


Readmissions and Post-Discharge Follow-Up

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OBJECTIVES

- Discuss how discharge planning relates to the readmission penalty and incentive programs.
- Discuss how disparities impacts discharge planning.
- Share evidence-based best practices for post-discharge follow-up.
- Describe tools and strategies facilities can implement to strengthen discharge processes.

WQIP Potentially Preventable, 30-Day Post-Discharge Readmissions

- Medi-Cal and dually eligible members
- SNF patients who are readmitted to the hospital or LTCH within 30 days following discharge from a SNF
- Unplanned inpatient admissions
- Principle diagnosis considered to be unplanned or preventable:
  - UTI, septicemia, *C. difficile*
  - Pneumonia, asthma, COPD, influenza, CHF, hypertension
  - Pressure ulcers

WQIP = Workforce & Quality Incentive Program
SNF = skilled nursing facility
LTCH = long-term care hospital

UTI = urinary tract infection
COPD = chronic obstructive pulmonary disease
CHF = chronic heart failure

SNF VBP Measures and Readmissions

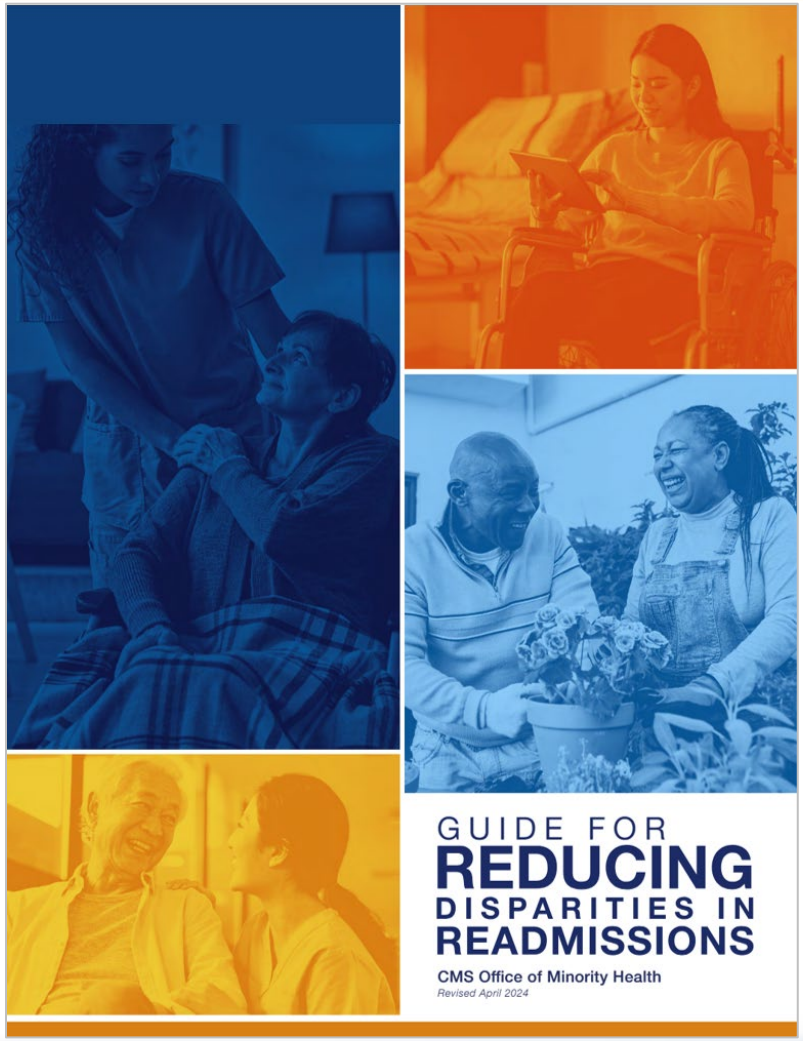
- The SNF 30-Day, All-Cause Readmission Measure *(SNFRM)* evaluates whether residents are readmitted to the hospital within 30 days after discharge from a SNF.

- In fiscal year 2024 (Oct. 1, 2023–Sept. 30, 2024), data are also being collected for two other SNF VBP measures:
  - SNF Healthcare-Associated Infections (HAIs) Requiring Hospitalization *(SNF HAI)*
  - Discharge to Community (DTC)—Post-Acute Care (PAC) Measure for SNFs *(DTC PAC SNF)*

Medicare Readmissions by the Numbers

CMS. Guide for Reducing Disparities in Readmissions. https://www.cms.gov/about-cms/agency-information/omh/downloads/omh_readmissions_guide.pdf

Understanding the Root Causes of Readmissions



- 30-day readmission rates driven by:
  - Substandard quality of hospital care.
  - Poor discharge planning.
  - Ineffective coordination of post-discharge services.
- Multifaceted intervention bundles that decrease readmission rates:
  - Pre-discharge patient education.
  - Implementation of a discharge checklist.
  - Medication reconciliation.
  - post-discharge follow-up.

CMS. Guide for Reducing Disparities in Readmissions. https://www.cms.gov/about-cms/agency-information/omh/downloads/omh_readmissions_guide.pdf

Medicare Beneficiaries: Readmissions Disparity

Social and Structural Risk Factors

- Racial and/or ethnic minorities
- Individuals with disabilities
- Residing in rural and underserved communities

READMISSION RATES	
Non-Hispanic White	13.8%
Non-Hispanic Black	19.4%
Hispanic	16.8%
American Indian/Alaskan Native	15.9%
Asian	14.3%
Dual Eligible	19.4%
Potentially Disabling Condition(s)	18.3%
Substance Use Disorder (SUD)	23.3%
Post-Acute Care Setting	32.1%

CMS. Impact of Hospital Readmissions Reduction Initiatives on Vulnerable Populations. https://www.cms.gov/files/document/impact-readmissions-reduction-initiatives-report.pdf

Post-Discharge Evidence-Based Strategies

- **Comprehensive discharge planning**
  - Use teach-back.
  - Ensure follow-up appointments are scheduled prior to discharge.
- **Medication Management**
  - Ensure ability to pay for/access medications.
- **Resident and Family Engagement**
  - Use teach-back.
  - Apply principles of health literacy in discharge materials (reading level, font size, etc.).
  - Involve resident and family in care plan decision-making.
- **Transitional Supportive Care**
  - Ensure home health and DME are available.
  - Ensure physician follow-up visits are scheduled.
  - Use telehealth services.
- **Effective Transitional Communication**
  - Complete follow-up phone calls 48–72 hours post-discharge.
  - Schedule follow-up appointments within 7 days post-discharge.

