DSRIP Learning Collaborative 3 & 4
Cardiac Care #1

Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions

Presented by:
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Chief Quality Officer

Thursday, July 9, 2015, 11:00am - 12:00pm
DSRIP Project (August 2014- January 2015)

Adapting “Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions” (CHF & AMI)

CTI Model includes:

1. Patient centered booklet title “Managing Your Heart Condition” used as a tool to educate patients with primary and or history of CHF and AMI.
2. Educating patients using teach back methodology.
3. Integrated approach to patient education done by RN, CM, RD, APN and physician.
4. Arranging a home visit 24-48 hours after discharge by a home health care agency.
5. Three follow-up phone calls.
Post discharge telephone calls

**First call:** How are they doing, questions about medications, discharge instructions, follow up appointment

<table>
<thead>
<tr>
<th>Second call</th>
<th>Third call</th>
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<tbody>
<tr>
<td><strong>Survey questions</strong></td>
<td><strong>Response</strong></td>
</tr>
<tr>
<td>1. The hospital staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left the hospital.</td>
<td>Strongly disagree</td>
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<tr>
<td>2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>3. When I left the hospital, I clearly understood the purpose for taking each of my medications.</td>
<td>Strongly agree</td>
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Survey questions:

1. The hospital staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left the hospital

2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health

3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

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<thead>
<tr>
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<th>Agree / strongly agree</th>
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<tr>
<td>Q1</td>
<td>91%</td>
</tr>
<tr>
<td>Q2</td>
<td>93%</td>
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<tr>
<td>Q3</td>
<td>93%</td>
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</tbody>
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Hospital wide implementation - February 2015

DSRIP Project - Hospital wide Implementation
February - June 2015
Total number of patients - 102

#Pts | R30
84 | 18
Collaborating for Community Needs Assessment

Palisades Medical Center

Hackensack University Health Network

DSRIP Project - Hospitalwide Implementation
February - June 2015
Total number of patients - 102

48%
52%

DSRIP others
Opportunities for improvement:

- Discharge planning
  - Specific date and time of follow up appointment prior to d/c
  - Collaboration with outside agencies - home care, ACO, SAR/SNF
Thank you