Reducing Unnecessary Hospitalization of Rural Nursing Home Residents

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The goal of this presentation is to provide information that affirms what you already know, support deeper understandings, and inspire actions for change.

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MGS Conference, April 12, 2019

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Welcome

- Overview of the Presentation
  - The Problem
  - The Research
  - The Discovery
  - Recent New Findings
  - Recommendations for Consideration

"Change is the end result of all true learning"

-Leo Buscaglia

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Questions …

- How many of you have experienced a situation where you felt a nursing home resident was hospitalized unnecessarily?
- In reflection, what was the result of that hospitalization?

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What we Know …

Unnecessary Hospitalizations of Nursing Home Residents:

- Causes problems for the residents
- Can be costly to the health care system
  - Health Policy Review: Inadequate care coordination and care transitions are responsible for 30-54 billion in wasteful spending
  - 2018 CMS data notes 57% of provider report things "fall through the cracks" when transferring from one facility to another.
- Entering the hospital can result in stress for the resident and his or her family
  - 2018 CMS data notes that 50% of hospital-related medical errors are attributed to poor communication during transitions of care

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Background on the Research

The purpose was to understand why unnecessary hospitalizations occur.

- To gain an understanding of what influences a provider's decision to send a nursing home resident to the hospital

Research Questions

- What influences a provider's decision to send a nursing home resident to the hospital?
- What individual or system barriers, if any, are identified by providers that lead to a decision to hospitalize a nursing home resident?

*** Definition of "Provider": Medical personnel that are responsible for sending a nursing home resident to the hospital**

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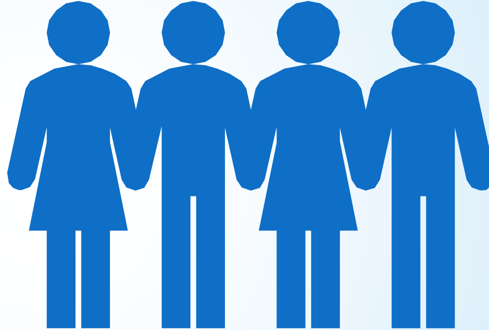
Linking Frameworks

- King's Theory of Goal Obtainment: Goal to achieve what the individual desires
- Kolcaba's Comfort Care Theory: Theory that all people want to have comfort. Especially true in nursing home residents
- Hippocratic Oath: To treat the ill to the best of one's ability, to preserve a patient's privacy, to do no harm



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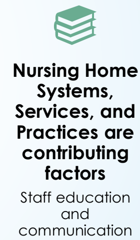
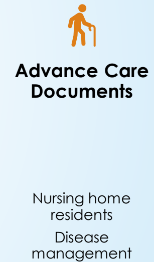
Literature Review





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Gaps in the Literature

Provider Perspective on Factors that Influence Decision to Hospitalize

Unknown Organizational Factor Influences

Specifics on Ineffectiveness of Healthcare Directives

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Inconsistent Language and Practices

- Healthcare Providers: Providers, Nurse Practitioners, Physician Assistants
- Advance Care Directives: Living Will, 5-Wishes, POLST, Healthcare Directives, Catholic Healthcare Directives, Healthcare Power of Attorney. DNR/DNI

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The Discovery Process

Qualitative Method: Interviews with Providers

12 Providers who serve nursing home residents

(9-MD 3-NP Years of experience range from 1-20 years)

Rural Minnesota

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Key Learnings

What influences a provider's decision to send a nursing home resident to the hospital?

- Role: Receives call, receives information, and authorizes transfer to hospital
    - Supports nursing home recommendations
- Information on call influences the decision
    - Lack of information
    - Poor communication
- Influence of advance care documents

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Key Learnings, Cont.

What barriers, if any, are identified by providers that lead to hospitalization?

Inadequate information

- Poor nurse communication-not using common communication tools
- Unaware of family involvement

Inadequate nursing home processes and services

- Limited services available
- Unknown patient/family wishes
- Lack of pre-planning
- Level of nursing home care varies
- Documentation unavailable or unclear
- Lack of nurse awareness

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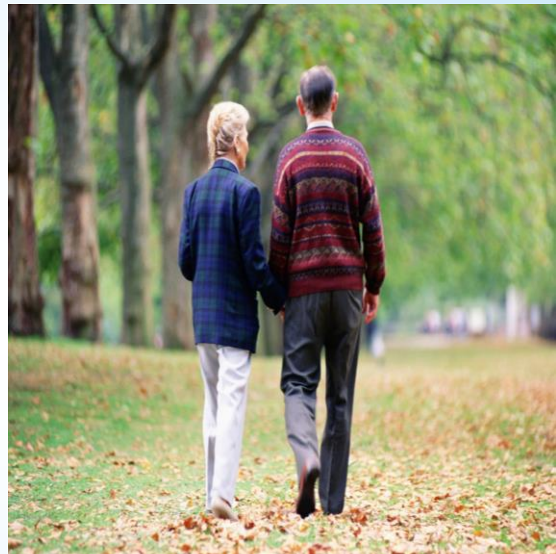
Recent Findings

2019 Agency for Healthcare Research and Quality Report

- Organizational:
  - Lack of ability of EHR to communicate
  - Lack of standardized processes
  - Insufficient communication
  - Inadequate coordination
- Providers
  - Lack of time
  - Lack of information
  - Medication discrepancies
  - Lack of communication between providers.



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Implications for Change

Information can lead to greater understanding for health-care leaders and change in policy and practices for:

- Nursing Home systems, staff, and communications
- Provider systems and communications
- Changes in practice and resulting outcomes

Changes in policy and practice could decrease the phenomena of unnecessary hospitalizations.

- Improving quality of care
- Impacting costs

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Opportunities for Change

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What we all want …

POSITIVE HEALTH CARE OUTCOMES FOR NURSING HOME RESIDENTS

PROVIDE MORE COMFORT FOR FAMILIES OF RESIDENTS

DECREASE HEALTH CARE COSTS

IMPACT HOW NURSING HOMES ARE VIEWED BY HEALTH CARE PROVIDERS

IMPROVE NURSE TO PROVIDER COMMUNICATION

IMPROVE NURSING HOME SYSTEMS AND PROCESSES: INCLUDING ADVANCE DIRECTIVE DOCUMENT USE

PROVIDE SERVICES IN NURSING HOME THAT DECREASES THE NEED FOR HOSPITALIZATION OF RESIDENTS

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Recommendations

Practice

- Common Advance Directive Form
- Collaboration on common communication form
- Increase NH capacity
- Ensure availability of resources for acute conditions

NH Leadership

- Identify NH services
- Provide information on services
- Align resources to cost-effectively address acutely ill
- Provide ongoing communication on services
- Develop materials to assist in provider education on services

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Recommendations

Provider Leadership

- Collaborate on common Advance Directive Form
- Collaboration on common communication form
- Collaborate with NH on aligning resources for care
- Meet with NH on ensuring services meet needs of providers
- Collaborate with NH on nurse education

Nurse Education

- Acute and chronic condition management
- Education on communication methods and tools
- Education on use of evidence-practice disease management processes
- Ongoing education on disease processes and acute illness

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Where Do We Go From Here?

If you don't believe one person can make a difference, you have never been in bed with a mosquito. – Anita Roddick

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Thank You …

For your time, your willingness, and your commitment to making a difference in the lives of our older adults!

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