DME = durable medical equipment

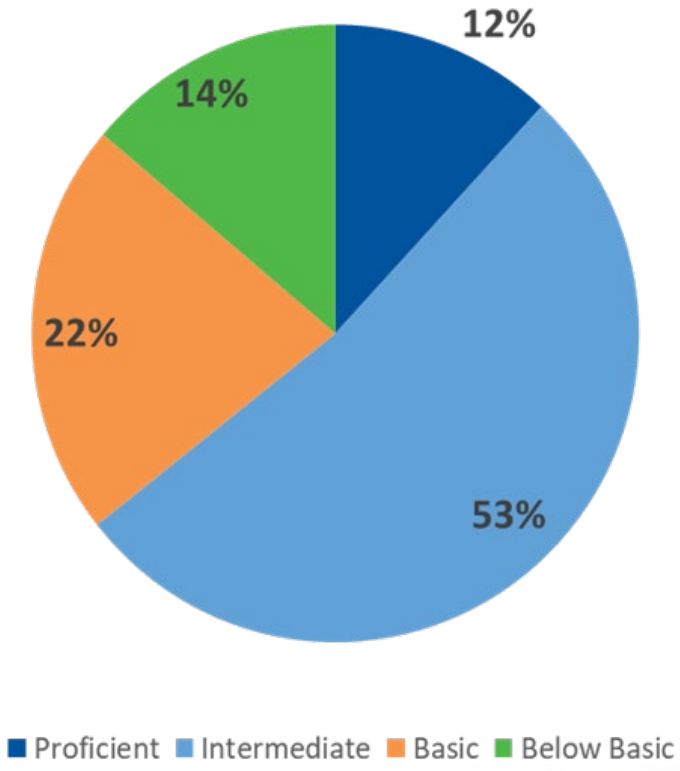
Poll Question

Which of these post-discharge strategies do you think is most important?

A. Comprehensive discharge planning
B. Medication management
C. Resident and family engagement
D. Transitional supportive care
E. Effective transitional communication

Health Literacy by the Numbers

National Assessment of Adult Literacy



- More than 1/3 of adults are in the "basic" or "below basic" group
  - Fail to understand critically important warnings on the label of OTC medications
- Adults with "intermediate" literacy
  - Find it difficult to define a medical term from a complex document about an unfamiliar topic
- 24 million Americans are not proficient in English

OTC = over the counter

Health Aff (Millwood). 2012 Feb;31(2):434-43. doi: 10.1377/hlthaff.2011.1169. Epub 2012 Jan 18. pubmed.ncbi.nlm.nih.gov/22262723/

Communication Disconnect: Health Literacy

Nearly 9 out of 10 adults struggle with health literacy.

People with low health literacy skills are more likely to:

- Have poor health outcomes, including hospital stays and emergency room visits.
- Make medication errors.
- Have trouble managing chronic diseases.
- Skip preventive services, like flu shots.

CDC. Low Health Literacy. https://www.cdc.gov/orr/infographics/healthliteracy.htm
Network of the National Library of Medicine. An Introduction to Health Literacy. https://www.nnlm.gov/guides/intro-health-literacy

What Is Teach-Back?

- **Health literacy** is the cognitive and social skill set which determines the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health.
- **Teach-back** is a way to confirm that you have explained to the patient what he or she needs to know in a manner that the patient understands.
- **Motivational interviewing** is a scientific, patient-centered approach for fostering motivation and assisting patients to resolve ambivalence about change.

HSAG. Care Coordination Quickinar #20 Recording. Teach-Back: A Strategy to Improve Care Coordination. https://hsagonline.webex.com/hsagonline/lsr.php?RCID=bb1fea6ea99c1ac5281c59c43be631aa

Why Teach-Back?

See also: American Medical Association. AMA Health Literacy Video. www.youtube.com/watch?v=BgTuD7l7LG8

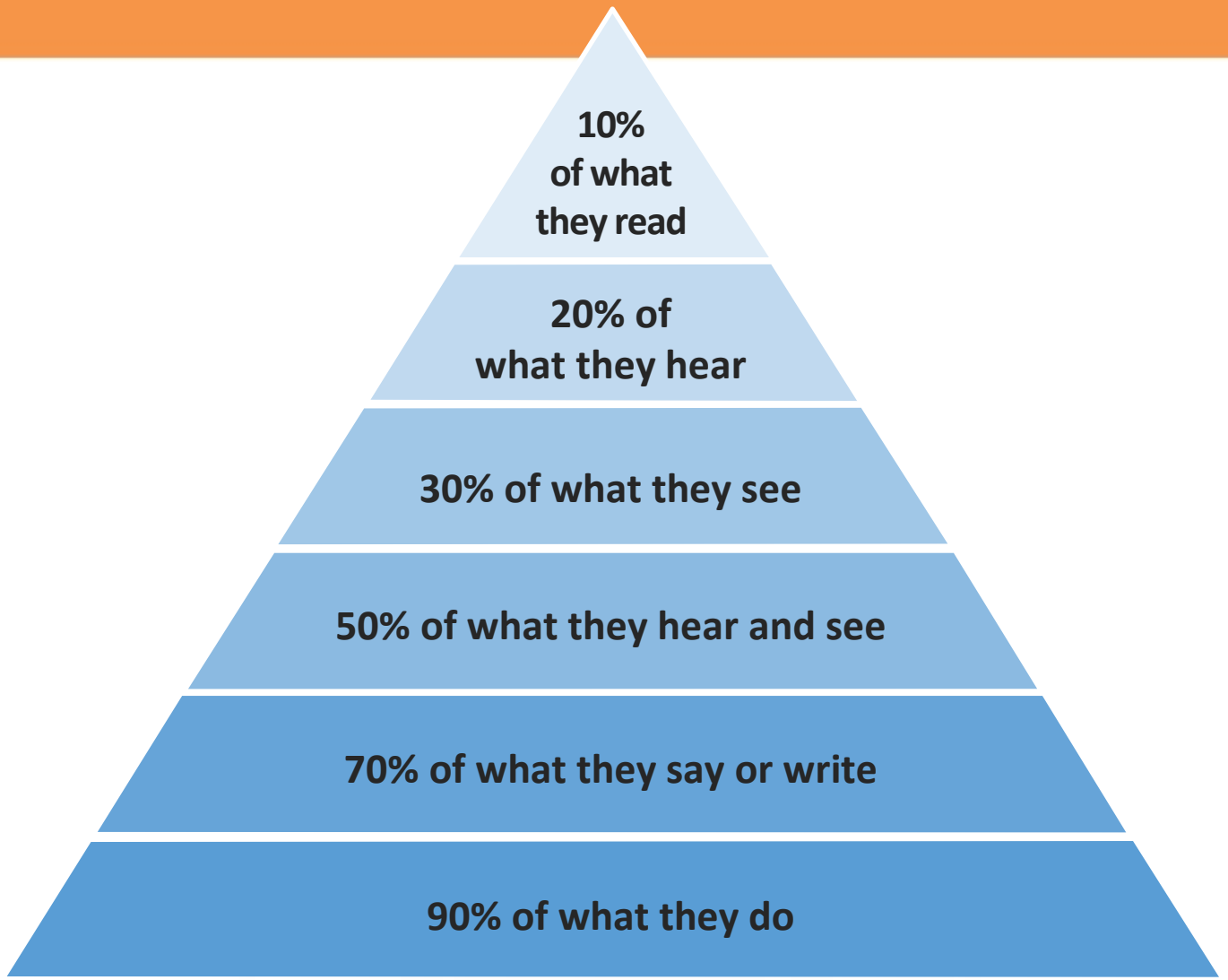
Why Teach-Back? (cont.)

