



Combining Nursing Power and Quality Metrics to Influence Policy Development

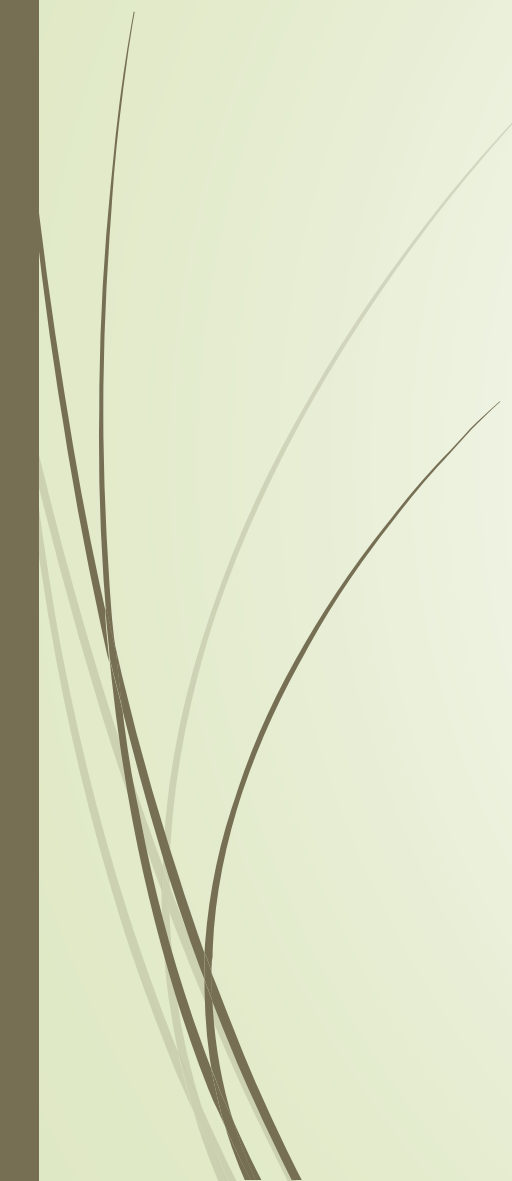
Patricia Nevins, MSN/Ed, RN, FANAI

Baylor Scott and White Hospital

Patient Advisory Nursing Department



Objectives

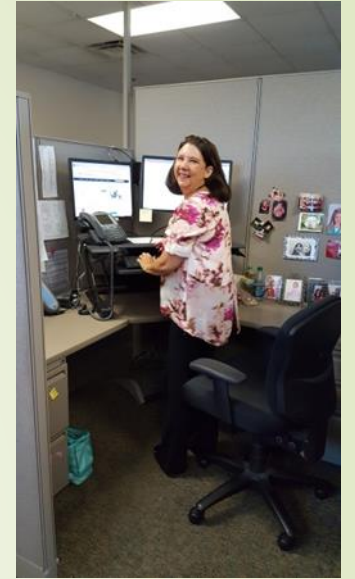
- Analyze financial and value metrics to assess quality outcomes in telehealth nursing management of patients with chronic comorbid conditions.
 - Discuss the role of telehealth nurses in patient safety and patient advocacy
- 

BS&W Patient Advisory Nursing Department

Started in 1994 for the purpose of providing patient education on health matters, improving access to appropriate levels of care, and enhancing professional consultation and care coordination.

1996 merged with physician referral service – 4,000 calls/month

Today, we are the “go to” for Central Texas, handling over 8200 calls/month





Metrics to Assess Quality Outcomes

PAN CHF Post Discharge Hospitalization Call Back Program

Nursing Management of Patients with Chronic Comorbid Conditions



Emerging Trends Driving Telehealth Chronic Disease Management

High Disease Prevalence

- **Over half of all** Americans are diagnosed with a chronic condition
- And over half of these adults have two or more chronic conditions
- CHF, Diabetes, COPD, Asthma, HTN

Increasing Costs

- By 2023, it is projected to cost the U.S. \$4.2 trillion to manage chronic illness
- **It cost 2.5 times more** to care for a patient with one chronic disease.

