Implementation Guide: Critical Interventions in the First/Second Visit

VNAA Best Practice for Home Health
Learning Objectives

• The participant will be able to:
  – Identify three interventions that should take place in the first 24 hours of discharge from the hospital or referral to home care
  – Discuss the importance of the Confidence Ruler in assessing the patient’s risk for hospitalization
  – Discuss three processes that are important in medication reconciliation
Critical interventions and actions: First visit in 24 hours

Guideline #1

• See all patients within 24 hours of institutional discharge or referral
First Visit in 24 Hours

Guideline #2

• Complete all activities required at admission and those needed to meet safety needs of patient until Visit 2

• These may include:
  – Consent form
  – Did patient have a face-to-face with MD?
  – Assessment of patient’s physical condition related to patient safety
  – Begin OASIS assessment
  – Risk assessment
First visit in 24 hours

Guideline #3
• Determine if high risk
• Use IHI Risk Assessment Tool
## Categories of a patient’s risk of acute care hospitalization

<table>
<thead>
<tr>
<th>High-Risk Patients</th>
<th>Moderate-Risk Patients</th>
<th>Low-Risk Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient has been admitted two or more times in the past year.</td>
<td>• Patient has been admitted once in the past year.</td>
<td>• Patient has had no other hospital admissions in the past year</td>
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<tr>
<td>• Patient is unable to teach back or the patient or family caregiver has a low degree of confidence to carry out self-care at home.</td>
<td>• Based on Teach Back results, patient or family caregiver has moderate degree of confidence to carry out care at home.</td>
<td>• Patient or family caregiver has high degree of confidence and can Teach Back how to carry out self-care at home.</td>
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</tbody>
</table>

(M1032) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)

- 1 - Recent decline in mental, emotional, or behavioral status
- 2 - Multiple hospitalizations (2 or more) in the past 12 months
- 3 - History of falls (2 or more falls - or any fall with an injury – in the past year
- 4 - Taking five or more medications
- 5 - Frailty indicators, e.g., weight loss, self-reported exhaustion
- 6 - Other
- 7 - None of the above
Additional high risk recommendations

• Does patient have HF or COPD?
• Are they on high risk medications such as Warfarin or diabetic medications?
• Determine fall risk
Emergency hospitalization for adverse drug reactions: Top four categories of drugs

- These four categories of drug account for 67% of hospitalizations:
  - Warfarin
  - Hypoglycemic Agents—oral
  - Insulin—all types
  - Antiplatelet agents

First visit in 24 hours

Guideline #4

- Initiate frontloading for high risk patients (HF, COPD and high risk meds) visits in first two weeks
- Frontloading:
  - Revisit within 24 hours
  - Three visits first week
  - Reassess visit frequency for week 2
  - 60% of visits within 2 weeks

First visit in 24 hours

Guideline #5

• Perform medication reconciliation
  – Verify, reconcile and clarify
Medication reconciliation process: verify, clarify, reconcile

Verify:
- Collect an accurate medication list of ALL medications (One True Source)
- Prescribed medications
- OTC
- Supplements
- Herbals
Patient-friendly medication record

<table>
<thead>
<tr>
<th>Medicine name, strength</th>
<th>Morning dose</th>
<th>Noon dose</th>
<th>Evening dose</th>
<th>Bedtime dose</th>
<th>As needed dose</th>
<th>Notes</th>
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</table>

Schedule was last updated on ________________________

Page ____ of ____
Three-step process: verify, clarify, reconcile

Clarify:
– Confirm drug/dose/frequency
– Identify:
  • Potentially serious drug/drug interactions
  • Duplication within the patient’s medication list
Three-step process: verify, clarify, reconcile

Reconcile:
– Communicate with physician about any identified medication questions or concerns:
  • Ensure all discrepancies are reported to the physician
  • Obtain clarification or revised orders
First visit in 24 hours

Guideline #6

• Exacerbations or signs and symptoms: change in condition
• Identify signs and symptoms of exacerbation
• Determine if patient has understanding of symptoms and appropriate actions to take
• Use disease-specific Zone/Stop Light Tools
Zone Tool - COPD

**GREEN ZONE = ALL CLEAR**
- No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- No decrease in your ability to maintain normal activity.