- Numerous studies have shown that patients remember as little as 50% of what they are told by their doctors.[1]

- Common causes for readmission:
  - Lack of patient/family involvement and accountability in their own healthcare.
  - Patients/families do not fully understand how to care for themselves when they go home.

1. A. Boutwell and S. Hwu, *Effective Interventions to Reduce Rehospitalizations: A Survey of the Published Evidence* (Cambridge, Mass.: Institute for Healthcare Improvement, 2009), p. 14. And, S, Silow-Carroll, J. Edwards, and A. Lashbrook, *Reducing Hospital Readmissions: Lessons from Top-Performing Hospitals* (Commonwealth Fund Synthesis Report, April 2011) p. 8-9.

People Remember…



Sources: Dale, Edgar. Cone of Experience. 1946. Treichler, DG. *Film and Audio-Visual Communications*. 1967. Glaser, R. (1983, June). Education and Thinking: The Role of Knowledge. Technical Report No. PDS-6. Pittsburgh, PA: University of Pittsburgh, Learning and Development Center.

Thalheimer, Will. People Remember 10%, 20%…Oh Really? Work-Learning Research. May 1, 2016. Available at: www.willatworklearning.com/2006/05/people_remember.html. Accessed on August 21, 2018

HSAG Teach-Back Resources

Form	Purpose	Rationale	Page
Practice Using Plain Language	This tool asks staff members to identify medical jargon commonly used and translate those terms into plain language.	Patients often do not comprehend common medical jargon. Translating these elements to plain language aids in comprehension and compliance of material.	5.1
Teach-Back Sentence Starters	This document is used by staff members as they become familiar with using the teach- back strategy.	Incorporating questions into plain language may be difficult for staff. Practicing this strategy will help hardwire the delivery.	5.2
Teach-back Flyers for Self-Training	To provide staff members with an overview of the importance of teach-back and connect them with teach-back resources.	Staff are often aware of teach-back but forget to implement it. These resources can help staff develop the habit of using teach-back in everyday practice.	5.3
Reminder to Use Teach-Back Posters	To provide staff with reminders to always use teach-back.	Teach-back is changing the way providers check for understanding and requires practice and reminders to foster new skill development.	5.4
Teach-Back Training Flyer Template	To promote and create awareness of teach-back training available for staff.	Using the train-the-trainer approach teaches staff to use teach-back and makes teach-back more familiar to everyone.	5.5
Teach-Back Methodology for Patient Education: Employee Competency Validation Checklist	This template may be used as a validation tool when implementing teach-back within an organization.	Ensuring each staff member preforms teach-back appropriately is essential.	5.6

Practice Experiences:
"I decided to do teach-back on five patients. With one mother and her child, I concluded the visit by saying, 'So tell me what you are going to do when you get home?' She could not tell me what instructions I had just given her. I explained the instructions again and then she was able to teach them back to me. I had no idea she did not understand—I was so wrapped up in delivering the message that I did not realize it wasn't being received."

www.hsag.com/nh-cc-toolkit

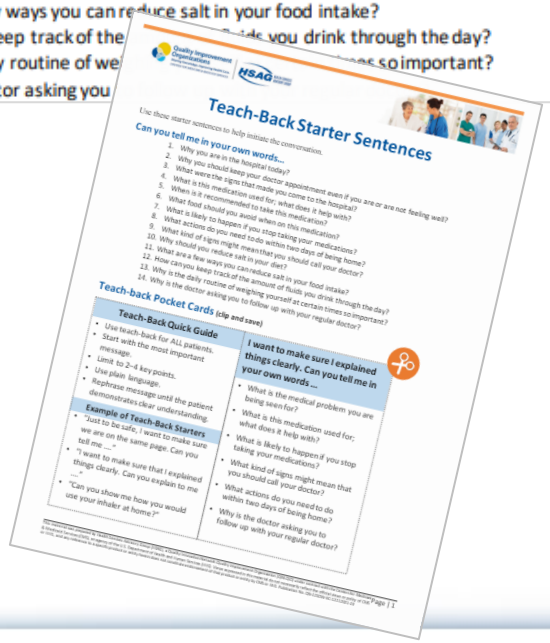
Teach-Back Starter Sentences

Teach-Back Starter Sentences

Use these starter sentences to help initiate the conversation.

Can you tell me in your own words...

