Preventing rehospitalizations

The need for containing and reducing healthcare costs has been in the news for quite some time. You have undoubtedly heard that Social Security is running out of money. A significant cause of this problem is hospital readmissions. This refers to patients who are discharged from an acute care hospital and are hospitalized again within 30 days of discharge.

While rehospitalization may have a financial impact on facilities, it may also have a significant impact on how partnering hospitals and—most importantly—beneficiaries view the safety and quality of care provided.

CNAs play a key role in preventing rehospitalizations. Proper observation, monitoring, and documentation of residents’ conditions will help limit the risk of complications.

This issue will cover the implications of rehospitalizations, relocation stress syndrome, and how to improve documentation and communication to reduce rehospitalizations.

Have a good day of training, and stay tuned for next month’s issue of CNA Training Advisor, which will cover teamwork: nurse-CNA collaboration.

PROGRAM PREP

Program time
Approximately 30 minutes

Learning objectives
Participants in this activity will learn how to:
➤ Discuss the implications of rehospitalizations on facilities
➤ Identify signs and symptoms of relocation stress syndrome
➤ Properly document the conditions and care of residents to help reduce rehospitalizations

Preparation
➤ Review the material on pp. 2–4
➤ Duplicate the CNA Professor insert for participants
➤ Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method
1. Place a copy of CNA Professor and a pencil at each participant’s seat
2. Conduct the questionnaire as a pretest or, if participants’ reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

Reduce the stress of relocation

Making the transition from one care setting to another—or back home—can be both stressful and confusing to residents. As a group, discuss some simple ways you can help ease residents into these transitions successfully. Then decide which of these tactics you may be able to implement with your residents today.

Quiz answer key

1. b 3. d 5. b 7. d 9. d
2. c 4. a 6. c 8. b 10. c

Your shortcut to compliant documentation

The Long-Term Care Clinical Assessment and Documentation Cheat Sheets is the ultimate blueprint for how to provide resident-centered care. This electronic-only resource provides nurses with a thorough list of what to check and what to document during every shift, based on the specific circumstances of a given resident. Best of all, the new electronic format of this content enables long-term care clinicians to easily search for the condition they need to treat and access the appropriate checklist within seconds.

For more information or to order, call 800-650-6787 or visit www.hcmarketplace.com/prod-9750.
Rehospitalizations are unanticipated, unscheduled readmissions to the hospital that are clinically related to the initial admission. Although the person is typically returned to the original admitting hospital, a rehospitalization occurs when the person is being admitted to any hospital for treatment of the original condition. This phenomenon is sometimes called bounce back. A newer term is complicated (or complex) transition.

Very few people want to return to the hospital. Likewise, hospitals do not want their discharged patients to return. A rehospitalization is usually a lose-lose situation for both parties. The facts are abysmal:

- According to the Institute for Healthcare Improvement, there are about 5 million hospital readmissions annually
- Approximately a third of these occur within 90 days of discharge
- About 46% of these could be prevented
- Estimates vary by year, but 15%–25% of all Medicare hospitalizations are rehospitalizations
- Rehospitalizations account for $15 billion in annual Medicare spending
- Thirty-four percent of Medicare beneficiaries are rehospitalized within 90 days
- Many of those admitted to long-term care facilities (22%–29%) are readmitted to the hospital
- Rural hospitals have almost twice as many preventable readmissions than urban hospitals
- Men are more likely than women to be hospitalized for a chronic preventable condition
- Men are less likely than women to be hospitalized for a potentially preventable acute condition

Twenty conditions account for 58% of all episodes of care
- Fracture and dislocation of lower extremities and bacterial lung infections are the only two that are acute
- The remaining 18 are chronic conditions such as diabetes, acute myocardial infarction, congestive heart failure, and renal failure

Implications of rehospitalizations

In addition to the financial implications, a high incidence of readmissions may send a negative message about a facility’s quality and safety. Consumers may view a high readmissions rate as an indicator of unfavorable conditions or care, even if this is not the case. A high rate of rehospitalizations may also suggest:

- Inadequate care for persons with chronic illness
- Failure to plan and deliver the medical services necessary to prevent readmission
- Failure to plan and deliver discharge planning services needed for successful community reentry upon hospital discharge

Relocation stress syndrome

Transitioning from one setting to another has the potential for causing (or increasing) confusion and traumatizing an elderly resident. This phenomenon is known as relocation stress syndrome; older terms for it include transfer trauma or relocation shock. Relocation stress syndrome is a consequence of the stress and emotional shock caused by an abrupt relocation of a resident from one location or facility to another.

