Project RED (ReEngineering Discharge)

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RARE Networking Webinar
September 29, 2011

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Series Objectives

At the conclusion of this learning activity, participants will be able to:

1. Identify key changes and strategies that were used to reduce avoidable readmissions.
2. Describe how the program was developed and tools the team used.
3. Discuss the outcomes of the program.
4. Discuss how these best practices may be applied in their own organization.

Karla Weng and Devra Carlson have no relevant personal financial relationships to disclose and do not intend to discuss off-label or investigational uses of commercial products or devices.
Today's Agenda

• Overview of Project RED
  – Key components
  – 11 point checklist
  – Implementation process
• One hospital’s Project RED journey
• Opportunity to participate in Project RED as part of the RARE Campaign

Who is Stratis Health?

• Independent, nonprofit, community-based Minnesota organization founded in 1971
  – Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
• Working at the intersection of research, policy, and practice
  – Medicare QIO and HIT Regional Extension Center
  – Additional program areas include focus on rural health, health disparities, long term care, health information technology
Strategic Priorities that Align with Project RED

- Improve patient outcomes
- Improve cost/revenue management
- Increase patient and family engagement
- Improve HCAHPS scores
- Prepare for changes to CMS reimbursement penalties for high readmission rates
- Improve nurse/provider time utilization
- Enhance communication across the continuum of care
- Improve relationship with PCPs

“Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.”

A. A. Milne
Project RED – What is it?

- Funded by an AHRQ Partnerships for Implementing Patient Safety Grant, developed by Boston University Medical Center
- Improves the discharge process to assist patients to more safely care for themselves at home and to prevent readmissions

Project RED – Does it work?

The RED process delivered by a nurse using the AHCP (After Hospital Care Plan) tool compared with usual care showed:
- 30% lower rate of hospital utilization in the intervention group within 30 days of discharge
- One readmission or emergency department visit was prevented for every 7.3 subjects
- Average savings of $412 per patient

Principles of the Re-Engineered Hospital Discharge (RED)

1. Explicit delineation of roles and responsibilities
2. Discharge process initiated upon admission
3. Patient education throughout hospitalization
4. Timely accurate information flow:
   From PCP ➤ Among hospital team ➤ Back to PCP
5. Complete patient discharge summary prior to discharge

Principles of the Re-Engineered Hospital Discharge (continued)

6. Comprehensive written discharge plan provided to patient prior to discharge
7. Discharge information in patient’s language and at their literacy level
8. Reinforce plan with patient after discharge
9. Case management staff available outside of limited daytime hours
10. Continuous quality improvement of discharge processes
Keys to Project RED Implementation

- Discharge advocate
- Care plan for patient use after discharge
- Post-discharge follow up with patient

Discharge Advocate

- Designed to oversee patient discharge preparation
- Coordinates all discharge activities within patient population
- Facilitates team activities and discharge planning rounds with primary MD
- Collects discharge focused data
- Ensures completion of discharge plan and demonstrated learning by the patient
AHRQ Template for Care Plan

- Free, downloadable, PDF form can be completed electronically
- Based on Project RED After-Hospital Care Plan
- Integrate with your current systems as able
- Order sample hardcopy from AHRQ

www.ahrq.gov/qual/goinghomeguide.htm

A Visual: After Hospital Care Plan

http://www.bu.edu/fammed/projectred/toolkit.html

** Bring this Plan to ALL Appointments**

After Hospital Care Plan for:

John Doe

Discharge Date: October 20, 2006
# Medications

**EACH DAY** follow this schedule:

## Medicines

<table>
<thead>
<tr>
<th>What time of day do I take the medicine?</th>
<th>Why am I taking this medicine?</th>
<th>Medication name/Amount</th>
<th>How much do I take?</th>
<th>How do I take this medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td></td>
<td><strong>PROCARDIA XL NIFEDIPINE 90 mg</strong></td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>HYDROCHLORTHIAZIDE 25 mg</strong></td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>CLONIDINE HCl 0.1 mg</strong></td>
<td>3 pills</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td>cholesterol</td>
<td><strong>ATORVASTATIN CALCIUM 20 mg</strong></td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td>stomach</td>
<td><strong>PANTOPRAZOLE SODIUM 40 mg</strong></td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
</tbody>
</table>

## Medications (continued)

<table>
<thead>
<tr>
<th>What time of day do I take the medicine?</th>
<th>Why am I taking this medicine?</th>
<th>Medication name/Amount</th>
<th>How much do I take?</th>
<th>How do I take this medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>heart</td>
<td><strong>ASPIRIN EC 325 mg</strong></td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td>to stop smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Then, after 4 weeks use →</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>NICOTINE 14 mg/24 hr</strong></td>
<td></td>
<td>1 patch</td>
<td>On skin</td>
</tr>
<tr>
<td></td>
<td><strong>NICOTINE 7 mg/24 hr</strong></td>
<td></td>
<td>1 patch</td>
<td>On skin</td>
</tr>
<tr>
<td></td>
<td>Blood pressure</td>
<td><strong>COZAAR LOSARTAN POTASSIUM 50 mg</strong></td>
<td>1 pill</td>
<td>By mouth</td>
</tr>
<tr>
<td></td>
<td>Infection in eye</td>
<td><strong>MOXIFLOXACIN HCl 0.5 % soln</strong></td>
<td>1 drop</td>
<td>In your left eye</td>
</tr>
</tbody>
</table>