1. Why you are in the hospital today?
2. Why you should keep your doctor appointment even if you are or are not feeling well?
3. What were the signs that made you come to the hospital?
4. What is this medication used for; what does it help with?
5. When is it recommended to take this medication?
6. What food should you avoid when on this medication?
7. What is likely to happen if you stop taking your medications?
8. What actions do you need to do within two days of being home?
9. What kind of signs might mean that you should call your doctor?
10. Why should you reduce salt in your diet?
11. What are a few ways you can reduce salt in your food intake?
12. How can you keep track of the [illegible] you drink through the day?
13. Why is the daily routine of we[illegible] so important?
14. Why is the doctor asking you



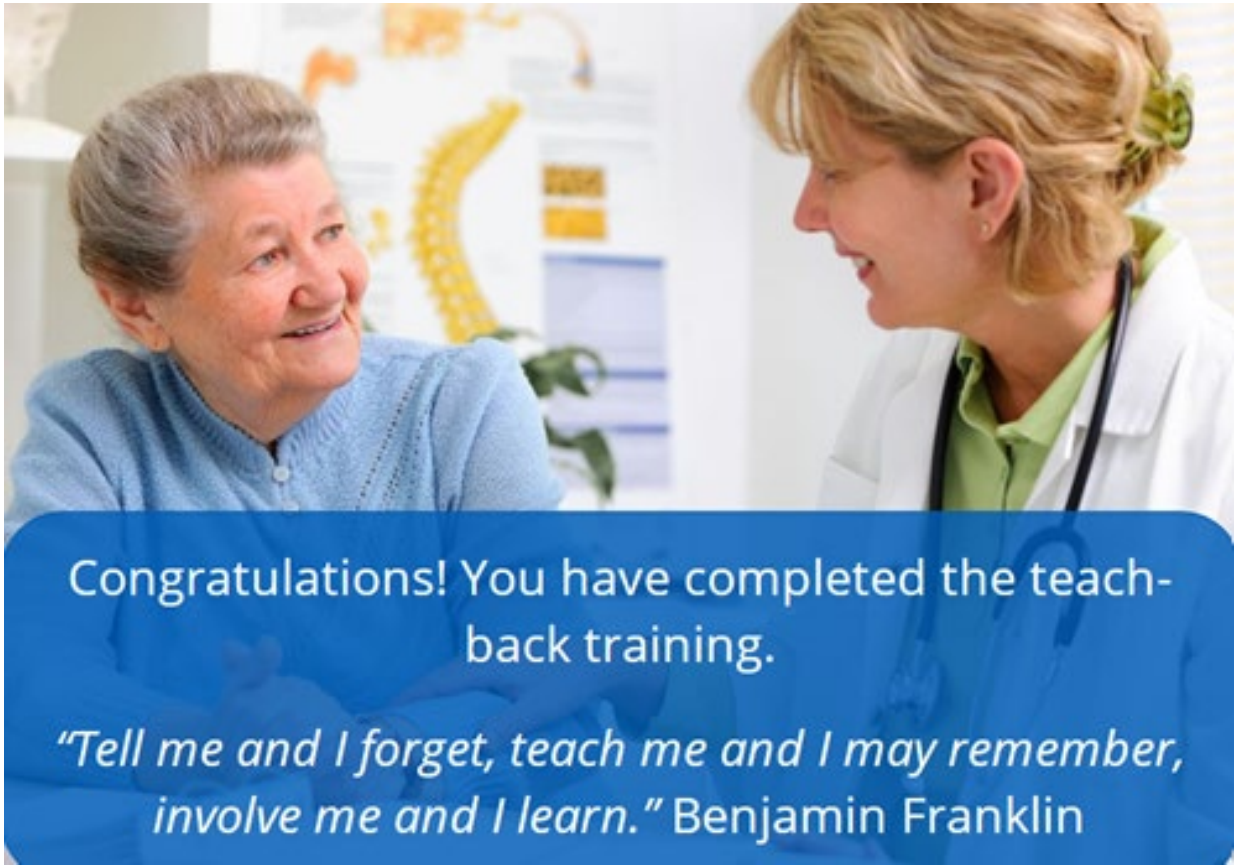
Use the pocket card until you feel more comfortable and teach-back becomes second nature.

Teach-back Pocket Cards (clip and save)

Teach-Back Quick Guide	I want to make sure I explained things clearly. Can you tell me in your own words ...
• Use teach-back for ALL patients. • Start with the most important message. • Limit to 2–4 key points. • Use plain language. • Rephrase message until the patient demonstrates clear understanding.	• What is the medical problem you are being seen for? • What is this medication used for; what does it help with? • What is likely to happen if you stop taking your medications? • What kind of signs might mean that you should call your doctor? • What actions do you need to do within two days of being home? • Why is the doctor asking you to follow up with your regular doctor?
Example of Teach-Back Starters • "Just to be safe, I want to make sure we are on the same page. Can you tell me ...." • "I want to make sure that I explained things clearly. Can you explain to me ...." • "Can you show me how you would use your inhaler at home?"	

HSAG. Teach-Back Starter Sentences. https://www.hsag.com/contentassets/a336b3632a0245c49c5c6b492cb9428a/5.2_teach-back-starter-sentences-qio.pdf

AHRQ Teach-Back Web-Based Training



Agency for Healthcare Research and Quality (AHRQ).Online Teach-Back Training. https://www.ahrq.gov/downloads/teachback/story_html5.html

AHRQ Follow-Up Phone Call Script

Postdischarge Followup Phone Call Script (Patient Version)

This form reinforces the information provided to the patient at discharge. The patient's discharge information should be available to the interviewer at the time of this call.

CALLER: Hello Mr./Ms. _____. I am [caller's name], a [type of clinician] from [name of hospital]. You may remember that when you left, the [hospital name] discharge educator, [DE name], mentioned you'd receive a call checking in on things. I am hoping to talk to you about your medical issues, see how you are doing, and see if there is anything I can do to help you. Do you mind if I ask you a few questions so I can see if there is anything I can help you with?

Is this a good time to talk? It will probably take about 15 to 20 minutes, depending on the number of medicines you are taking.

If yes, continue.
If no, CALLER: Is there a better time that I can call you back?

A. Health Status Diagnosis

CALLER: Before you left the hospital, [DE name] spoke to you about your main problem during your hospital stay. This is also called your "primary discharge diagnosis." Using your own words, can you explain to me what your main problem or diagnosis is?