**GREEN ZONE MEANS:**
- Your symptoms are under control.
- Continue taking your medications as ordered.
- Follow low salt diet.
- Keep all physician appointments.

**YELLOW ZONE = CAUTION**
- Sputum (phlegm) that increases in amount or color or becomes thicker than usual.
- Increased cough or wheezing even after you take your medication and it has time to work.
- Increased swelling of ankles or feet.
- Increased shortness of breath with activity.
- Weight loss or gain of 3 lbs.
- Fever of 100.5°F oral or 99.5°F under your arm.
- Increased number of pillows needed to sleep or need to sleep in chair.
- Anything else unusual that bothers you.
- Call your Home Health Nurse and/or Physician if you are in the yellow zone.

**YELLOW ZONE MEANS:**
- Add *Quick Relief Medicine*.
- Your symptoms may indicate that you need an adjustment in your medication.
- Call your Home Health Nurse or Physician.

**RED ZONE = "MEDICAL ALERT"**
- Unrelieved shortness of breath.
- Unrelieved chest pain.
- Wheezing or chest tightness.
- Increased or irregular heart beat.
- Change in color of your skin, nail beds, or lips to gray or blue.
- Mental changes.
- Chest pain or pain that worsens when you breathe or cough.

**RED ZONE MEANS:**
- This indicates that you need to be evaluated by a physician right away.

- Primary MD ___________________________
- Telephone __________________________

**CALL YOUR PHYSICIAN AND/OR HOME HEALTH NURSE IF YOU ARE IN THE RED ZONE**

**IN AN EMERGENCY SITUATION CALL 911**

Agency Name
Agency Phone Number

Agency Name
Agency Phone Number
Personalized Red Flags List

Pt. Study Number:

This plan outlines what to do in case of an emergency. Please keep this information where you can refer to it. Our Agency has nursing staff on call 24 hours a day including nights, weekends and holidays.

PLEASE CALL THE NURSE IF YOU HAVE:

Heart/Lung Problems:
- A productive or frothy cough
- New congestion
- Increased shortness of breath
- More swelling in your legs or feet
- Weight gain of ______ lbs. in 24 hours/______ lbs. per week

Signs of Infection:
- Increased redness
- More or different drainage
- Wound area gets bigger
- Temperature of 100°F or more
- Change or new odor from a wound

Other Problems:
- No bowel movement for 3 days
- New skin problems
- Change in balance, co-ordination or strength
- Fall of any kind
- Confusion or increased forgetfulness
- Increase in pain

Anticoagulant Therapy Issues:
- Bleeding from nose, mouth, gums, rectum
- Bruising
- Leg pain
- Black stools

Urinary Problems:
- Unusual odor to urine
- Catheter not draining
- Back or flank pain
- Unable to urinate
- Increased weakness
- Bloody, cloudy or change in urine color

Other:

Pre-Hospital Home Health Care Study:

- 
- 
- 

www.vnaabluueprint.org
First visit in 24 hours

Guideline #7:
• Use of emergency care plan (HHQI)
<table>
<thead>
<tr>
<th>WHAT TO DO?</th>
<th>CALL MY HOME HEALTH AGENCY WHEN:</th>
<th>CALL 911 WHEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hurt</td>
<td>• New pain OR pain is worse than usual</td>
<td>• Severe or prolonged pain</td>
</tr>
<tr>
<td></td>
<td>• Unusual bad headache</td>
<td>• Pain/discomfort in neck, jaw, back, one or both arms, or stomach</td>
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<td></td>
<td>• Ears are ringing</td>
<td>• Chest discomfort with sweating/nausea</td>
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<tr>
<td></td>
<td>• My blood pressure is above: <em><strong>/</strong></em></td>
<td>• Sudden severe unusual headache</td>
</tr>
<tr>
<td></td>
<td>• Unusual low back pain</td>
<td>• Sudden chest pain or pressure &amp; medications don't help (e.g. Nitroglycerin as ordered by physician), OR</td>
</tr>
<tr>
<td></td>
<td>• Chest pain or tightness of chest RELIEVED by rest or medication</td>
<td>• Chest pain went away &amp; came back</td>
</tr>
<tr>
<td>I have trouble</td>
<td>• Cough is worse</td>
<td>• I can't breathe!</td>
</tr>
<tr>
<td>breathing</td>
<td>• Harder to breathe when I lie flat</td>
<td>• My skin is gray OR fingers/lips are blue</td>
</tr>
<tr>
<td></td>
<td>• Chest tightness RELIEVED by rest or medication</td>
<td>• Fainting</td>
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<tr>
<td></td>
<td>• My inhalers don't work</td>
<td>• Frothy sputum (spit)</td>
</tr>
<tr>
<td></td>
<td>• Changed color, thickness, odor of sputum (spit)</td>
<td></td>
</tr>
<tr>
<td>I have fever or</td>
<td>• Fever is above _______ F</td>
<td>• Fever is above _______ F with chills, confusion or difficulty concentrating</td>
</tr>
<tr>
<td>chills</td>
<td>• Chills/can't get warm</td>
<td></td>
</tr>
<tr>
<td>I fell</td>
<td>• Dizziness or trouble with balance</td>
<td>• Fell and have severe pain</td>
</tr>
<tr>
<td></td>
<td>• Fell and hurt myself</td>
<td></td>
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<tr>
<td></td>
<td>• Fell but didn't hurt myself</td>
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</tbody>
</table>

This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care.

First visit in 24 hours

Guideline #8:
• Education of:
  – Use of personal health record/log
Personal health record
Suggested contents of personal health record

- Calendar for appointments
- Medication record
- Vital sign grid
- Immunization record
- Anticoagulant log (optional)
- Goal sheets
- Medical appointment log with questions noted
- Red flags
- Home health aide care plan
- List of helpful websites
- Teaching guidelines (patient specific)
HHQI PHR (sample portion)

<table>
<thead>
<tr>
<th>Personal Health Record of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Birth Date:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Home phone:</td>
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<tr>
<td>Alternative phone:</td>
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<table>
<thead>
<tr>
<th>Emergency Contact</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Alternate Name:</td>
</tr>
<tr>
<td>Phone:</td>
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<tr>
<td>Relationship:</td>
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<table>
<thead>
<tr>
<th>Advance Directive for Healthcare</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<table>
<thead>
<tr>
<th>Medical History</th>
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<tbody>
<tr>
<td>Arthritis</td>
</tr>
<tr>
<td>Abnormal Heart Bead</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Heart Disease</td>
</tr>
<tr>
<td>Heart Failure</td>
</tr>
<tr>
<td>High Blood Pressure</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations</th>
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<tbody>
<tr>
<td>Annual Flu Vaccine</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Pneumonia Vaccine</td>
</tr>
<tr>
<td>Date:</td>
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<tr>
<td>Other:</td>
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</table>

<table>
<thead>
<tr>
<th>Notes and Questions about My Health</th>
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<tbody>
<tr>
<td>My health care goal (example: I want to be able to take walks again with my dog):</td>
</tr>
<tr>
<td></td>
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<tr>
<td>What keeps me from meeting my health goals:</td>
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</table>

Questions for my doctor:
First visit in 24 hours

Guideline #9:
• Review the admission day one documentation, specifically OASIS
Initial OASIS questions recommended for completion on first visit