The signs and symptoms of relocation stress syndrome include:

- Increased dependence
- Delirium
- Depression
- Anger
- Withdrawal
- Changes in behavior
- Changes in sleeping habits
- Feelings of insecurity and loss of trust
- Weight loss (or, less commonly, gain)
- Falls

Relocating? Taking a new job?

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Unless a proposed transfer is emergent, involve the resident in planning for the transfer. He or she is ultimately the decision-maker in the relocation. Additionally, evidence suggests that ensuring continuity of care of elderly persons during care transitions improves patient outcomes, reducing the rate of avoidable rehospitalizations.

The importance of documentation

It is essential to provide close, careful monitoring and documentation—meeting or exceeding the standard of care—to identify and prevent complications that lead to readmissions. Nurses and CNAs are responsible for regular and ongoing monitoring of residents who have experienced an acute illness, infection, incident, or other event. Any change in condition, even if minor, should be monitored as long as necessary to ensure the event is resolved and the resident’s condition has been stabilized. Most facilities monitor residents with problems or abnormal conditions at least once each shift until 24 hours after the condition is stabilized and the event resolved. In some situations, such as fever or head injuries, more frequent monitoring is required. If abnormal observations are noted, the nurse must take the appropriate nursing action, providing the necessary interventions and notifications.

Clinical staff should do the following every shift, documenting their actions:

- Conduct a focused assessment on systems/problems with signs and symptoms of acute illness.
- Identify the resident’s actual problems and/or complaints, if possible.
- Identify conditions that are unstable, or may become unstable.
- If the results of an assessment are positive, describe the nursing action taken. Nursing action must be taken on positive assessment findings. Assessments with no action make both the nurse and the facility legally vulnerable and place the resident at risk. (Example: Assessment reveals crackles in lungs. Nursing action: Contact healthcare provider, document vital signs, increase fluids to liquefy secretions, encourage coughing and deep breathing, etc.).
- Describe negative findings. (Example: no chest pain, no cyanosis.)
- Document vital signs. If abnormal, describe nursing action taken.
- Initiate pulse oximetry.
- Determine whether abnormal findings are chronic or acute.
- Check for and consider recent laboratory values, if any.
- Evaluate the effects of new medications and side effects, if any.
- Monitor for signs and symptoms of inadequate fluid intake and dehydration.
  – Consider intake and output monitoring
  – Dehydration and inadequate fluid intake complicate many conditions
- Note any other changes from the resident’s usual condition (what he or she is like on a normal day).

Mandatory documenting and reporting

The following signs and/or symptoms may be present to a greater or lesser extent if a body system abnormality is also present. The presence of these conditions warrants an initial nursing assessment, a report to the healthcare provider, documentation of findings and notifications, and ongoing monitoring until condition is stabilized:

- Pulse rate below 60 or above 100
- Irregular, weak, or bounding pulse
- Blood pressure below 100/60 or above 140/90, unless this is usual for the resident
- Unable to hear blood pressure or palpate pulse
- Pain over center, left, or right chest
- Chest pain that radiates to shoulder, neck, jaw, or arm
- Shortness of breath, dyspnea, or any abnormal respirations
- Headache, dizziness, weakness, paralysis, vomiting
- Cold, blue, gray, cyanotic, or mottled appearance
  – Blue color of lips or nail beds, mucous membranes
  – Cold, blue, numb, painful feet or hands
- Feeling faint or lightheaded, losing consciousness
- Respiratory rate below 12 or above 20
- Irregular respirations
- Noisy, labored respirations
- Cheyne-Stokes respirations
- Wheezing
- Retractions
- Blood sugar less than 60 or over 300
- Prothrombin time greater than 1.5 times the control value
- Sodium over 147
- Blood urea nitrogen over 22
- White blood cell count over 11,000
- Hematocrit greater than three times the hemoglobin value

Questions? Comments? Ideas?