If yes, confirm the patient's knowledge of the discharge diagnosis using the "teach-back" method. After the patient describes his or her diagnosis, clarify any misconceptions or misunderstandings using a question and answer format to keep the patient engaged.
If no, use this opportunity to provide patient education about the discharge diagnosis. Then conduct teach-back to confirm the patient understood.

CALLER: What did the medical team at the hospital tell you to watch out for to make sure you're o.k.?

Review specific symptoms to watch out for/things to do for this diagnosis (e.g., weigh self, check blood sugar, check blood pressure, create peak flow chart).
Measure patient's understanding of disease-related symptoms or symptoms of relapse (e.g., review diagnosis pages from AHCP).

CALLER: Do you have any questions for me about your main problem [diagnosis]? Is there anything I can better explain for you?

If yes, explain, using plain language (no jargon or medical terms).
If no, continue.

CALLER: Since you left the hospital, do *you* feel your main problem, [diagnosis], has improved, worsened, or not changed? What does your family or caregiver think?

If improved or no change, continue below.
If primary condition has worsened,

AHRQ. Project RED Toolkit: How To Conduct a Post-Discharge Follow-up Phone Call. https://www.ahrq.gov/patient-safety/settings/hospital/red/toolkit/redtool5.html

HSAG Patient Education Zone Tools

Patient Education Tools

Health Services Advisory Group (HSAG) developed downloadable zone tools for patients, created to assist patients and caregivers in managing a variety of common health conditions. Zone tools help patients recognize and understand the symptoms of their disease and how to respond at various stages, with sections for: Green Zone—All Clear; Yellow Zone— Caution; Red Zone—Medical Alert.

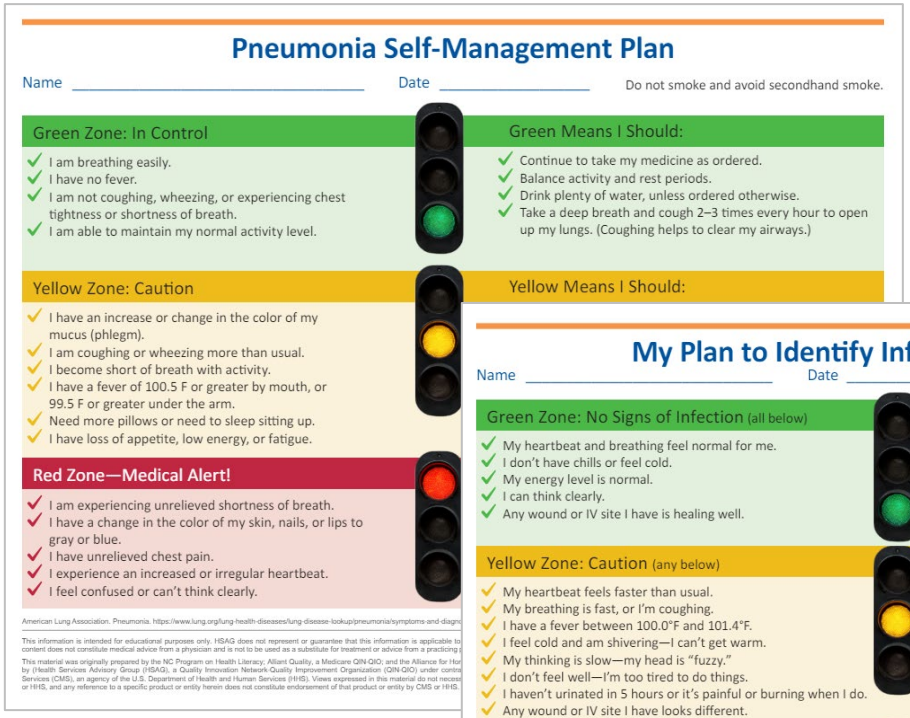
These one-page self-management tools, each in English and in Spanish, can be used across all healthcare settings, in or out of the hospital, in nursing homes, and with home health agencies. The tools can be used while teaching patients and given to the patient or caregiver to take home.

Zone tool topics available at: **http://www.hsag.com/zone-tools**

- Asthma
- Blood Thinner
- COPD
- COVID-19
- Diabetes
- Heart Disease
- Heart Failure
- Medications
- Pneumonia
- Sepsis
- Stroke
- Total Hip Replacement
- Total Knee Replacement
- Urinary System

www.hsag.com/zone-tools

HSAG Zone Tools



Pneumonia Self-Management Plan

Name _____ Date _____ Do not smoke and avoid secondhand smoke.

Green Zone: In Control

- ✓ I am breathing easily.
- ✓ I have no fever.
- ✓ I am not coughing, wheezing, or experiencing chest tightness or shortness of breath.
- ✓ I am able to maintain my normal activity level.

Green Means I Should:

- ✓ Continue to take my medicine as ordered.
- ✓ Balance activity and rest periods.
- ✓ Drink plenty of water, unless ordered otherwise.
- ✓ Take a deep breath and cough 2–3 times every hour to open up my lungs. (Coughing helps to clear my airways.)

Yellow Zone: Caution

- ✓ I have an increase or change in the color of my mucus (phlegm).
- ✓ I am coughing or wheezing more than usual.
- ✓ I become short of breath with activity.
- ✓ I have a fever of 100.5 F or greater by mouth, or 99.5 F or greater under the arm.
- ✓ Need more pillows or need to sleep sitting up.
- ✓ I have loss of appetite, low energy, or fatigue.

Yellow Means I Should:

Red Zone—Medical Alert!

- ✓ I am experiencing unrelieved shortness of breath.
- ✓ I have a change in the color of my skin, nails, or lips to gray or blue.
- ✓ I have unrelieved chest pain.
- ✓ I experience an increased or irregular heartbeat.
- ✓ I feel confused or can't think clearly.

