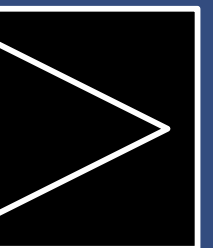


Extending Our Care:

Educating Staff of a Preferred Provider Network in the Care of Post-Cardiac Surgery Patients



Problem

Since the introduction of Medicare's Prospective Payment System (PPS), patients discharge to skilled nursing facilities "sicker and quicker." Without adequate training in the care of a post-cardiac surgery patient, staff at skilled nursing facilities are left overwhelmed and forced to send patients back to the hospital. Unfortunately, this results in subsequent penalties in reimbursement for both establishments, and more importantly, results of poor patient outcomes and dissatisfaction in care. Developing and partnering with a preferred provider network allows for coordination and cooperation in care. This relationship could garner a more knowledgeable extended-care staff, with the ability to provide a continuum of care complimentary to the inpatient team.

One of IOM's six domains for health care quality is patient-centered care, which focuses on respect of every patients' specific needs. Every patient deserves distinctive, quality care throughout their recovery.

Goal

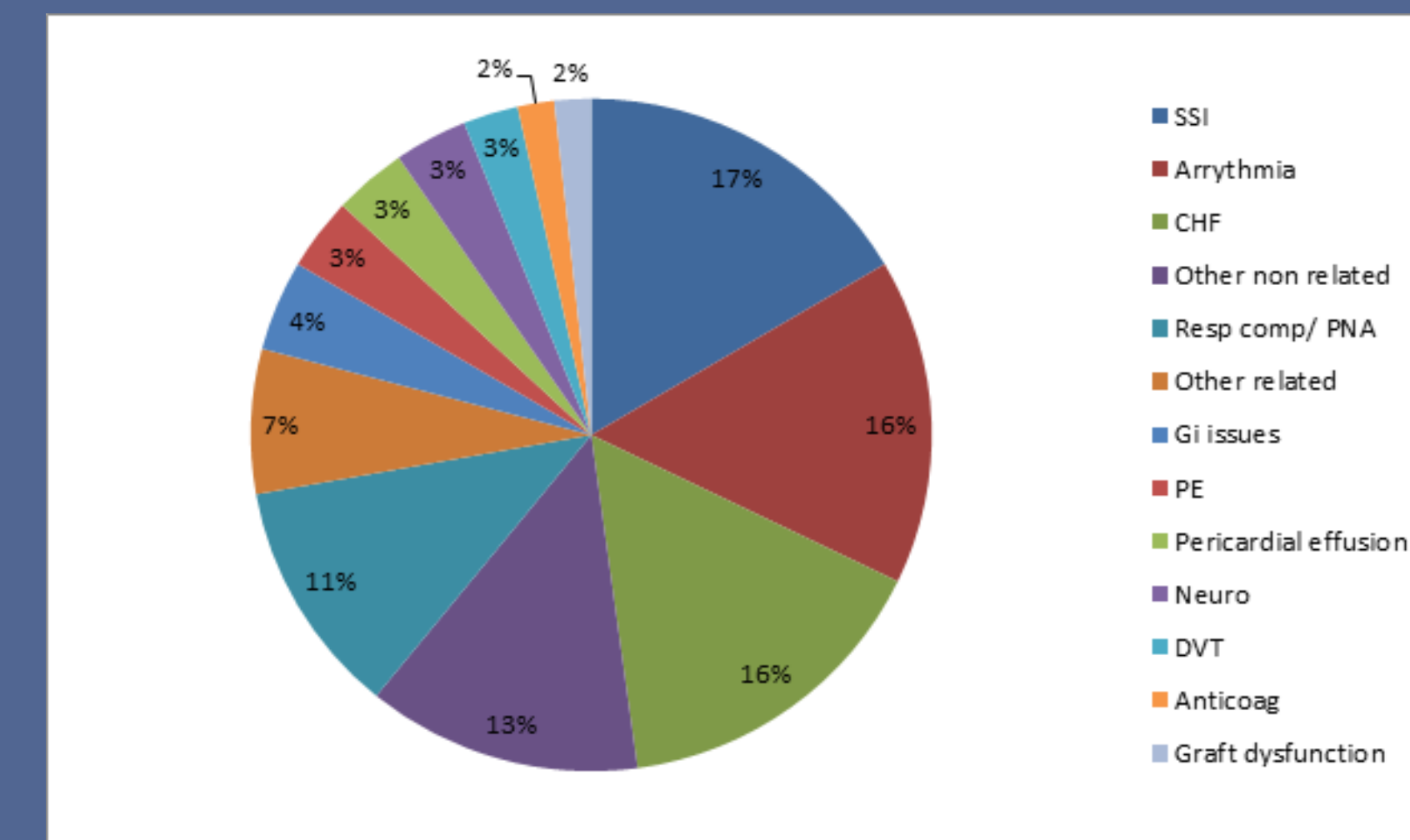
The goal is to provide education and continued support to skilled nursing-facility caretakers, within a determined network of preferred providers, to improve post-acute care of the cardiac surgery patient, thereby improving patient outcomes and preventing unnecessary hospital readmissions. Educating skilled-nursing staff will take approximately six months, while supportive measures will be ongoing.