(The Advisory Board, 2016)



Financial Metrics

- Revenue
 - Direct
 - Indirect
- Efficiency

Value Metrics

- Patient satisfaction
- Quality
- Provider Satisfaction



Purpose of PAN CHF Post Discharge Follow Up Call Program


- ▶ Cost Avoidance: CHF patients have high ED and hospital admission rates, and higher 30 day readmission rates
- ▶ BSWH adopted 4 Pillars of Discharge Planning to address:
 - ▶ Lack of Patient Adherence:
 - ▶ need for education
 - ▶ insufficient social support
 - ▶ incomplete care transition

(The Advisory Board, 2016; Rush, 2016)

Comparison of the percentage of patients who received PAN call back with average total BSWH CHF patient readmission & National CHF readmission rates	Number (n=)	Percentage (%)
Acute on chronic CHF patient discharged from hospital 05/2015-06/2016	n = 363	
Patients contacted by PAN within 48 hours	n = 342	94.2
PAN CHF patients readmitted for CHF within 30 days 05/2015-06/2016	N = 71	20.7%
Average CHF patients readmitted within 30 days for BSWH 2012-2014 ¹	208/750	27.7%
CHF Patients readmitted within 30 days BSWH 2015 ²	122/507	24.06%
National Average of CHF 30-day readmission ¹		24.8%

¹Medicare (2014). Medicare Hospital Readmission Reduction Program from 2012 – 2014. Retrieved 08/08/16 from <https://data.medicare.gov/Hospital-Compare/Hospital-Readmission-Rates/92ps-fthr>

²Baylor Scott and White Health Care System (2016). Preventing Readmissions Best Practice Team: Memorial HQPSC. Author: Baylor Scott and White



What Have We Learned From Our Program?

- ▶ We're making a positive impact
 - ▶ We are decreasing costs for both healthcare system and patient
- ▶ We can have a greater positive impact
 - ▶ What would happen if we called back a second and a third time?
- ▶ What's Next?
 - ▶ Collect qualitative data
 - ▶ Extend our service to other chronic diseases such as HTN, COPD, and asthma.



**Excellence
Leads to
Quality**

**Do or Do Not
There is No Try**

The Wisdom of Yoda. Image Credits: Animation Insider at vincentofearth.wordpress.com. Retrieved from <https://vincentofearth.wordpress.com/2014/08/24/the-wisdom-of-yoda/>.



The Role of Telehealth Nurses in Patient Safety and Advocacy

Nurse Driven Quality Improvement: PAN After- Hours Reporting of Out-Patient Critical Lab Values