American Lung Association. Pneumonia. https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/symptoms-and-diagn

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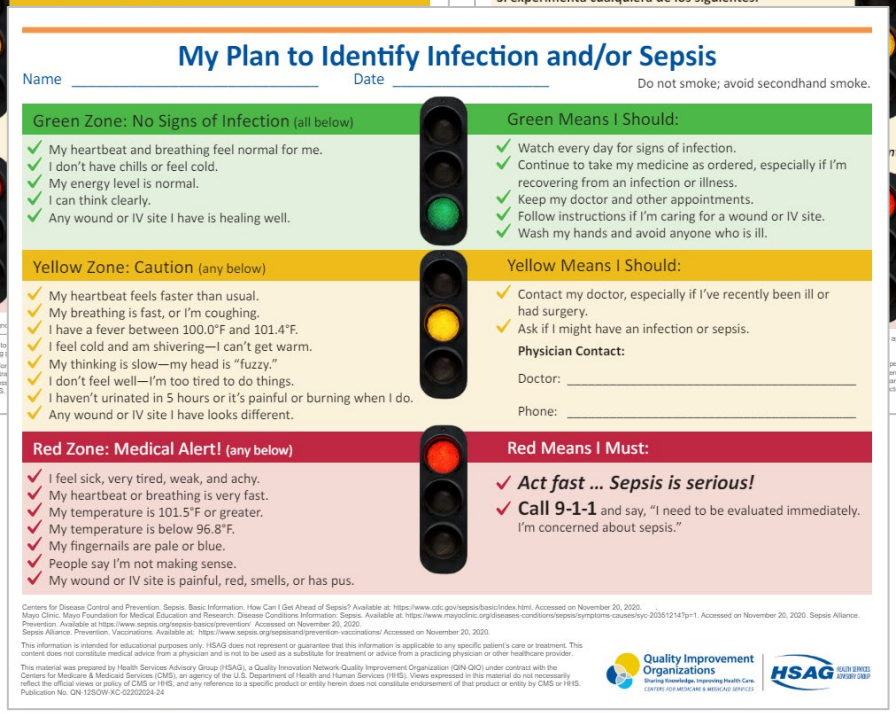

My Plan to Identify Infection and/or Sepsis

Name _____ Date _____ Do not smoke; avoid secondhand smoke.

Green Zone: No Signs of Infection (all below)

- ✓ My heartbeat and breathing feel normal for me.
- ✓ I don't have chills or feel cold.
- ✓ My energy level is normal.
- ✓ I can think clearly.
- ✓ Any wound or IV site I have is healing well.

Green Means I Should:

- ✓ Watch every day for signs of infection.
- ✓ Continue to take my medicine as ordered, especially if I'm recovering from an infection or illness.
- ✓ Keep my doctor and other appointments.
- ✓ Follow instructions if I'm caring for a wound or IV site.
- ✓ Wash my hands and avoid anyone who is ill.

Yellow Zone: Caution (any below)

- ✓ My heartbeat feels faster than usual.
- ✓ My breathing is fast, or I'm coughing.
- ✓ I have a fever between 100.0°F and 101.4°F.
- ✓ I feel cold and am shivering—I can't get warm.
- ✓ My thinking is slow—my head is "fuzzy."
- ✓ I don't feel well—I'm too tired to do things.
- ✓ I haven't urinated in 5 hours or it's painful or burning when I do.
- ✓ Any wound or IV site I have looks different.

Yellow Means I Should:

- ✓ Contact my doctor, especially if I've recently been ill or had surgery.
- ✓ Ask if I might have an infection or sepsis.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone: Medical Alert! (any below)

- ✓ I feel sick, very tired, weak, and achy.
- ✓ My heartbeat or breathing is very fast.
- ✓ My temperature is 101.5°F or greater.
- ✓ My temperature is below 96.8°F.
- ✓ My fingernails are pale or blue.
- ✓ People say I'm not making sense.
- ✓ My wound or IV site is painful, red, smells, or has pus.

Red Means I Must:

- ✓ ***Act fast … Sepsis is serious!***
- ✓ **Call 9-1-1** and say, "I need to be evaluated immediately. I'm concerned about sepsis."

Centers for Disease Control and Prevention. Sepsis. Basic Information. How Can I Get Ahead of Sepsis? Available at: https://www.cdc.gov/sepsis/basicIndex.html. Accessed on November 20, 2020.
Mayo Clinic. Mayo Foundation for Medical Education and Research: Disease Conditions Information: Sepsis. Available at: https://www.mayoclinic.org/diseases-conditions/sepsis/symptoms-causes/syc-20351214?p=1. Accessed on November 20, 2020. Sepsis Alliance.
Prevention. Available at https://www.sepsis.org/sepsis-basics/prevention/ Accessed on November 20, 2020.
Sepsis Alliance. Prevention. Vaccinations. Available at: https://www.sepsis.org/sepsisand/prevention-vaccinations/ Accessed on November 20, 2020.

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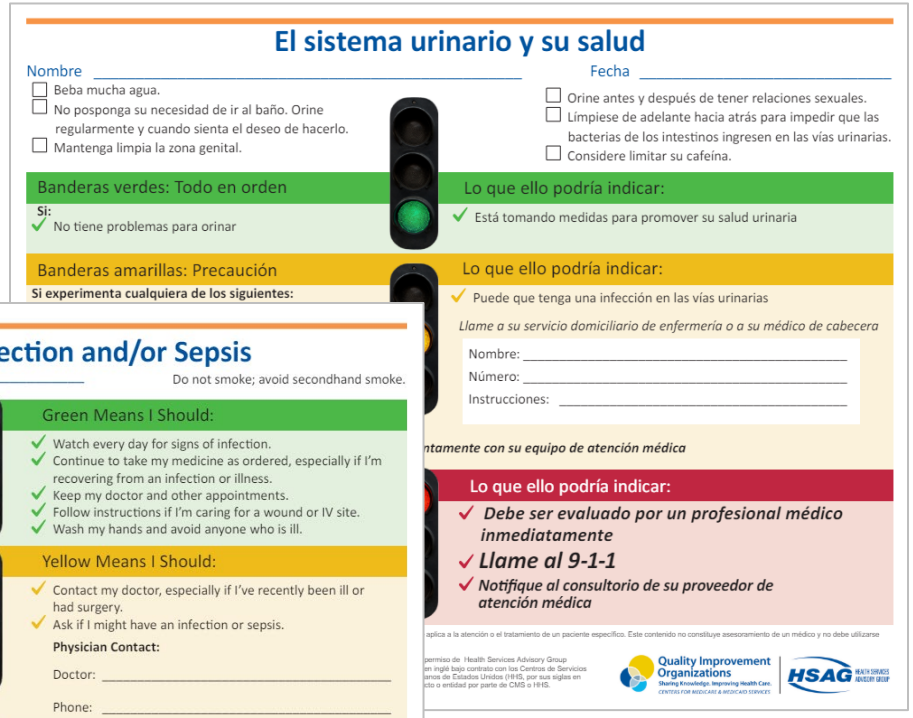

El sistema urinario y su salud

Nombre _____ Fecha _____

- ☐ Beba mucha agua.
- ☐ No posponga su necesidad de ir al baño. Orine regularmente y cuando sienta el deseo de hacerlo.
- ☐ Mantenga limpia la zona genital.
- ☐ Orine antes y después de tener relaciones sexuales.
- ☐ Límpiese de adelante hacia atrás para impedir que las bacterias de los intestinos ingresen en las vías urinarias.
- ☐ Considere limitar su cafeína.

