
# ACH: Acute Care Hospitalizations

A Guide to Preventing Unnecessary Hospitalizations

# ACH: Public Reporting and Goal

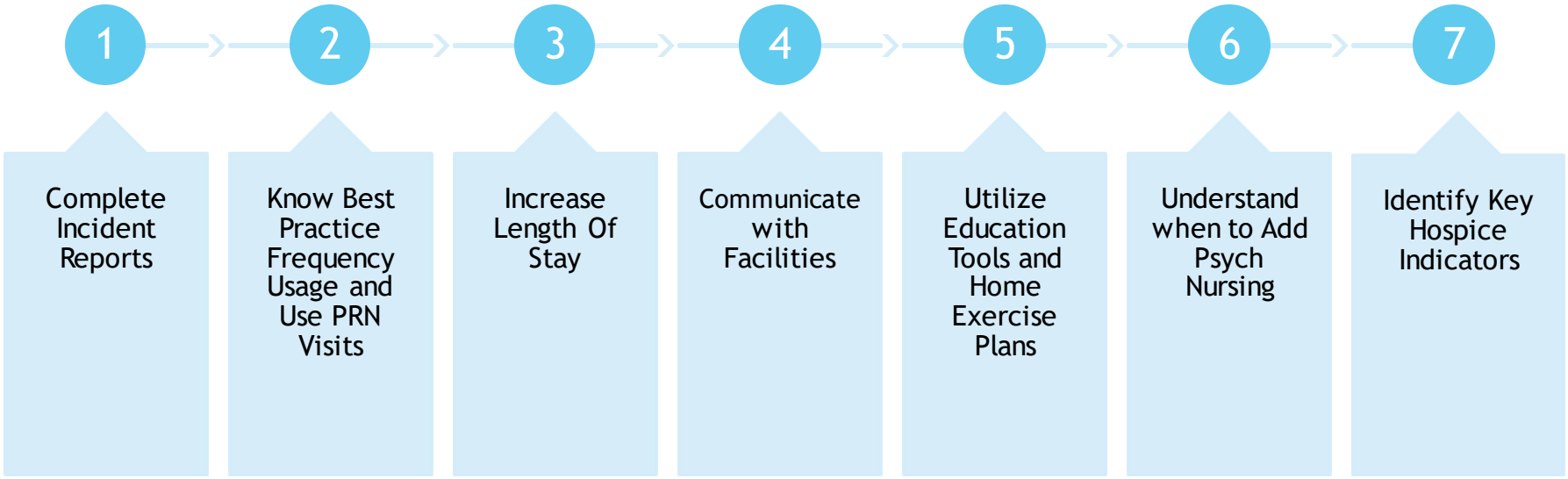
## Public Reporting

- 15.5% ACH

## Our Goal

- 13% ACH

# Interventions to Reduce ACH



# Complete Incident Reports

When do I need to report an incident?

Report incidents for all:

- Patient Occurrences
- Infections
- Medication Errors

Where do I report an Incident in Point Care?

Incidents must be reported in either of the following ways

- Under PRN within a visit
- Under QI report within Medical Records

# Know Best Practice Frequency Usage and Use PRN Visits

- The highest risk for Hospitalization after a patient discharges from a SNF or Hospital falls in the first seven (7) days post-discharge

- How can we try to avoid re-hospitalization post SNF/Hospital discharge?
  - Monitor your patient more frequently in their first week of service. Plan to make three (3) visits with your Patient within the first seven (7) days of discharge from a SNF/Hospital.

- We can also minimize re-hospitalization by increasing frequency of visits when a Patient experiences a change in condition. Communicate the need for PRN visits and changes in condition with Your Clinical Manager.

# Increase Length Of Stay

- Extend out visits and increase recert rate (see Patients longer!!!). We have a very sick Patient population. When we see our Patients longer, we can more comprehensively address their many needs and diagnoses.

- What is the best way to help Patients address all their needs?
- Focus the education you give:
  - Teach
  - Revisit Education
  - Test
  - Introduce New Information
  - Repeat

# Communicate with Facilities

- We care for a high percentage of Patients in Facilities. These Patients may require a different approach of Communication.

