Safely Reduce Hospitalizations

Probing Questions

November 21, 2016

National Nursing Home QUALITY IMPROVEMENT CAMPAIGN

What patterns do we see in our hospitalization rates?

- Is there a particular day that has a high frequency of hospitalizations?
- What time of day are most of our admissions from the hospital occurring?
- What time of day are most of our discharges to the hospital occurring?
- What day of the week are most of our admissions from the hospital occurring?
- What day of the week are most of our discharges to the hospital occurring?

Which groups are most affected?

- What proportion of our transfers has dementia?
- Is there a pattern of clinical causes for transfer to the hospital?
- Of the individuals that were admitted to the hospital,
    - How many of them died?
    - How soon after the transfer did they die?
- Is this primarily a problem of:
    - Readmissions (i.e., hospitalizations),
    - Primary hospitalizations, or
    - Both?
- Are most of the decisions for hospital admission made by the medical director, a covering physician, or by the individual's physician?
- Is there a particular practitioner that is requesting that his or her patients get admitted to the hospital?
- Are residents calling 911 because they are worried about their condition?
- Are we experiencing a spike caused by something like the Flu or epidemic diarrhea that is currently going on in our nursing home?
- How many of our admissions are taking an antipsychotic or psychoactive drug?
- Has there been an increase in falls with injury?
- Has the number of other incidents changed?

Processes and Resources to Consider

Are we collecting and analyzing our data?

- Do we track and analyze admission and transfer data?
- What is the volume of admissions we get from each hospital? How many residents are transferred back?
- Do we routinely analyze the causes of all hospital/emergency room transfers?
- What are nurses and CNAs saying about these hospitalizations, e.g. do they agree that a resident should have been transferred?
- Do we get all the information we need from the hospital at admission?
- What specific data does the hospital have on tracking our readmissions?
- Do the admissions from the hospital challenge our capacity to care for them?
- What happens to residents when they are transferred to the hospital?
    - Are they admitted?

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- Are they placed in observation status?
- Are they seen in the emergency room only and returned to the nursing home?

What is the role of person-centered care and decision-making?

- Do we have a process in place to assess care preferences and begin care planning prior to the admission?
- Are we routinely and periodically reviewing resident and family wishes regarding hospitalizations?
- Are we routinely working with residents and families on their:
  - Goals for care?
  - Advance care planning?
- How well do our direct caregivers know their residents?

What roles do various staff play in decision-making?

- How involved is the Medical Director with individual transfer decisions?
- What is nursing's role when a hospitalization is deemed necessary?
- Is nursing involved in decision-making?

Are we communicating effectively?

- Do we use a structured communication tool?
- How do we share information:
  - Among ourselves (i.e., between nursing home staff members)?
  - Between our staff and our physicians?
  - Between our nursing home and the hospital?
  - Between our nursing home and diagnostic services?
  - Between staff and resident/family?

What other process improvements should we consider?

- Do we look at the list of medications at the time the resident is admitted to the nursing home? i.e., do we routinely do medication reconciliation?
- Are we using the "Stop and Watch" INTERACT II tool or another process to ensure we capture small changes in condition early?
- Can we get diagnostic testing done easily and in a timely way?
- Do we have after-hours physician consultation? How effective are our current arrangements for afterhours access to physicians?
- What is our access to medications typically needed to manage acute changes in condition -- e.g., narcotics, antibiotics?
- Do we have on-site oxygen?
- Is the acuity level of the residents higher than we are able to manage? If so, why?
- Are we staffed to be able to care for residents who are experiencing an acute change in condition?
- Does the hospital we are transferring to have a special service that we are not able to provide?
- Would it be possible for us to add some services that would reduce our need to send residents to the hospital to get them, i.e., IV's, X-rays?
- Who have we engaged in process improvement? Who else needs to be engaged to support success?

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