Patient and Family Engagement (PFE) Quickinar Series, Session 6

Role of PFE in Reducing Readmissions
• Show the relationship of PFE to Value-Based Purchasing (VBP).
• Discuss how social drivers impact patients’ likelihood of being readmitted.
• Define Teach-Back.
• Give examples of ways to prepare patients for self-care outside the hospital.
What Is VBP?

• CMS program
• Budget neutral, where hospitals not meeting targets generate bonuses for hospitals that do meet targets
• Rewards for achievement or improvement
### FY 2025 Hospital Value-Based Purchasing Program

**Quick Reference Guide**

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

#### Mortality Measures

<table>
<thead>
<tr>
<th>Baseline Period</th>
<th>Performance Period</th>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2019–June 30, 2018</td>
<td>June 1, 2020–June 30, 2023</td>
<td>MORT-30-AMI</td>
<td>Acute Myocardial Infarction 30-Day Mortality</td>
<td>0.672924</td>
<td>0.88994</td>
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<tr>
<td></td>
<td></td>
<td>MORT-30-CAGD</td>
<td>Coronary Artery Bypass Graft Surgery 30-Day Mortality</td>
<td>0.970100</td>
<td>0.97677</td>
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<tr>
<td></td>
<td></td>
<td>MORT-30-COPD</td>
<td>Chronic Obstructive Pulmonary Disease 30-Day Mortality</td>
<td>0.915127</td>
<td>0.93223</td>
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<tr>
<td></td>
<td></td>
<td>MORT-30-HF</td>
<td>Heart Failure 30-Day Mortality</td>
<td>0.889396</td>
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<td></td>
<td></td>
<td>MORT-30-PN</td>
<td>Pneumonia 30-Day Mortality</td>
<td>0.941476</td>
<td>0.874425</td>
</tr>
</tbody>
</table>

**Accuracy:** 25%

#### Complication Measure

<table>
<thead>
<tr>
<th>Baseline Period</th>
<th>Performance Period</th>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1, 2018–March 31, 2019</td>
<td>April 1, 2020–March 31, 2023*</td>
<td>COMP-HR- KNEE</td>
<td>Total Hip Arthroplasty/Total Kne Arthroplasty Complication</td>
<td>0.025332</td>
<td>0.017945</td>
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</tbody>
</table>

**Accuracy:** 25%

#### Person and Community Engagement

<table>
<thead>
<tr>
<th>Baseline Period</th>
<th>Performance Period</th>
<th>Measure Name</th>
<th>Achievement Threshold (%)</th>
<th>Benchmark (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Communication with Doctors</td>
<td>62.41</td>
<td>78.63</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Readiness of Hospital Staff</td>
<td>42.52</td>
<td>62.12</td>
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<tr>
<td></td>
<td></td>
<td>Communication about Medicines</td>
<td>39.62</td>
<td>63.11</td>
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<tr>
<td></td>
<td></td>
<td>Hospital Cleanliness and Quietness</td>
<td>45.94</td>
<td>65.63</td>
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<tr>
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<td>Discharge Information</td>
<td>63.32</td>
<td>67.23</td>
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<tr>
<td></td>
<td></td>
<td>Care Transitions</td>
<td>25.64</td>
<td>51.64</td>
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<tr>
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<td>Overall Rating of Hospital</td>
<td>33.31</td>
<td>71.66</td>
</tr>
</tbody>
</table>

**Accuracy:** 25%

#### Healthcare-Related Infections

<table>
<thead>
<tr>
<th>Baseline Period</th>
<th>Performance Period</th>
<th>Measure Name</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CDI</td>
<td>Clostridium difficile Infection</td>
<td>0.620</td>
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<tr>
<td></td>
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<td>CLABSI</td>
<td>Central Line-Associated Bloodstream Infection</td>
<td>0.569</td>
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<tr>
<td></td>
<td></td>
<td>MRSA</td>
<td>Methicillin-Resistant Staphylococcus aureus</td>
<td>0.726</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SSI</td>
<td>Colon Surgery Abdominal Hysterectomy</td>
<td>0.717</td>
</tr>
</tbody>
</table>

**Accuracy:** 25%

#### Efficiency and Cost Reduction

<table>
<thead>
<tr>
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<th>Benchmark</th>
</tr>
</thead>
</table>

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(*) These performance periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020, further specified by CMS on March 27, 2020, and amended in the August 26, 2020, COVID-19 Interim Final Rule. Claims from Q1 2020 and Q2 2020 will not be used in the claims-based measure calculations.

