareness of the importance of nutrition, and to provide training to other disciplines.
- Champions can be nutrition specialist physicians, dietitians, and/or nurse leaders.
- 'Champions would advocate, model, teach, and reinforce best-practice nutrition in hospitals.'¹³

Interdisciplinary Collaboration: The Nutrition Champion¹³

Designate

- a 'Nutrition Champion' at the facility to provide increase awareness of the importance of nutrition, and to provide training to other disciplines.

Champions

- can be nutrition specialist physicians, dietitians, and/or nurse leaders.

Champions

- 'Champions would advocate, model, teach, and reinforce best-practice nutrition in hospitals.'¹³

A systematic review published in 2016 on effective hospital discharge strategies to reduce readmissions evaluated 16 different interventions, including:¹⁹

- Patient education prior to discharge
- Medication reviews
- Scheduling follow-up appointments
- Sending patients to rehab facilities
- Conducting home visits
- Providing a transition coach for the patient
- Tele-monitoring
- Providing a patient hotline
- Calling patients at home to follow-up

Other Strategies for Acute Care

Results from the systematic review found:¹⁹

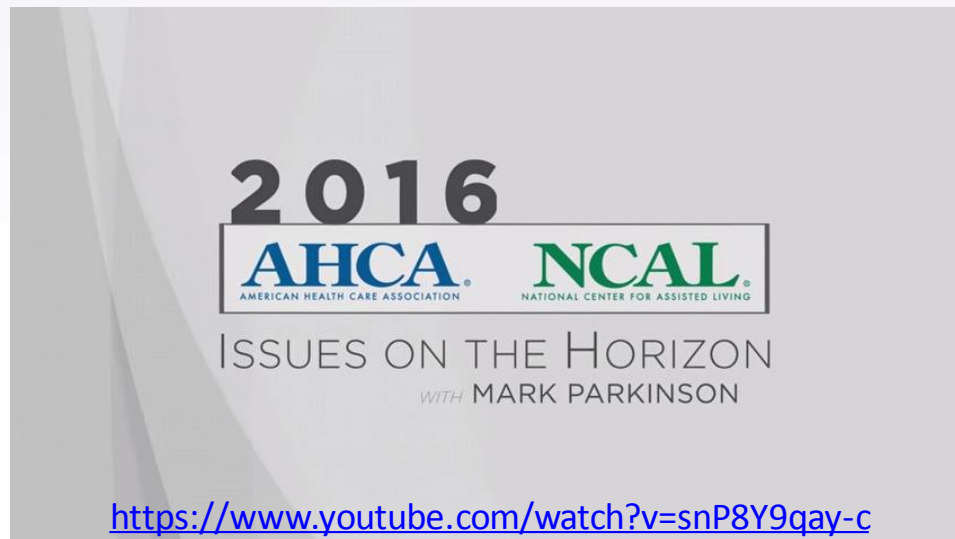
Discharge interventions can reduce readmission rates.

Interventions starting in the hospital and continuing upon discharge were more effective than those starting after discharge home.

Interventions oriented toward 'patient empowerment' or self-care were more effective than other interventions.

Reducing Hospital Readmissions: Strategies for Long Term Care Clinicians

Mark Parkinson, American Health Care Association President and CEO, released a video presentation on strategies for long term care facilities in 2016:⁸



Strategies for Long Term Care

Reduce hospitalization rates by:⁸

- Reviewing all rehospitalizations, assuming that all were avoidable.
- Improve care transitions using existing tools:

INTERACT Tool



The screenshot shows the INTERACT website. The header features the INTERACT logo (a red and blue arrow) and the title "Interventions to Reduce Acute Care Transfers". Below the header is a navigation bar with links: Home, About INTERACT, INTERACT Tools, Educational Resources, Links to Other Resources, Project Team, and Contact Us. The main content area has a section titled "What is INTERACT?" which describes the program as a quality improvement initiative for managing acute changes in long-term care residents. To the right of this text is a pink box labeled "INTERACT Project Team Section" with a link to login. Below the text is a photograph of three healthcare professionals in white coats reviewing a document, and another photograph of a healthcare professional interacting with an elderly resident in a hospital bed.