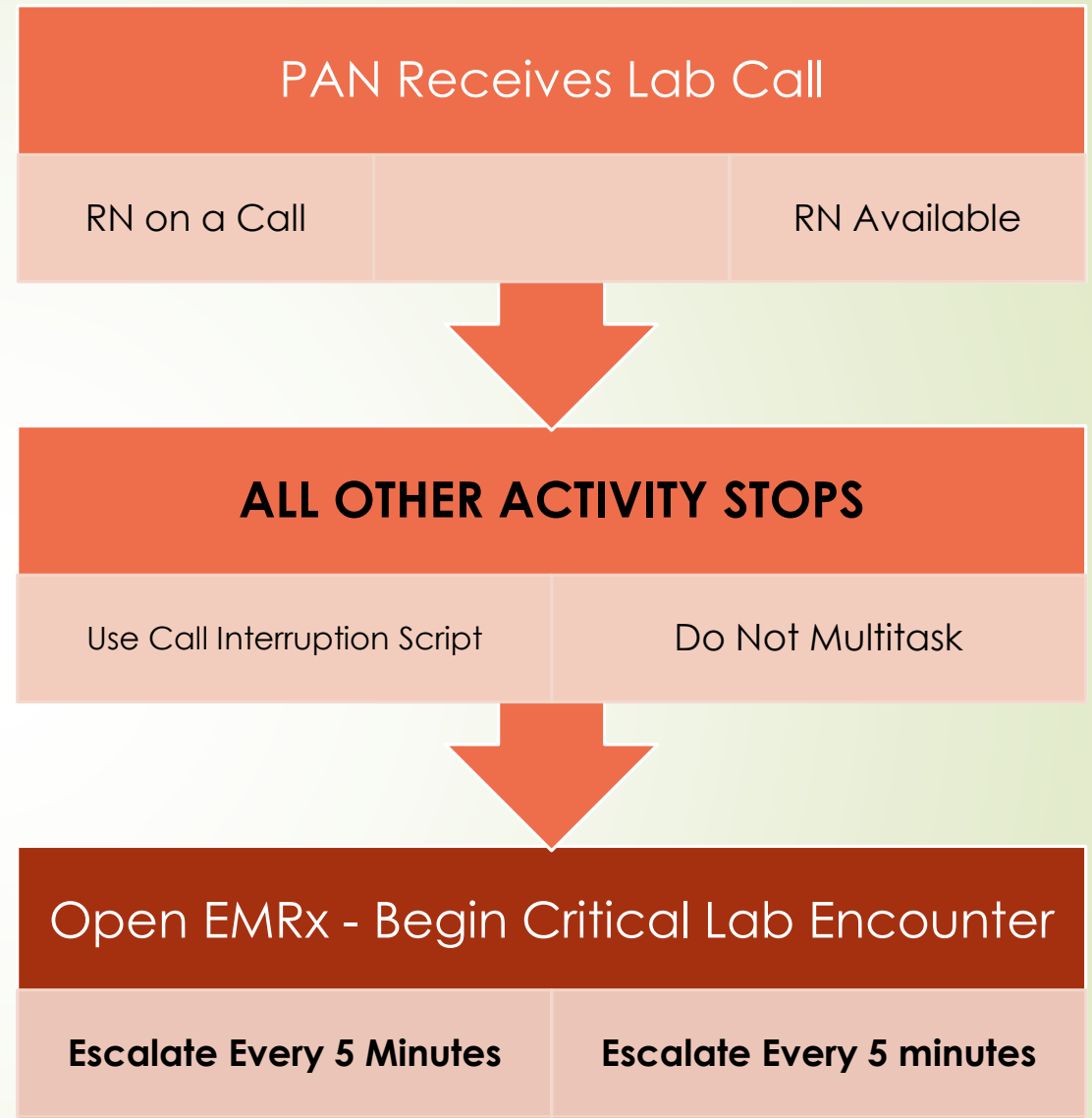
Why Did We Initiate This?