Indicates lower values are better for the measure.
Clinical outcomes

- Teach patients and families what symptoms to report and what precautions to adhere to.
- Align with your internal protocols.
Person and Community Engagement Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Intro to PFE Quickinar.
Safety/Hospital-Associated Infections (HAI)

- Hand hygiene for staff, patients, and visitors
- Hand sanitizer conveniently located
- No foleys for convenience
- Patients knowing not to scratch incisions or pick at dressings


HSAG. Clean Hands Pledge Spanish. [https://www.hsag.com/globalassets/hqic/hqic_cleanhandspledge_sp.pdf](https://www.hsag.com/globalassets/hqic/hqic_cleanhandspledge_sp.pdf)
Efficiency and Cost Reduction

- Screening for social drivers
- Teach-Back
- Discharge teaching and planning begins on admission

Preparing Patients for Discharge

• Screen for social drivers of health (SDOH).
• Use Teach-Back.
• Encourage patient return demonstration.
• Discharge patients to the appropriate level of care.
Screen for SDOH

Screening for SDOH Measure
- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

Screen positive rate for SDOH Measure
- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

Numerator
- Number of patients who were screened for one or all social drivers
- Number of patients who screened positive for each driver

Denominator
- Number of patients 18 or older admitted as an inpatient
- Number of patients 18 or older admitted as an inpatient

What Is Teach-Back?

- A way to make sure you explained information clearly
- Not a quiz for patients
- A way to check for patient, family, and care partner understanding
- Evidence-based health literacy intervention that improves patient-provider communication and patient health outcomes

Why Teach-Back?

First, you need to blah, blah-blah...and then blah blah blah, blah-blah.

I have no idea what she means. I’m embarrassed to ask.
I hope my spouse is getting this.

I wonder what she’s saying? I’ll never remember everything. I hope my spouse is getting this.

American Medical Association (AMA). Health Literacy Video. Available at https://www.youtube.com/watch?v=BgTuD7i7LG8
Always Use Teach-Back! 10 Elements of Competence for Using Teach-Back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to Teach-Back correctly, explain again and re-check.

Preparing Patients for Discharge: Patient A

Patient A

- New diagnosis of heart failure
- New medications
- New diet
- Home health, but does not let strangers in the home
- Social driver screen: positive for food insecurity.

Strategies

- Use Teach-Back
- Provide a scale and paper calendar to record daily weights
- Schedule a dietary consult
- Schedule Meals on Wheels
- Involve Pharmacy in discharge medication reconciliation
- Encourage patient return demonstration
  - Weighing
  - Recording weight
  - Determining fluid intake
  - Reading nutrition label
- Watch Let Home Health In video

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Preparing Patients for Discharge: Patient B

Patient B

• Post-op total hip
• Lives in a 2-story home, but can put a bed downstairs
• Full bath downstairs with walk-in shower
• Refuses skilled nursing facility (SNF); son is a nurse and can stay
• Social driver screen: negative

Strategies

• Use Teach-Back
• Ensure son is off work while staying with and caring for his loved one
• Consider home health
• Consider outpatient therapies

Preparing Patients for Discharge: Patient C

**Patient C**

- Post acute myocardial infarction (AMI) with stent
- New medications
- New diet
- Cardiac rehab
- Social driver screen: positive for transportation needs for 2 weeks

**Strategies**

- Use Teach-Back
- Involve pharmacy in discharge medication reconciliation
- Schedule a dietary consult
- Arrange for transportation to cardiac rehab until cleared to drive

[ Discharge Risk Assessment.](https://www.hsag.com/globalassets/hqic/hqic_dischargeriskassessment.pdf)
Key Concepts

- Patients knowing what symptoms to report and what precautions to adhere to may decrease mortality and complications.
- Patients appropriately prepared for discharge are less likely to be readmitted.
- Screen for SDOH.
- Use Teach-Back.
- Demonstrate a patient return.
- Discharge to the appropriate level of care.

Institute for Patient-and Family-Centered Care. [https://www.ipfcc.org/about/pfcc.html](https://www.ipfcc.org/about/pfcc.html)
Join Us for the Entire PFE Quickinar Series: 1st and 3rd Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.

7. Bedside Hand Off to Improve Patient Outcomes

How Bedside Hand Off Can Improve Patient Outcomes

Thursday, May 4, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:
- Describe how to engage staff in bedside hand off.
- Identify the types of nursing units successful with bedside shift report.
- Discuss multiple rounding processes in the bedside report.
- Identify opportunities to engage the patient and care partner in a shift report.

www.hsag.com/pfe-quickinars
Check Out the Health Equity Quickinar Series: 2nd and 4th Thursdays

Recordings, slides, and resource links will be posted for on-demand access after every session.

https://www.hsag.com/es/hqic/health-equity-quickinar-series/
QUESTIONS?
Thank you!