Banderas verdes: Todo en orden

Si:

- ✓ No tiene problemas para orinar

Lo que ello podría indicar:

- ✓ Está tomando medidas para promover su salud urinaria

Banderas amarillas: Precaución

Si experimenta cualquiera de los siguientes:

Lo que ello podría indicar:

- ✓ Puede que tenga una infección en las vías urinarias

Llame a su servicio domiciliario de enfermería o a su médico de cabecera

Nombre: _____

Número: _____

Instrucciones: _____

…ntamente con su equipo de atención médica

Lo que ello podría indicar:

- ✓ ***Debe ser evaluado por un profesional médico inmediatamente***
- ✓ ***Llame al 9-1-1***
- ✓ ***Notifique al consultorio de su proveedor de atención médica***

…aplica a la atención o el tratamiento de un paciente específico. Este contenido no constituye asesoramiento de un médico y no debe utilizarse

…permiso de Health Services Advisory Group …en inglé bajo contrato con los Centros de Servicios …amos de Estados Unidos (HHS, por sus siglas en …clo o entidad por parte de CMS o HHS.

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www.hsag.com/zone-tools

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HSAG Sepsis Discharge Education Tool

Discharge Planning: Post Sepsis Syndrome—What Survivors Need to Know

What is sepsis? Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.

How will I feel when I get home?[1,2]

You have been seriously ill, and your body and mind need time to get better. You may experience the following physical symptoms upon returning home:

- Weakness and fatigue
- Breathlessness
- Body pains or aches
- Difficulty moving around
- Difficulty sleeping
- Weight loss, lack of appetite, food not tasting normal
- Dry and itchy skin that may peel
- Brittle nails and hair
- Unsure of yourself
- Not caring about your appearance
- Wanting to be alone, avoiding friends and family
- Flashbacks, bad memories
- Confusing reality (e.g., not sure what is real and what isn't)
- Feeling anxious, more worried than usual
- Poor concentration
- Depressed, angry, unmotivated
- Frustration at not being able to do everyday tasks

Recovery steps

After you have had sepsis, rehabilitation usually starts in the hospital. The purpose of rehabilitation is to restore you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and rest when you are tired.

- Follow the treatment plan your healthcare provider prescribes.
- Set small, achievable goals for yourself each week.
- Follow activity restrictions, such as not driving or operating machinery, as recommended by your healthcare provider or pharmacist, especially if you are taking
- Rest and rebuild your strength. Try to get at least 7 to 9 hours of sleep each night.
- Eat a healthy diet.
- Drink enough fluids to keep your urine light yellow in color, unless you are told to limit fluids.
- Make a list of questions to ask your doctor when you go for a checkup.

Planificación del alta hospitalaria: síndrome posterior a la septicemia—lo que los supervivientes deben saber

¿Qué es la septicemia? La septicemia es una complicación causada por la respuesta fulminante y potencialmente mortal del organismo a una infección, que puede provocar daño en los tejidos, insuficiencia orgánica y la muerte.

¿Cómo me sentiré cuando regrese a mi hogar?[1,2]

Usted ha tenido una grave enfermedad, y su cuerpo y su mente necesitan tiempo para recuperarse. Quizás tenga los siguientes síntomas físicos cuando regrese a su hogar:

- Debilidad y cansancio
- Falta de aliento
- Dolores o molestias corporales
- Dificultad para moverse
- Dificultad para dormir
- Pérdida de peso, falta de apetito, los alimentos parecen no tener el sabor normal
- Piel seca con picazón que puede llegar a descamarse
- Uñas y cabello quebradizos
- Siente inseguridad
- No le importa su aspect
- Desea estar a solas, evita a sus amigos y familiares
- Flashbacks, malos recuerdos
- Confunde la realidad (p. ej., no sabe con seguridad qué es real y qué no)
- Siente ansiedad, más preocupación de lo habitual
- Falta de concentración
- Siente depresión, enojo, falta de motivación
- Siente frustración por no poder realizar las tareas cotidianas