Inconsistent practices system wide

Poor turn around times for reporting of critical lab values

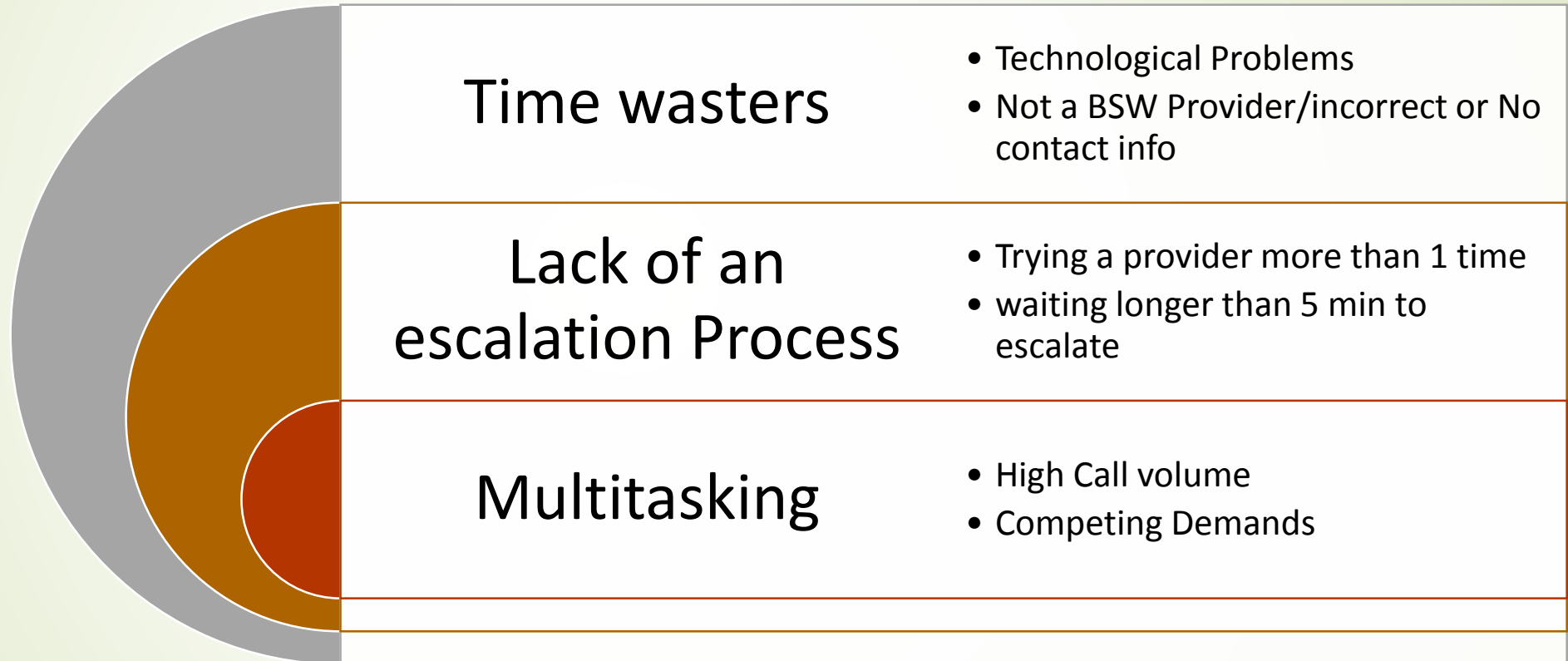
Provider frustrations

Patient Safety Hazard



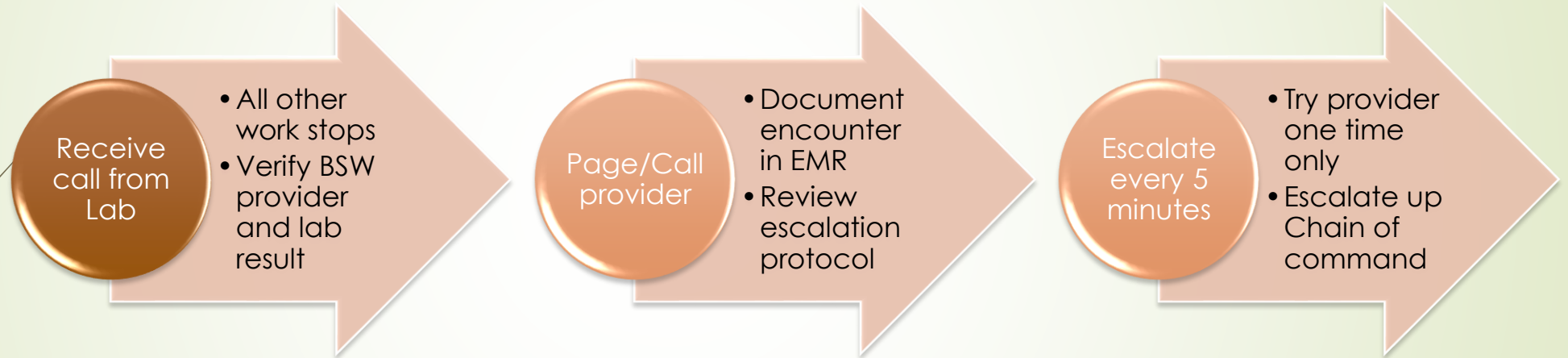
Source: Preputnik, D., & Hart-Tipton, P. (2015), After hours critical lab reporting: Streamlining the process. Viewpoint, 4-7. Retrieved from www.aaacn.org