| **Noon**                                 | Blood pressure                  | **ATENOLOL 75 mg**      | 1 pill              | By mouth                     |
|                                         | Blood pressure                  | **LISINOPRIL 40 mg**    | 1 pill              | By mouth                     |
|                                         | Infection in eye                | **MOXIFLOXACIN HCl 0.5 % soln** | 1 drop | In your left eye             |
### Medications (continued)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Moxifloxacin HCl 0.5%</strong></td>
<td></td>
<td><strong>CLONIDINE HCl 0.1 mg</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 drop</td>
<td></td>
<td>3 pills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In your left eye</td>
<td></td>
<td>By mouth</td>
</tr>
<tr>
<td><strong>Evening</strong></td>
<td><strong>Blood pressure</strong></td>
<td><strong>TRAMADOL HCl 50 mg</strong></td>
<td></td>
<td><strong>NITROGLYCERIN 0.4 mg</strong></td>
</tr>
<tr>
<td><strong>Bedtime</strong></td>
<td><strong>Chest pain</strong></td>
<td><strong>1 pill every 5 minutes</strong></td>
<td></td>
<td><strong>Gum</strong></td>
</tr>
<tr>
<td>If you need it for headache</td>
<td><strong>To stop smoking</strong></td>
<td><strong>NICODEMUS NICOTINE POLACREX 4 mg gum</strong></td>
<td></td>
<td><strong>chew</strong></td>
</tr>
<tr>
<td>If you need it for chest pain</td>
<td><strong>headache</strong></td>
<td><strong>OXYCODONE-ACETAMINOPHEN 5-325 mg</strong></td>
<td></td>
<td><strong>By mouth</strong></td>
</tr>
<tr>
<td>If you need it for headaches</td>
<td><strong>headache</strong></td>
<td><strong>1 pill 3 times each day if you need it</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Follow-up Appointments

**Bring this Plan to ALL Appointments**

**John Doe**

**What is my main medical problem?**

Chest Pain

**When are my appointments?**

<table>
<thead>
<tr>
<th>Tuesday, October 24th at 11:30 am</th>
<th>Thursday, October 26th at 3:20 pm</th>
<th>Wednesday, November 1st at 9:00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Brian Jack</td>
<td>Dr. Jones</td>
<td>Dr. Smith</td>
</tr>
<tr>
<td>Primary Care Physician (Doctor)</td>
<td>Rheumatologist</td>
<td>Cardiologist</td>
</tr>
<tr>
<td>at Boston Medical Center ACC - 2nd floor</td>
<td>at Boston Medical Center Doctor’s Office Building 4th floor</td>
<td>at Boston Medical Center Doctor’s Office Building 4th floor</td>
</tr>
<tr>
<td>For a Follow-up appointment</td>
<td>For your arthritis</td>
<td>to check your heart</td>
</tr>
<tr>
<td>Office Phone #: (617) 414-2080</td>
<td>Office Phone #: (617) 686-7460</td>
<td>Office Phone #: (617) 355-1234</td>
</tr>
</tbody>
</table>
Patient Questions

Questions for Dr. Jack
For my appointment on Tuesday, October 24th at 11:30 am

Check the box and write notes to remember what to talk about with Dr. Jack.

I have questions about:
- my medicines __________________________________________
- my pain ____________________________________________
- feeling stressed ______________________________________

What other questions do you have?
_____________________________________________________
_____________________________________________________
_____________________________________________________

Dr. Jack: These were three outstanding findings:
Stress Test done on October 24th and Blood Cultures done on October 29th.

Information about Conditions

My Medical Problem

Noncardiac Chest Pain

Noncardiac chest pain is chest pain that is not caused by a heart problem.

- If your chest pain gets different or worse, call your doctor.
- Take your medications as prescribed.
- Carry your medicine with you.
- See your doctor and ask questions.

Picture adapted from the Society of Thoracic Surgeons Website

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Location of Appointments

Post-Discharge Follow-up (phone call)

- Define who will call your patient after discharge
- Define when the follow-up call will be made
- Develop script for caller (templates available)
- Develop a process for off shifts and weekends
- Develop a process for pharmacy support if medication questions arise
RED Checklist

Mutually reinforcing components

1. Medication reconciliation
2. Reconcile discharge plan with national guidelines
3. Follow-up appointments
4. Outstanding tests
5. Post-discharge services
6. Written discharge plan
7. What to do if problem arises
8. Patient education
9. Assess patient understanding
10. Discharge summary sent to PCP
11. Telephone reinforcement

Adopted by National Quality Forum, as one of 30 US "Safe Practices" (SP-15)

Project RED Implementation

• Identify and charter a team
• Complete a current process map
• Identify gaps
• Vision an ideal process map
• Define roles and identify tests of change
• Use process and outcome measures to monitor progress
• Pilot changes, monitor, continue to improve
Project RED in Minnesota

• Stratis Health partnered with:
  – Health Education and Research Trust (HRET)
  – Joint Commission Resources (JCR)
  – MDH Office of Rural Health and Primary Care
• 15 rural hospitals launched in spring 2011

RARE - Project RED

• Collaborative offered through RARE Campaign
• Launches late 2011
• Details and participation agreement

http://rarereadmissions.org/resources/collaboratives.html
• Participation agreements due October 31, 2011
Questions?

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www.stratishealth.org
www.RAREreadmissions.org

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.
Next Webinar
The Physician Champion
Local physicians offer insights about their role as a ‘champion’ in their organization
October 2011

To suggest future topics for this series,
Reducing Avoidable Readmissions Effectively “RARE”
Networking Webinars, Contact:
Kathy.Cummings@icsi.org