



Vision 20/20

National Strategies for Fire Loss Prevention



Model Performance in Community Risk Reduction

SYMPOSIUM 2020

MIH Utilization in Re-admission Reduction

Joseph Casciotti Battalion Chief, RN,
BSN, CFRN, CEN, CP-C

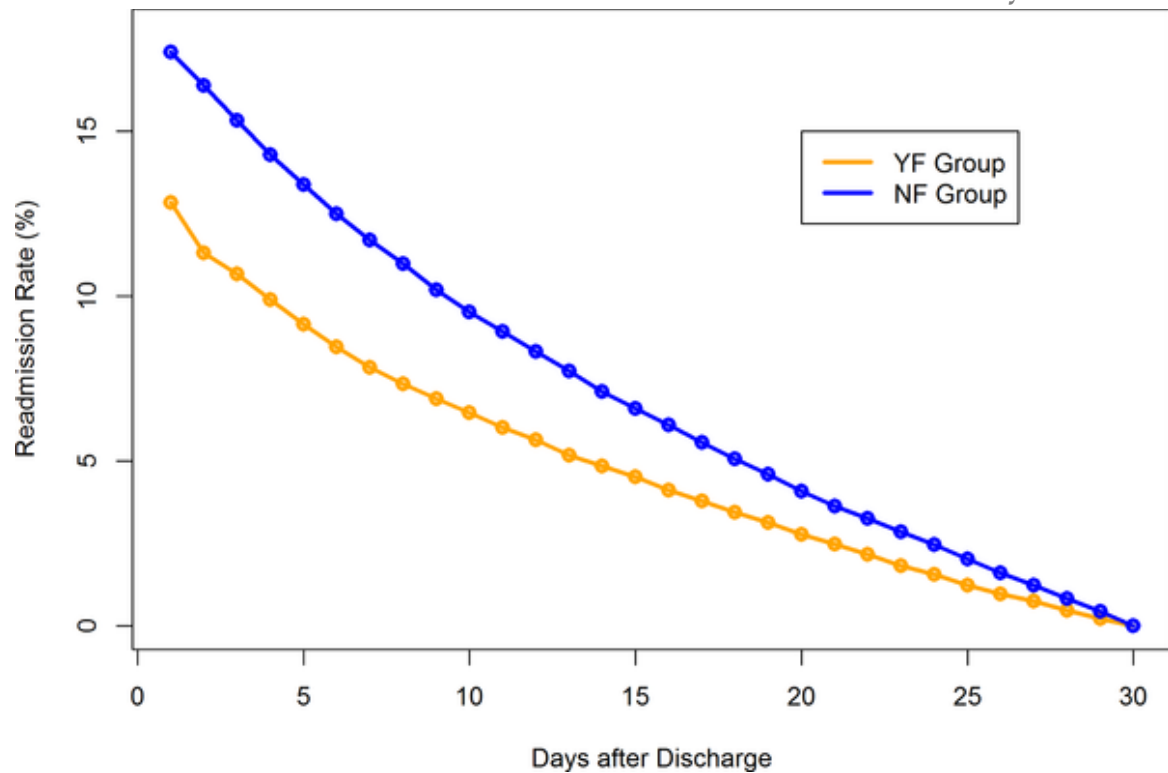


FORMATIVE EVALUATION

Evidence Based Research

- Timing of follow up visit
- Barriers for patients
 - Medication understanding
 - Medication affordability
 - Understanding of d/c instructions
 - Compliance
 - Dietary
 - Follow-up appointments

Fig 2. Comparison of Readmission Rate (RR) for Patients with (YF) and without (NF) follow-up visits on or before various days.



Tong L, Arnold T, Yang J, Tian X, Erdmann C, et al. (2018) The association between outpatient follow-up visits and all-cause non-elective 30-day readmissions: A retrospective observational cohort study. PLOS ONE 13(7): e0200691. <https://doi.org/10.1371/journal.pone.0200691>
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0200691>



PROCESS EVALUATION

Our Program

- Case manager identifies patient and presents program
- Secure email referral
- Pt seen in hospital prior to discharge when able
- Follow-up visits
 - 24-48 hour post discharge
 - 7 day post discharge or as needed



IMPACT EVALUATION

Data so far....

- Since May 1st 2019, 76 patients with STEMI/NSTEMI referred to program
- 25 patients participated with 1 readmission – 4% 30-day readmission rate
- Of the 51 patients who chose to not participate, 11% were readmitted within 30 days along with several ER and Observation admissions
- Since June, no ER or Observation admissions were noted with participating patients



OUTCOME EVALUATION

Case Study

- 76 y/o female, STEMI with 100% LAD, 4 stents and IABP placement post cath
- EF 30%, previously on no medications
- Discharged home with the following medications:
 - Lisinopril
 - Metoprolol
 - Brilinta
 - Furosemide
 - Atorvastatin
 - Pantoprazole
 - Aspirin

Case Study

- Returned to ER and admitted to OBS less than 24 hour post discharge due to syncopal episode
- What happened?
 - Patient’s medication directions were “take once daily”...so she did...all at the same time.
 - Pt was walking up and down steps
 - Pt figured it was from medications...so she randomly split her meds daily and took at different time, but had no idea what each one was for

Case Study

- Interventions
 - Medication review
 - Dietary review
 - Discharge instruction education
 - Cardiac Rehab

Contact Information

Joseph Casciotti RN, BSN,
CFRN, CEN, CP-C

Battalion Chief of Community
Medicine

Joseph.Casciotti@hcesd48.org

832-570-2759