(<https://interact2.net>)

LTC Trend Tracker



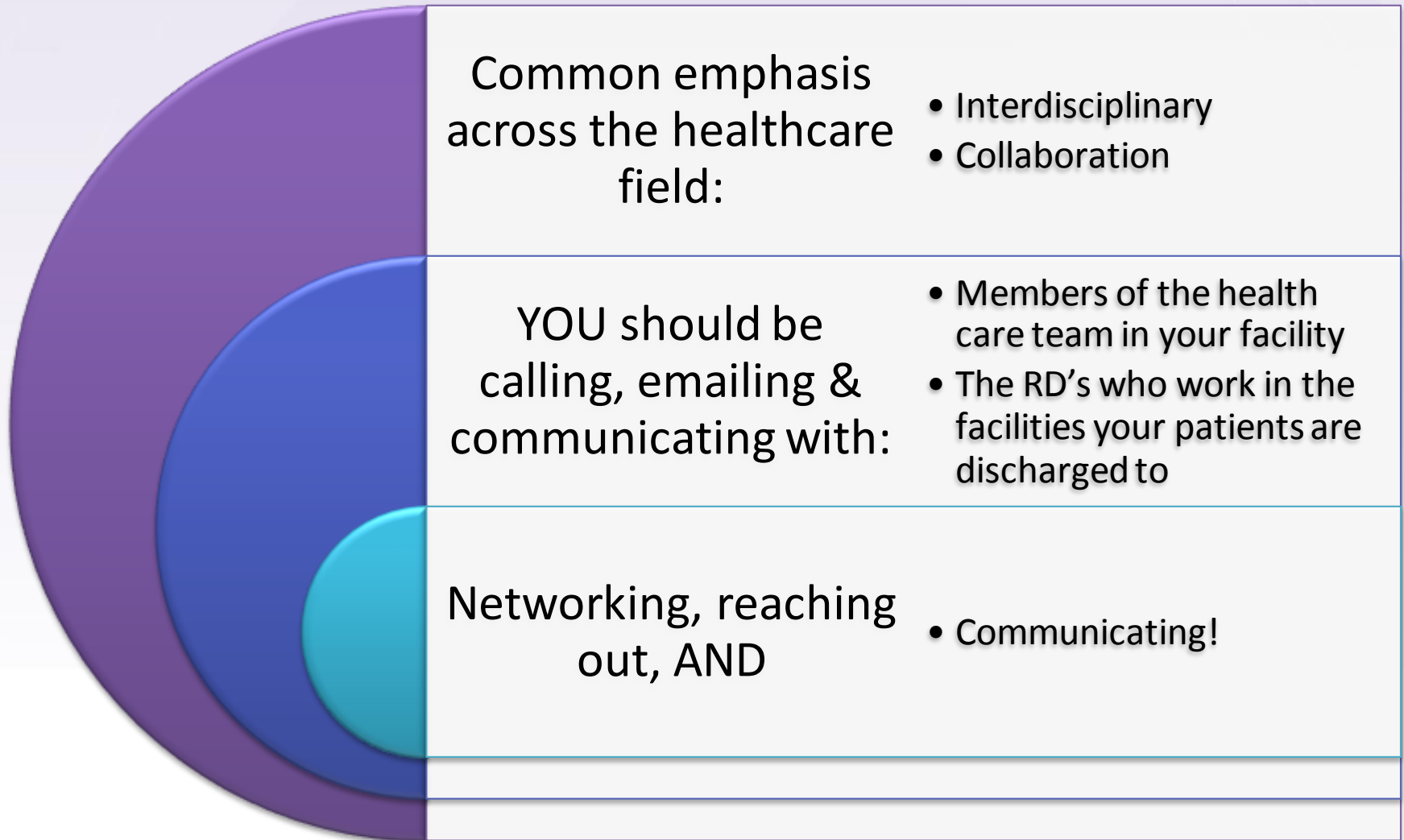
The screenshot shows the AHCA (American Health Care Association) website. The header includes the AHCA logo and the tagline "IMPROVING LIVES by DELIVERING SOLUTIONS for QUALITY CARE". A navigation bar contains links: Home, About AHCA, LTC Career Center, News, Research and Data, Advocacy, Facility Resources, and Events. The main content area features a large graphic with a healthcare worker in blue scrubs and a stethoscope, overlaid with various medical icons like a heart, a plus sign, and a person. A blue banner at the bottom of the graphic reads "LTC Trend Tracker". The footer includes a breadcrumb trail: Home > Research and Data > LTC Trend Tracker, and social media icons.