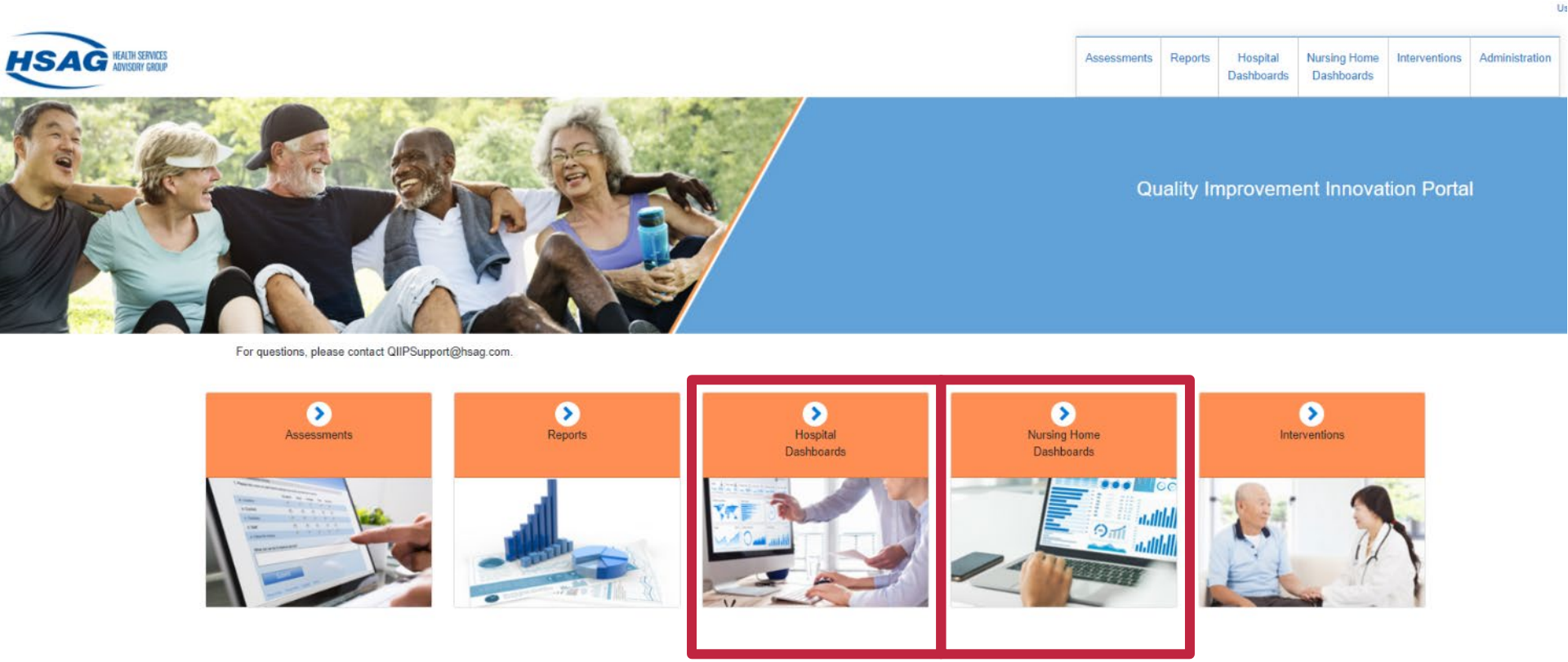
Pasos para la recuperación

Después de haber tenido septicemia, la rehabilitación suele comenzar en el hospital. El propósito de la rehabilitación es que usted recupere su estado de salud anterior o lo más parecido posible. Comience su rehabilitación aumentando sus actividades lentamente, y descanse cuando se agote.

- Siga el plan de tratamiento que su proveedor de atención médica le indique.
- Propóngase metas pequeñas y realizables cada semana.
- Respete las restricciones en las actividades, como no conducir vehículos ni manejar maquinaria, según lo recomendado por su proveedor de atención médica o farmacéutico, especialmente si está
- Descanse y recupere la fuerza. Intente dormir por lo menos entre 7 y 9 horas cada noche.
- Siga una dieta saludable.
- Beba la cantidad suficiente de líquidos para que la orina sea de color amarillo claro, a menos que le indiquen que limite los líquidos.
- Haga una lista de preguntas para hacerle a su médico en la visita de control.

www.hsag.com/nh/infection-prevention/#Sepsis

Quality Improvement Innovation Portal (QIIP): Assessments and Data Dashboard



www.hsag.com/qiip-start

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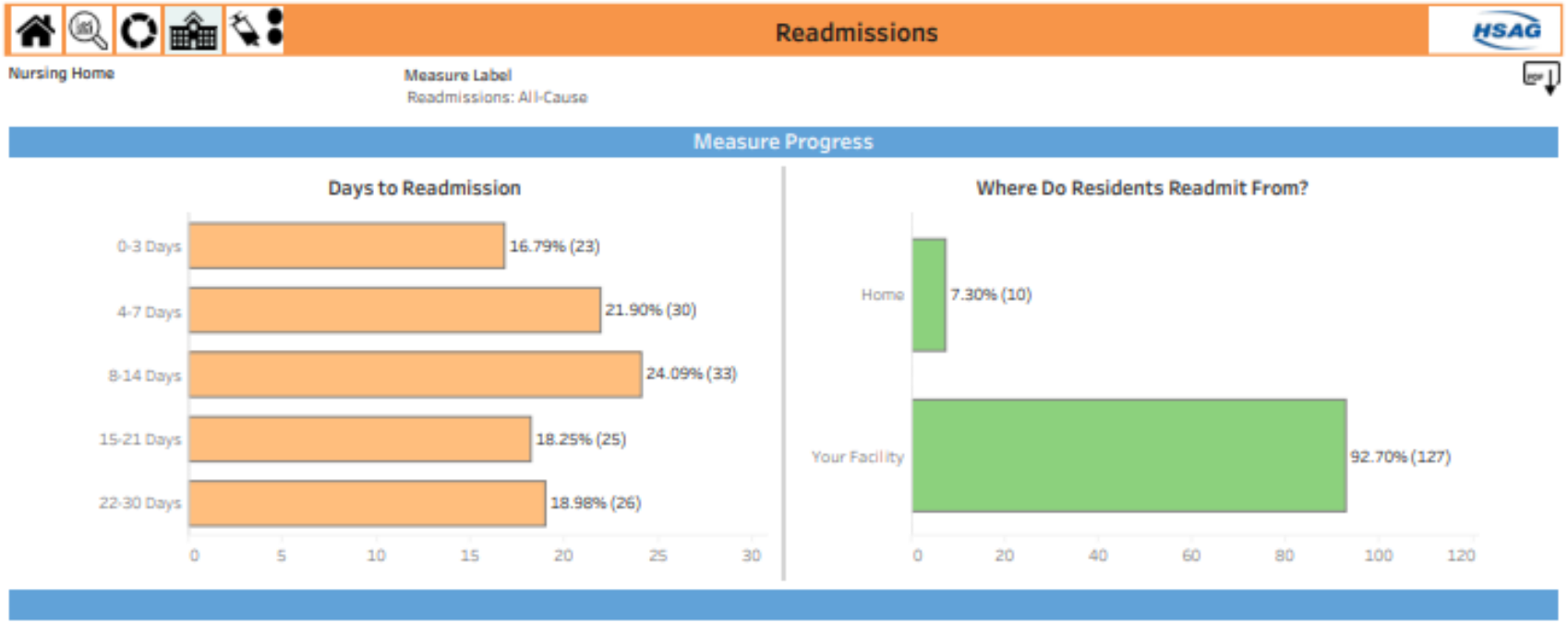
QIIP Readmission and Demographic Data

QIIP Discharge Distribution Readmission Data



HSAG Care Coordination Website and Toolkit

www.hsag.com/cc-resources

Thank You!

As we close this quickinar series, we thank you for attending and for all you do to care for your residents!

Questions?

Thank you!

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