THE FIRST THIRTY

30-Day Heart Strengthening Program
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Introduction to Hackensack UMC

- 775-bed, nonprofit, teaching and research hospital in Bergen County, NJ
- **Our Vision**: To ensure healthcare “value” through a provider network focused on the health and wellness of the populations we serve.
- **Our Purpose**: Hackensack University Health Network promotes health and wellness in our communities and ensures our patients receive the best healthcare.
- **Magnet** designated
- **Healthgrades America’s 50 Best Hospitals** – only hospital in NJ, NY, and New England to receive nine years in a row
- **U.S. News & World Report** - # 1 hospital in NJ and top four in New York metro area
- **Leapfrog** – Top Hospital List
- **The Joint Commission**– 23 Gold Seals of Approval, including Heart Failure & AMI
Rebranding

In order to make the HackensackUMC DSRIP Program more patient friendly, it was rebranded as:

‘The First Thirty: 30-Day Heart Strengthening Program’
“The First Thirty” Goals

• **Develop an evidence-based care transitions model** to reduce 30 hospital readmissions for chronic cardiac conditions (CHF and AMI)

• **Reduce preventable admissions** and emergency department visits

• **Decrease cost** by enhancing quality, safety and improving access to primary health care

• **Educate patients and caregivers** regarding diagnoses, plan of care, self care, medications, available community resources, and emergency instructions etc.

• **Foster autonomy** through 30 day relationship and allow patient to gain independence over health care
‘The First Thirty’ Logistics at Admission

Patient arrives to the hospital with CHF/AMI and qualifying financial requirements

Oracle BI generated report to capture all patients within parameters

APN and Pharm D. meet with patient to discuss ‘The First Thirty’ program

Confirm and enroll patient

DSRIP APN reviews report
Collaborate with RN/case manager regarding d/c plan

Review discharge med rec and acquire Rx’s needed

Offer Meds to Beds program

Schedule follow-up appointments

Arrange transportation

Counsel on plan of care

Discharged

Follow-up phone call in 48 hours
‘The First Thirty’ Services

- **EMMI Enrollment**
  - Automated phone call system which assesses risk factors and communicates information to DSRIP APN for 45 days
- **Dietician consult** prior to hospital discharge
- **Home visits** by the DSRIP APN when necessary
- **VNS services** for at least 30 days
- **Medication therapy**
  - Prescription coverage for the first 30 days post-discharge
  - Extensive medication counseling
  - Home care/medical supplies provided as needed
“The First Thirty” Services (cont.)

- Scheduling follow-up appointments
  - Heart Failure Center: CHF patients
  - Bergen Invasive Cardiovascular Consultants: AMI patients
  - Financial assistance office
  - Diagnostic procedures
- Transportation
  - Taxi vouchers are provider for all appointments
- Assistance with the charity care application process
- DSRIP Diagnostic insurance card: Lab work and diagnostic procedures at no cost
The Wellness Package

✓ ‘The First Thirty' Tote Bag
✓ Digital Weight Scale
✓ Automatic Blood Pressure Machine
✓ Pill Box for 7-day am/pm
✓ Calendar for 30-day appointments
✓ Appointment pad and First Thirty Pen
✓ Pulse ox (if needed)
✓ Diabetic and home care supplies (as needed)
Patient Challenges

- Low socioeconomic status
- Low educational level and health literacy
- Finding providers who participate in Medicaid/Medicare plans
- VNS services that participate in patient’s insurance
- Delay in Medicaid application process
- Inability to be discharged to rehab due to lack of coverage
- Social access issues: food, shelter, subpar housing
- Locating and following up with patients post-discharge
Program Challenges

- Staffing: One full-time APN dedicated to the project
  - Posted position additional DSRIP APN
- Cardiology Hospital APN
  - Newly-hired APN
- Transitioning patients to a maintenance program after the 30 days
- No ETD flag to identify readmissions immediately
Readmission Outcomes

Readmission Rates
March - November 2015

Heart Failure: 12.3%
AMI: 1.7%

Heart Failure AMI Observed vs. Expected Readmission Ratio
March - November 2015

DSRIP
HUMC

Goals

Goals

0.62 0.91 1.00
0.13
Patient Acknowledgements

From the son of a deceased patient:

“This team will always be in our prayers for treating my mother like a human being even though we had no money to pay. She died peacefully thanks to your program. I pray that God gives you the resources and strength to continue to help other families who are suffering. It was extremely comforting to know that we had an APN (Jenny Bernard) who we could call with any questions and who would come to our house to see my dying mother. I also want to thank the heart failure doctors (Dr. Satya and Dr. Kim) and his team who took their time out to see mom for free.”

God bless you and thank you all!
Seek senior leadership support

Expand our clinical team

Continue rapid-cycle evaluations to improve quality

Establish an APN led Transition of Care Clinic

Share outcomes to increase awareness

Continue with DSRIP renewal process

Develop a Transitions of care improvement team

The Future of ‘The First Thirty’
Questions?
‘The First Thirty’ Team

- Carol Barsky, MD, VP, Chief Quality & Safety
- Lee Gordon, Director of Budget and Reimbursement
- Theresa Colarusso, Administrator, Safety and Quality
- Jenny Bernard, APN Coordinator, ‘The First Thirty’/DSRIP
- Jewell Thomas, Pharmacy Supervisor, Transitions of Care
- Peter Rinaldi, Director of Public Reporting
- Dan Di Giorgio, Senior Reimbursement Specialist
- Jeanette Previdi, DSRIP RN PI advisor
Thank you!