(https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx)

Strategies Across Care Settings

- **Actively participate** in the Quality Assurance/Performance Improvement team within your facility.
- **Track** the nutrition measures/outcomes that you are able to.
- **Communicate** with healthcare practitioners at other facilities.
- **Ensure** that nutrition plans of care are communicated during care transitions.

Putting It All Together



References

1. Bernstein L. 'Once Again, U.S. has most expensive, least effective health care system in survey. *Washington Post*. <https://www.washingtonpost.com/news/to-your-health/wp/2014/06/16/once-again-u-s-has-most-expensive-least-effective-health-care-system-in-survey/> Published June 16, 2014. Accessed June 8, 2016.
2. Readmissions Reduction Program (HRRP). Centers for Medicare & Medicaid Services Web site. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html> Last modified April 18, 2016. Accessed June 8, 2016.
3. Lu N, Huang K, Johnson J. Reducing excess readmissions: promising effect of hospital readmissions reduction program in US hospitals. *Int J Qual Health Care*. 2016;28(1):53-58.
4. Hines AL, Barrett ML, Jiang HJ, Steiner C. Conditions with the largest number of adult hospital readmissions by payer, 2011: Statistical Brief #172. February 2006. Healthcare Cost and Utilization Project Statistical Brief. Agency for Health Care Policy and Research (US).
5. Goodman DC, Fisher ES, Change CH. The revolving door: a report on U.S. hospital readmissions. Robert Wood Johnson Foundation. <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178>. Published February 2013. Accessed June 8, 2016.
6. Sabbatini AK, Kocher KE, Basu A, Hsia RY. In-hospital outcomes and costs among patients hospitalized during a return visit to the emergency department. *JAMA*. 2016; 315(7): 663-671.
7. Dwyer R, Stoelwinder J, Gabbe B, Lowthian J. Unplanned transfer to emergency departments for frail elderly residents of aged care facilities: a review of patient and organizational factors. *JAMDA*. 2015;16(7): 551-563.
8. Parkinson, Mark. Issues on the horizon for 2016 [Video]. YouTube. <https://www.youtube.com/watch?v=snP8Y9qay-c>. Published December 31, 2015. Accessed June 8, 2016.
9. Dharmarajan K, Hsieh AF, Krumholz HM, et al. Diagnoses and timing of 30-day readmissions after hospitalization for heart failure, acute myocardial infarction, or pneumonia. *JAMA*. 2013;309(4): 355-363.
10. Kocher RP, Adashi EY. Hospital readmissions and the Affordable Care Act: paying for coordinated quality care. *JAMA*. 2011;306(16): 1794-1795.

References

11. Agarwal E, Ferguson M, Isenring E, et al. Original article: Malnutrition and poor food intake are associated with prolonged hospital stay, frequent readmissions, and greater in-hospital mortality: Results from the Nutrition Care Day Survey 2010. *Clin Nutr.* 2013;32:737-745.
12. Lim S, Ong K, Chan Y, et al. Original article: Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr.* 2012;31:345-350.
13. Rosen B, Maddox P, Ray N. A position paper on how cost and quality reforms are changing healthcare in America: focus on nutrition. *JPEN.* 2013;37(6):796-801.
14. Coats K, Morgan S, Bartolucci A, Weinsier R. Hospital-associated malnutrition: a reevaluation 12 years later. *JADA.* 1993;93(1):27-33.
15. Giner M, Laviano A, Meguid M, Gleason J. In 1995 a correlation between malnutrition and poor outcome in critically ill patients still exists. *Nutrition.* 1996;12(1):23-29.
16. Thomas D, Zdrowski C, Morley J, et al. Malnutrition in subacute care. *Am J Clin Nutr.* 2002;75(2):308-313.
17. Somanchi M, Xuguang T, Mullin G. The facilitated Early Enteral and Dietary Management Effectiveness Trial in Hospitalized Patients With Malnutrition. *JPEN.* 2011;35(2):209-216.
18. Corkins M, Guenter P, Resnick H, et al. Malnutrition diagnoses in hospitalized patients: United States, 2010. *JPEN.* 2014;38(2):186-195.
19. Braet A, Weltens C, Sermeus W. Effectiveness of discharge interventions from hospital to home on hospital readmissions: a systematic review. *JB I Database System Rev Implement Rep.* 2016;14(2):106-173.

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