- 1000-1024 Diagnosis
- Risk for Rehospitalization
- 1100 Living Arrangements
- 1200-1230 Sensory
- 1240-1242 Pain
- 1300-1350 Skin
- 1400-1410 Respiratory
- Urinary Catheter or Incontinence
- 1700-1730 Cognitive*
- 1800-1870 Functional Status
- 1910 Fall Risk
- 2000-2040 Meds
- 2110 Need for Assistance
- 2200 Therapy Need*

* May need reevaluation on Visit 2
Guideline #10
• Determine if patient has follow-up MD appointment in 7-10 days
MD follow-up appointment

- Coach patient on need for follow-up
  - May not understand need for MD appointment so soon after hospital discharge
- Coach patient to make appointment or role model for patient by calling for appointment while in home
- Assure transportation arrangements have been made
First visit in 24 hours

Guideline #11

• Is patient safe until next visit?
Second visit

If the patient is high risk:
• Perform second visit in 48 hours from hospital discharge
Second visit

• Guideline 1:
  – Complete OASIS assessment and develop care plan based on findings

• Guideline 2:
  – Follow up on uncompleted items from admission day one
Second visit

• Guideline 3:
  – Assess clinical status and all clinical indicators previously assessed
  – Reinforce education in disease-specific change in condition (exacerbations/red flags)
  – Continue education in disease process, s/s, emergency measures using zone/stoptlight tools
  – Remember principles of patient engagement:
    • Use of teach back method
    • Adult learning
    • Motivational interviewing
    • Coaching
    • Health literacy
  – Medication self-completion log
Patient self-management goals

• Date__________
• Goal: ______________________
____________________________________________________________
____________________________________________________________
Steps to goal:
1. _______________
2. _______________
3. _______________
4. _______________
5. _______________
Coaching: Goal setting

• Use of SMART goals:
  – Specific
  – Measureable
  – Attainable
  – Relevant
  – Time based

Source: CDC
Getting started – Use of Importance and Confidence Ruler

![Ruler with options: Not at all, Somewhat, Somewhat, Very]

0 1 2 3 4 5 6 7 8 9 10
Health literacy

- Ask patient to read medication bottle
  - Checks vision, reading ability
- Use of “Newest Vital Sign” literacy test
The Newest Vital Sign: Health literacy

Use the above nutrition label from an ice cream package to answer six questions:

1. If you eat the entire container, how many calories will you eat?
2. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes 1 serving of ice cream.
3. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?
4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?
5. Pretend that you are allergic to the following substances: Penicillin, peanuts, latex gloves, and bee stings. Is it safe to eat this ice cream? Why or why not?
Second visit

- Assess pt./caregiver’s ability and understanding of medications and use the Patient Medication Log
- Identify best method for patient/family to track
- Introduce use of daily pill box if appropriate
Second visit

• Guideline 4:
  – Assess safety with falls assessment tools and implement program if appropriate
Fall risk tool
Second visit

• Guideline 5:
  – Determine presence of unresolved issues with physician and follow up for resolution
If not high risk ...

May replace 2nd visit with phone call:

- Ask patient what they were doing prior to answering telephone-guide to activity level
- Discuss clinical findings from first visit and ask patient about these
- Review medications regarding patient/caregiver understanding of medications, how and when to take as well as purpose. Discuss whether patient has all medications in the home (See MATCH document for additional guidelines)
- Ask patient about follow-up appointment with physician
- Review emergency plan with patient
- Review how to reach office and schedule next visit to patient in home
- Ask open ended questions of patient about how they are feeling and whether there is anything else they need or would like to know
• Utilization of data on a visit made in the first 24 hours and second visit made within 48 hours for high risk patients and those with HF, COPD or high risk medications
• Did first visit occur in 24 hours and did second visit for identified high risk patients occur in 48 hours?
• Measure the percentage of time these visits occurs
• Measure whether same clinician is used on first and second visit