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Reducing Hospital Readmissions for Patients With Pulmonary and Cardiac Issues

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Learning Objectives

- Discuss and explain the reasons for readmission to the hospital.

- Evaluate the potential for the patient to need to return to the hospital and identify appropriate actions to prevent readmissions.

- Educate the patients with cardiovascular and pulmonary issues how to maintain their airway clearance and breathing control to increase their physical function.
The Centers for Medicare and Medicaid Services (CMS) with the Affordable Care Act and the Hospital Readmissions Reduction Program are penalizing hospitals deemed to have “excess readmissions”.

One in five elderly patients is readmitted to the hospital within 30 days of discharge.

Many CVP patients it may be in one to two weeks.

Socio-Economics...poverty situations, lack of insurance, lack of support, age
Past Medical History—frequent admissions, frequent ED visits
Physically disabled, frail, poor nutrition, isolated, unable to get to follow up, meds
Others—multiple medications, CHF, diabetes, MI, COPD comorbidities
Alcohol or drug dependencies
Discharge on a weekend or holiday
(Besler Consulting, Readmissions Reduction, Besler.com)
Other Concerns

- Severity of illness
- Patient health behaviors
- Adherence to post hospital instructions
- Availability of post discharge follow up
- Availability of getting meds
- Communication of healthcare team (primary care and hospitalist)
- Pass off

Reducing Readmissions

- Inter-professional team effort - Importance of communication as patient leaves hospital, next level of care SNF, TCU, Rehab or Home
- Prevent infection
- Planning for movement through the continuum of care
- Need to boost care in SNF, TCF and Home to keep out of hospital as well as improve condition at discharge from the hospital
Highest Readmission Rates

- MI
- CHF
- COPD
- Pneumonia

Hospitalizations short or observation

Medications may be changed
Communication may not be made
Follow up difficult with high risk patients especially if transportation is an issue

Need to look at the “home” why are patients being readmitted?
Identify– Plan–Do–Study –Act
Everyone’s responsibility
How can we try to prevent this?

- Patient and family (significant other) education as able or have representative...hand outs, phone numbers to call with questions
- Medication availability
- Follow up..calls, therapies, nursing between the hospital and TCU and Home Care and OP
- Communication between hospital therapies and nurses
- Communication between doctors
- Good nutrition and hydration
- Transportation, visits with primary doctor
- Nursing follow up...phone, visits at home
- ASK what they need

Triple Aim of Healthcare

- Institute for Healthcare Improvement
  - * Improve the patient experience
  - * Improve the health of populations
  - * Reduce Costs
WHO defines an outcome measure as “a change in the health of an individual, group of people or population that is attributable to an intervention or series of interventions”

CMS describes 7 outcomes

1. Mortality (life expectancy, death by comorbidity)
2. Safety of care
   (ie hospital acquired infection, skin breakdown)
3. Readmission rate
4. Patient experience
CMS outcomes (continued)

- 5. Effectiveness of care (best practices, achieved outcomes ie lower readmission for heart failure)
- 6. Timeliness of care (more efficient access, early interventions to assist prevention)
- 7. Efficient use of medical imaging (eg. Texas Children’s Hospital, trying to improve asthma care MDs were ordering Xrays on 65% of patients with asthma, EBP recommends 5%) found was in HRE and changed standing orders

“ We measure outcomes to ensure we’re delivering the best care, making sure patients receive the best care at the right time at the lowest cost so we can get them back to a steady, normal state....that is outcomes nirvana”. 
Remember as we age

Where Is The Problem?

Is it always in the primary impairment category?

Cardiovascular & Pulmonary (CVP)

Neuromuscular (NM)

Musculoskeletal (MS)

Integumentary (Int)

Internal Organs (IO)**

**Not an impairment in the APTA Guide to PT Practice
Can a problem in one category cause impairment in other patterns?

- Cardiovascular & Pulmonary (CVP)
- Integumentary (Int)
- Neuromuscular (NM)
- Musculoskeletal (MS)
- Internal Organs (IO)**

**Not an impairment in the APTA Guide to PT Practice

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Case Study

- 72 yo s/p CABG X 3, post op complications: LLL pneumonia, L Pleural effusion with chest tubes X3
- History of COPD, 120 PK Year Smoker quit 2 months prior to surgery secondary SOB
- Following 4 days in acute care transferred to SNF for rehab on O2 2lpm. Readmitted 10 days later with pneumonia, pleural effusion, chest tube placement.
- Returned to SNF for 3 weeks, depressed didn’t feel any benefit to therapy. Signed out AMA to daughter’s (OT) home.
Initial Examination and Evaluation

• Chief Complaint SOB with minimal activity, no energy
  Weight Loss 25 #since surgery

• Which impairment categories are involved?

• What are your priorities at this point?

Initial Patient Goals

• To breathe better, more comfortable, be able to sleep
• To increase his independence, not be a burden on his family
• To participate in family activities, meals, play with grandson, talk with daughter
• To be able to socialize and meet and do things with his friends
Musculoskeletal Exam

- Ribs 8, 9, 10 stuck
- Minimal L lateralcostal expansion
- L shoulder flex limited to 90 degrees
- Difficulty lying flat on right side
- Patient Comment “I have been telling them I couldn’t breathe but didn’t know why”!

Initial Interventions

### Musculoskeletal
- Rib Mobilization
- Posture
  - R sidelying over pillow, stretch chest wall

### Cardiovascular and Pulmonary
- Large amount secretions mobilized with positioning for chest mobilization
- Ventilatory Strategies

### Neurological
- Breathing Retraining

### Integumentary
- Scar bound down from sternal split, chest tube scars
- Intercostal stretch

### Internal Organs
- Nutrition and Hydration, Constipation
- Pulmocare
- Frequent Snacks
- Water at Bedside
- Easy to eat foods
- Fiber, stool softeners
General Strengthening Intervention
Patient took ownership…..

Patient feeling significantly better, had an appetite, drinking fluids well, began to take Off O2 at times, it was “inconvenient” didn’t seem to “make much difference”.

Three Weeks Later

- Patient gained 8 #, color pinked up
- Secretions mobilized, lungs scattered crackles, good air entry
- Chest wall mobility markedly improved, still slightly R > L
- Able to walk 60 feet with minimal SOB
- Appetite increased, still small meals, supplements twice daily (Pulmocare)
- What next?
O2 Re-evaluated following resolution of Pnuemonia and Pleural Effusion

- O2 DC’d after 5 weeks
- Patient gained 15 #
- Able to walk two blocks with minimal SOB
- Given progressive exercise program
- Positive Affect- taking control of exercise and nutrition
- Patient Participation turned self management

Daughter: You gave me back my father!!
Father: I am back in the land of the living!
I met a lady in the park when I was walking!