Assessment: What was taking place?



Source: Preputnik, D., & Hart-Tipton, P. (2015), After hours critical lab reporting: Streamlining the process. Viewpoint, 4-7. Retrieved from www.aaacn.org

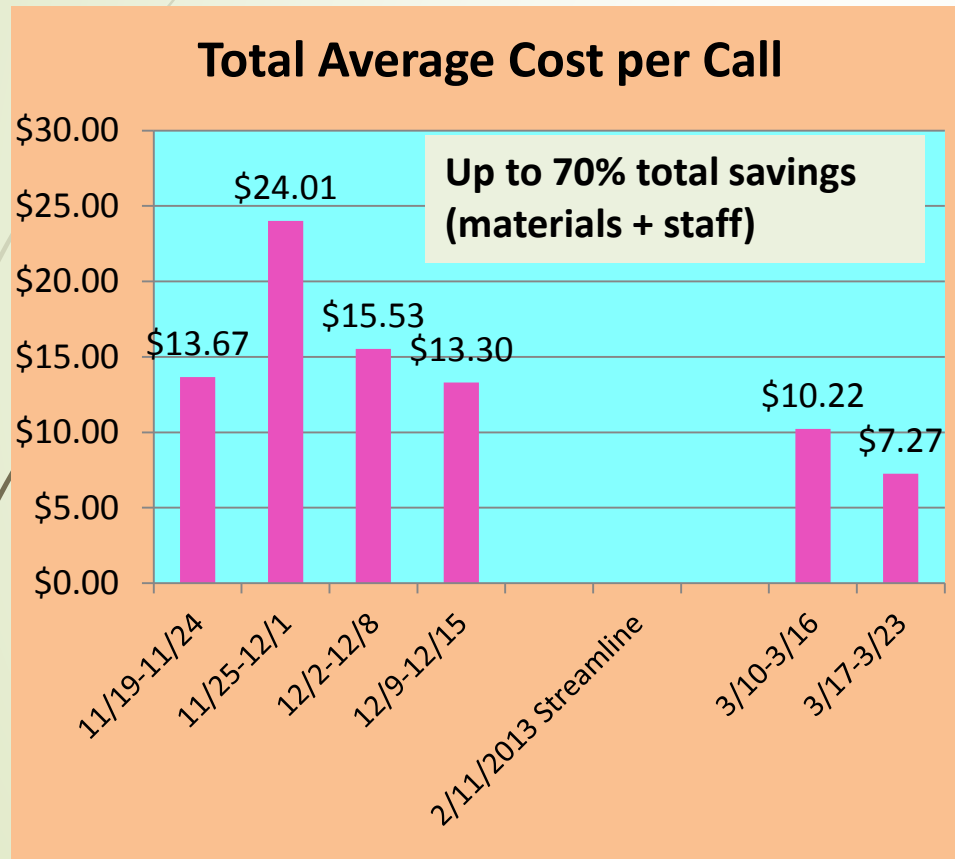
So We Implemented a New Process



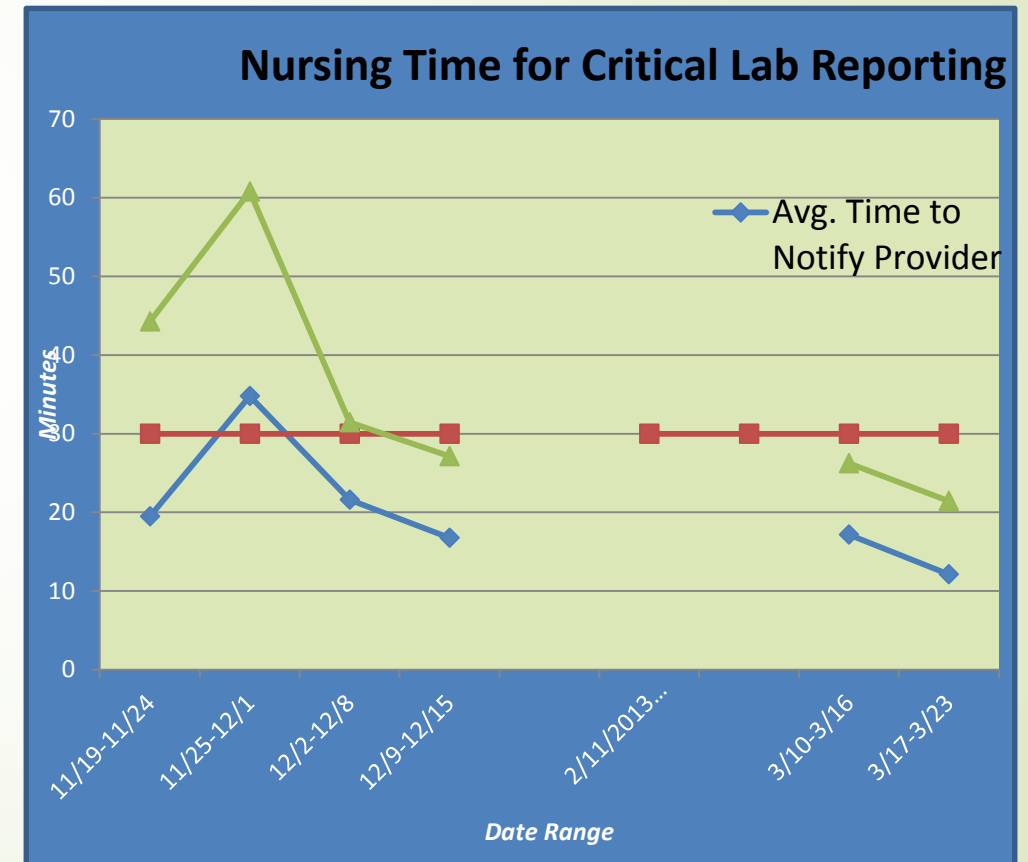
Source: Preputnik, D., & Hart-Tipton, P. (2015), After hours critical lab reporting: Streamlining the process. Viewpoint, 4-7. Retrieved from www.aaacn.org