- Who do I need to Communicate with when seeing a Patient in a Facility?
- Communicate:
  - With the Patient's Family, Facility Staff, Physician(s), and Coworkers in other disciplines
  - Via OCI binders in the Facility – these binders give a snapshot to others caring for the Patient
  - With the Sales Team - Get to know the Sales Representative in your Patient area. They frequently work with staff in the facilities and can be a great resource for you!

# Utilize Education Tools and Home Exercise Plans

Here is a sampling of some great tools that can help strengthen your Patient and keep them from unnecessary hospitalizations:

- Respiratory Toolkit – Order incentive spirometers in Point Care to go along with this toolkit. To be able to order in Point Care, add supply "DME-Incentive Spirometer".
- CHF Stoplight and Booklet
- Medication List (from SOC pack): list EVERY medication change. The Medication List must be up to date! *Medication boxes are available at the office for shipment to Patient or for clinician pick up. Keep a few in your mobile supply closet for convenient use at Patient SOC)*
- Dementia with Behaviors Assessment
- Managing Your Diabetes at Home Stoplight

# Utilize Education Tools and Home Exercise Plans, cont.

- HEPs that can help strengthen your Patient and keep them from unnecessary hospitalizations:
  - Home Exercise Plans – 5 ***new or revised*** HEPs available
    - Revised: #175 LE Orthosis and #290 UE Splinting
    - Addition: #330: Ice/Heat for Pain Management
    - Addition: #320: Preventing Pressure Injuries
    - Addition: #315: Pelvic rocking for Lumbar Pain Management

- All of these Education Tools, HEPs, AND MORE (!) are available for pick up at the front desk. Please email supply@optimalcareinc.com if you know you are coming in advance and would like these ready for quick pick up.

# When it is time for the Psychiatric Nurse Evaluation?

- Any and all orders from the physician or NPP that specify Psychiatric (or like term) Evaluation
  - Fact: Primary diagnosis is psychiatric (dementia is NOT a psychiatric diagnosis, it is classified in the ICD-10 as medical) a psych nurse should see if nursing on case
  - Myth: Patient has a history of psychiatric diagnosis but there are no anticipated changes to the POC – psychiatric nurse not required.
  - Myth: Patient has depression, needs a psych nurse – not TRUE – nurses should be engaged and ready to manage simpler more common mental health conditions – depression, anxiety, dementia (we work in geriatrics, dementia is a big part of that)

- Patient in psychiatric crisis
  - Fact: Psychiatric illness is impeding plan of care or required to change plan of care and improve the condition and safety of the patient
    - Rule out organic – get labs make sure no infection, learn how to genesite so the psychiatric nurse has a basis of how the patient may respond well
  - Myth: Patient discharged for psychiatric facility, needs psychiatric evaluation ASAP – not TRUE – great time for psych nurse to follow up 4-5 weeks down the road to evaluate progress an current therapeutic treatment

# What else? Use your Resources

- Obtain order labs
  - 1-2 wks post hospital – see if Doctor will agree to repeats (CMP, CBC with differential)
  - Change in condition – request basics
- Chose PCR testing over culture for faster test to treatment time
  - Urine, Wounds
- Obtain orders for diagnostic imaging
  - XRAY
  - Ultrasound
- Add MSW for assistance with Social Determinants of Health
- Refer to wound care nurse (virtual or in person)
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- Get Psychiatric Nurse involved
- Call Physician for all changes in condition
- Case conference with your Clinical Manager
- Conference with your team (document)
- Get Podiatry
- Is it time for Visiting Doctor?
- Conference and update the Specialist (Cardiology, Pulmonary, etc)
- Can't reach a Doctor to help? Engage our Medical Director – Dr Rojas Home Health, Dr Adair Hospice

# Identify Key Hospice Indicators

- Weight loss of at least 10% body weight in the prior 6 months
- Progressive decline in dementia Patients – Fast 7A
- Progression to dependence on assistance with additional activities of daily living
- Progressive stage 3-4 pressure ulcers in spite of care
- History of increasing ER visits, hospitalizations, or physician visits related to primary diagnosis prior to election of hospice benefit
- Cancer with metastases at presentation or progression from an earlier stage of disease to metastatic disease with decline – not seeking curative treatment
- Urosepsis, sepsis