The Team

- Marnie Crowley, MSN, RN – Cardiac Surgery, Clinical Advisor-Farr 8
- Lisa Demanche, MSN, RN – Cardiac Surgery, Nurse Coordinator
- Michelle Doherty, MSN, RN – Cardiac Surgery, QI Data Outcomes Manager
- Marjorie Serrano, MSN, RN – Cardiac Surgery, Nursing Director-CVICU and Farr 8

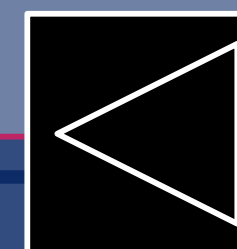
The Interventions

- Compiling and prioritizing reasons for readmissions (see pie chart)
- Developing education based on both readmission reasons and the unique needs of the post-cardiac surgical patient
- Providing staff training in cardiac surgery care, to the designated preferred network of skilled-nursing facilities
- Ongoing communication to support staff knowledge and adherence, including weekly telephone calls to the facilities when a mutual patient has been transferred for care
- Continuing to monitor readmissions in order to support further education and expansion of the preferred provider network



Progress to Date

- Education developed
- Education provided to 80% of skilled-nursing facilities in the determined network
- A communication tool to be used between Cardiac Surgery & the preferred provider facilities developed and implemented
- RN position created and staffed, in order for close follow-up on progress and efficacy of efforts



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Progress to Date cont.

Danger Signs

CONSIDER TRANSFER TO ED/CALL 911 IF:

- ❑ Sudden chest pain not related to incision or
- ❑ Extreme SOB or respiratory distress without
- ❑ Severe bleeding, hematuria, or melena if on
- ❑ Fainting, severe lightheadedness/weakness MS
- ❑ Rapid heart rate or fluttering, not related to and comes with any of the following:
 - Dizziness
 - Chest discomfort
 - Lightheadedness

SBAR

Shortness of Breath

Situation: Clearly describe the current situation, observations, and concerns.

"Mrs. Jane Doe is complaining of shortness of breath, worsening upon exertion, since dinner brought her in take-out food, since she has not liked anything from the kitchen. Her oxygen room air. She was placed on supplemental oxygen 2 L via nasal cannula and her oxygen respirations are 26, pulse is 96 and regular, BP is 135/64, and temperature is 98.6° F. No

Background: Provide a clear and brief patient background/history.

"Mrs. Doe is a 65-year-old female who was transferred from BIDMC yesterday morning s/p CABG. Her initial clinical presentation on admission included 1-2+ LE edema and bilat BS with fine crackles. She was 185lbs on admission (7lbs more than her normal weight), 184.8lbs this AM and tonight. She is currently ordered for Lasix 20mg po BID. Her last dose was with dinner."

Assessment: What's your assessment?

"I think Mrs. Doe is exhibiting symptoms that may be associated with fluid overload, likely sodium diet. She has crackles ½ way up and pitting LE edema."

Recommendation: Give your recommendations and state any requests.

"I recommend Mrs. Doe receive a one time dose of 80mg Lasix. I will monitor her BP and overnight to ensure she is diuresing well from it and her symptoms resolve. I also think w BUN/creat in the AM and possibly increase her standing dose of Lasix until she is at her ideal weight. The dietician reinforce a low sodium diet with her and her family."

SBAR

Surgical wound drainage

Situation: Clearly describe the current situation, observations, and concerns.

"Mrs. Jane Doe is complaining of pain in her chest with movement and coughing. She also notified the CNA of sternal drainage this AM with bathing. Mrs. Doe has refused to wear her surgical bra with consistency and reminders about sternal precautions. She has been afebrile, HR 60s and regular, BP 108/60, RR 16. Mrs. Doe believes she has an infection."

Background: Provide a clear and brief patient background/history.

"Mrs. Doe is a 65-year-old female who was transferred from BIDMC yesterday morning s/p CABG from 4 days ago. Her initial clinical presentation on admission included a well approximated sternal incision with Dermabond and no signs of infection, nor dehiscence. During handoff from BIDMC, the RN stated that Mrs. Doe has been non-compliant with sternal precautions."

Assessment: What's your assessment?

"I believe Mrs. Doe has a superficial tear in the incision from refusal to wear her surgical bra. Though she is an increased risk for infection, she is afebrile, her wound is without redness and the drainage is serous. Also, only complaining of pain with movement."

Recommendation: Give your recommendations and state any requests.

"I think Mrs. Doe could benefit from reeducation and reinforcement regarding sternal precautions, the importance of wearing the surgical bra, and her increased risk for infection. I think her incision should be cleansed with soap and water and covered with a DSD until the drainage resolves. I will continue to monitor her for signs and symptoms of infection."

Discharge Instructions

Please review with patients prior to discharge

- ❑ Review the Cardiac Surgery Discharge Packet- including weight/temp chart and danger signs
- ❑ Reinforce medication teaching/ensure patients have prescriptions
- ❑ Review follow up appointment dates and times (cardiologist, cardiac surgeon, PCP)
- ❑ Review danger signs and knowing who/when to call (surgeon, NOT PCP, until cleared by cardiac surgery)
- ❑ Encourage activity/exercise program
- ❑ Assess for adverse physical and emotional signs/symptoms related to cardiac surgery

If any questions or concerns,
call Cardiac Surgeon 24/7 at
[617-632-8383](tel:617-632-8383)



Lessons Learned

- Staff at the skilled-nursing facilities were eager to receive education and support in regards to the care of cardiac surgery patients.
- Nurses were appreciative of the ability to call the cardiac surgery team directly when concerned for mutual patients within their care.
- Every facility had differing abilities in regards to providing specific medications, IV medications, and other treatment options, therefore, education needed to vary based on the facility's individual ability

Next Steps

- Sustain the improvement achieved by providing continued support and reeducation
- Identify barriers and come up with creative ways to overcome
- Address challenges that may have impeded achievement goals
- Spread the improvement to other facilities and grow the preferred network
- Conduct further analyses to identify causes of continued readmissions and/or additional improvement opportunities

For more information, contact:

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