Benefits and Results

Decrease Cost



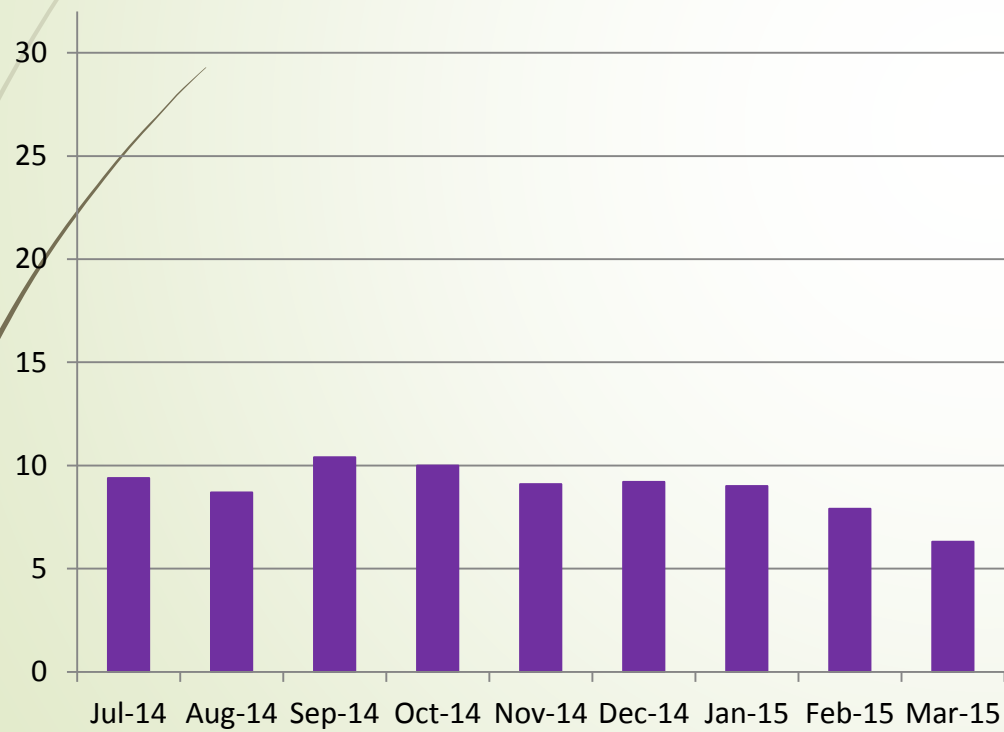
Improved Patient Care



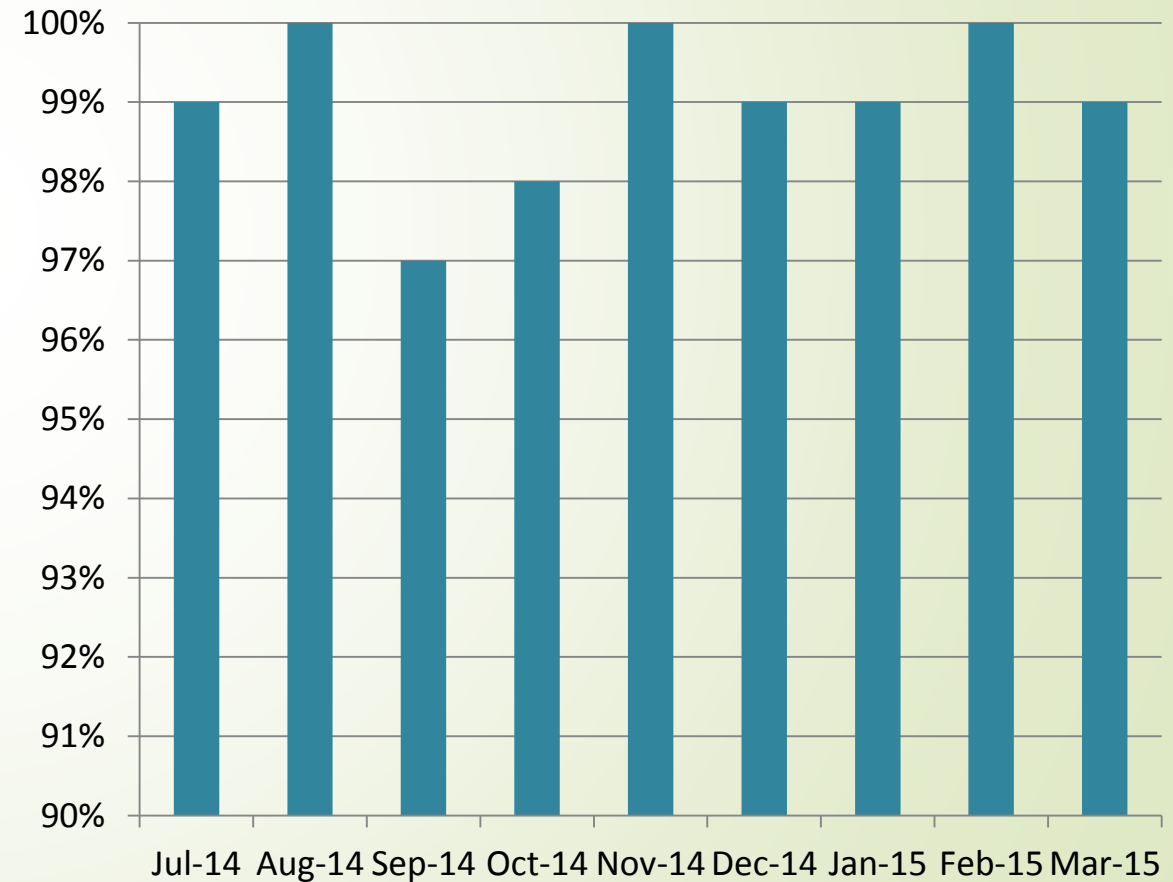
Source: Preputnik, D., & Hart-Tipton, P. (2015), After hours critical lab reporting: Streamlining the process. Viewpoint, 4-7. Retrieved from www.aaacn.org