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PREVENTING REHOSPITALIZATIONS

- Potassium below 3.5 or over 5
- Chloride over 107

**CNAs’ responsibilities**

The specific roles and responsibilities of CNAs in monitoring residents with acute changes in condition include the following:

- Recognize and report condition changes
- Frequently observe the residents’ conditions, symptoms, and vital signs
- The outgoing nurse should review resident status with oncoming nursing assistants
- Report findings to a nurse and request follow-up nursing action
- Inform a nurse manager if nursing follow-up does not occur

**Change of condition communication**

Good communication skills are essential for observing changes in residents’ conditions and reporting them to the correct person.

- Document all communication with others regarding the resident.
- If a change in a resident’s condition warrants physician notification, communicate essential information in a clear and logical manner that expedites understanding and intervention. Have all essential data available before making the call. Be direct and paint a word picture for the physician. Document his or her response.
- On weekends or during second and third shifts, you may communicate with clinicians who are not familiar with the resident. Clearly summarize the resident’s background before describing the problem. Document the clinician’s response.
- Document all attempts to reach the physician. If you observe significant or serious changes in a resident’s condition, do not just chart them—notify the physician. If he or she does not respond, notify the alternate physician, the on-call physician, or the medical director. If the situation appears emergent, consider sending the resident to the emergency department by using facility standing orders, as permitted.
- Inform the responsible party of the initial change and keep him or her updated on the resident’s response to treatment.
- Document notifications and referrals, such as notifying the social worker of the need for behavioral intervention, or the dietitian about a ulcer, weight loss, or abnormal lab values.
- When obtaining physician orders for medications, you must also obtain a diagnosis to correspond with the medication. When documenting medication use, specifically state the reason the medication is being given. Many medications have multiple uses, and this will limit any risk of confusion.
- If the physician orders subsequent laboratory monitoring, make sure the lab is scheduled for the correct day and time.
- Remember that, legally, you must advocate for the residents. If, in your professional judgment, you believe a physician’s orders or actions place a resident in jeopardy, you must intervene and clarify the treatment plan. If the physician is nonresponsive, contact your supervisor and go up the chain of command from there. Document the actions taken to advocate for the resident.

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PREVENTING REHOSPITALIZATION

Mark the correct response.

Name: ______________________  Date: ______________________

1. Delirium, depression, and changes in sleeping habits may be signs of _____________.
   a. rehospitalization
   b. relocation stress syndrome
   c. proper discharge planning
   d. irregular respirations

2. Twenty conditions, two of which are acute, account for 58% of all episodes of care. Which of the following is one of the acute conditions?
   a. Diabetes
   b. Congestive heart failure
   c. Bacterial lung infection
   d. Renal failure

3. Most facilities monitor residents with problems or abnormal conditions at least once each shift until _____________.
   a. 48 hours  c. 72 hours
   b. 12 hours  d. 24 hours

4. A rehospitalization occurs when the person is being admitted to any hospital for treatment of the original condition.
   a. True
   b. False

5. Which of the following conditions does not warrant an initial nursing assessment, documentation of findings and notifications, and ongoing monitoring until the condition is stabilized?
   a. Pain over center, left, or right chest
   b. Pulse rate between 60 and 100
   c. Sodium over 147
   d. Blood sugar less than 60

6. Estimates vary by year, but _____________ of all Medicare hospitalizations are rehospitalizations.
   a. 40%–45%  c. 15%–25%
   b. 46%  d. 10%

7. The specific roles and responsibilities of CNAs in monitoring residents with acute changes in condition include:
   a. Recognize and report condition changes
   b. Frequently observe the residents’ conditions, symptoms, and vital signs
   c. The offgoing nurse should review resident status with oncoming nursing assistants
   d. All of the above

8. Men are more likely than women to be hospitalized for a potentially preventable acute condition.
   a. True
   b. False

9. When caring for a resident, it is important to document _____________.
   a. notifications and referrals
   b. attempts to reach the physician
   c. all communication with others regarding the resident
   d. all of the above

10. A high rate of rehospitalizations may suggest:
    a. Adequate care for persons with chronic illness
    b. Proper planning and delivery of the medical services necessary to prevent readmission
    c. Failure to plan and deliver discharge planning services needed for successful community reentry upon hospital discharge
    d. Successful communication and documentation