Long Term Results

**Average Monthly Turn Around Time
(minutes)**
Goal = 30 minutes or less



**Compliance 2014-2015
Reporting Critical Values to Providers within 30"**





Where Are We Now?

- ▶ PAN continues to advocate for patient safety by:
 - ▶ Further assessing the system process for collecting outpatient labs to identify inefficiencies → What is the time line?
 - ▶ Time specimen is drawn
 - ▶ Time processing lab receives the specimen from courier
 - ▶ Time PAN receives the critical lab value



How Can All Nurses Advocate for Quality, Patient Safety, and Their Profession?

- Get involved
 - Department and facility Councils/Committees
 - Professional Association
 - Grass Roots Initiatives
- Speak up
- Analyze and evaluate the evidence
- Conduct research



Summary

- Metrics identify health care practices that deliver true quality.
- Nurses are at the front line in patient care → key players in evaluating best practice.
- Telehealth is expanding to meet national patient care needs →
 - Nurses must be at the table when telehealth policy is being developed
 - Policy initiatives on the agenda for 85th Texas Legislature addresses establishing a “standard of practice” for telemedicine.
 - Nurses perform an integral role in telehealth, therefore we must use our knowledge, and expertise to influence policy.



WHERE

WHAT

WHEN

WHY

HOW

WHO



Presenter Contact Information

- Facility: Baylor Scott and White Health Care, Central Texas Division; Patient Advisory Nursing Department
- Patricia Nevins, MSN/Ed, RN, FANAAI
 - patricia.nevins@BSWHealth.org

References

- Baylor Scott and White Health Care System (2016). *Preventing Readmissions Best Practice Team: Memorial HQPSC*. Author: Baylor Scott and White
- Centers for Medicare Services (2014). *Medicare Hospital Readmission Reduction Program from 2012 – 2014*. Retrieved from <https://data.medicare.gov/Hospital-Compare/Hospital-Readmission-Rates/92ps-fthr>
- Preputnik, D., & Hart-Tipton, P. (2015), After hours critical lab reporting: Streamlining the process. *Viewpoint*, 4-7. Retrieved from www.aaacn.org
- Photo: *The Wisdom of Yoda*. Image Credits: Animation Insider at vincentofearth.wordpress.com. Retrieved from <https://vincentofearth.wordpress.com/2014/08/24/the-wisdom-of-yoda/>.
- Rush, A. L. (2016). BSWQA/BSQH Readmissions Council: Congestive Heart Failure Integration Coding
- The Advisory Company (2016). *Telehealth Trends*. Retrieved from <https://www.advisory.com/research/market-innovation-center/resources/2015/telehealth-industry-trends>