

Discharge Strategies to Ensure a Safe Transition from Hospital to Home

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Disclosure to Participants

- Conflict of Interest (COI) and Financial Relationship Disclosures:
 - Brian Ulmer, MD- Speaker's Bureau: Novo Nordisk; Advisory Board: Monarch Medical Technologies
 - Bridget Bundy-none

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- 83 yo F with h/o T2D (A1c 7.6%) on glipizide 5 mg daily and metformin 1000 mg bid admitted with COPD exacerbation. While in hospital, oral medications discontinued and treated with detemir 28 units daily and aspart ICR 10/correction 35. Patient sent to ED from PCP office 3 days following discharge with BG above 500 mg/dL. How could have this been avoided?

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Challenges Encountered at Discharge

- Limited time
- Lack of patient interest/attention
- Formulary issues/medication reconciliation
- Provider knowledge
- No established follow-up
- Poor health care literacy/financial resources

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Strategies to Ensure a Safe Discharge

- Identify high-risk patients early
- Work with providers to establish appropriate discharge plan
- Train staff and have resources accessible if formal diabetes education unavailable
- Remain in contact with patients at high-risk for readmission following discharge

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Strategies to Ensure a Safe Discharge

- Confirm insurance coverage for medications/supplies
- Provide clear written instructions
- Schedule follow-up and communicate discharge plan to outpatient provider

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Diabetes Education Decreases Risk of Readmission

- Inpatient diabetes education associated with lower 30-day readmission among patients with A1c > 9% (11% vs 16%)¹
- 30-day readmission rate decreased from 20.1% to 15.1% in patients seen by diabetes educator²

¹Healy SJ et al. *Diabetes Care* 36:2960-2967
²Dincic A et al. *Journal of Clinical & Translational Endocrinology* 8:29-34

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Follow Up Calls

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Follow-Up Phone Call Template

1. Did you receive everything you need to take care of your diabetes?
2. Did you get your medications at the bedside or did you pick them up at a pharmacy?
3. Have you been checking your blood sugar? What are they running?
4. Any blood sugars <70? >350?
5. Have you made your follow-up appointment yet? When is it?
6. Were you satisfied with your diabetes care here in the hospital?
7. Do you feel like you are able to adequately care for your diabetes at home?

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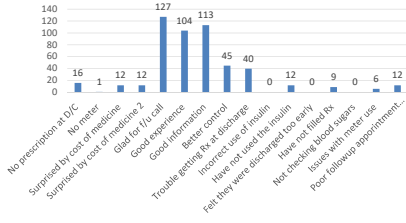
Total Follow Up Call Data

- 121 calls made Jan-May 2019
- 86 Completed (71%)
- 187 calls in 2018
- 67% completed

	Jan	Feb	Mar	Apr	May
Call completed "Yes"	22	17	13	17	17
Call completed "No"	13	5	5	1	9
# of Calls	35	22	18	18	26
Calls completed %	62.9%	77.3%	72.2%	94.4%	65.4%

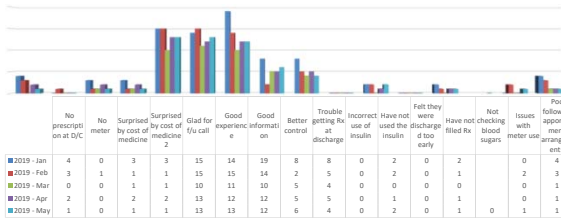
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Follow Up Calls January 2018-May 2019



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Follow Up Call Questions (Jan-May 2019)



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Issues Reported to DE on Follow Up Call (Jan-May 2019)

- 13 had issues with Insulin
 - Prescription issues: 7
 - Formulary: 1
 - Cost: 5
- 4 patients had confusion with directions on insulin
- 14 had issues with supplies
 - Prescriptions not given at discharge: 12
 - Cost:1
 - Unknown: 1
- 4 did not have follow up appointments made

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Prescribing Issues



- Encourage providers to E-scribe over paper prescriptions
- Diabetes Supplies are not listed in the medication section of EMR
- Medicare requirements
- Must have "pen" on Rx or it defaults to vial
- Formulary Issues

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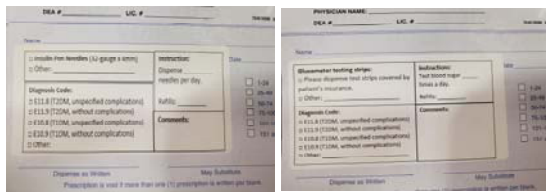
Old Retail Scripts

- Had ALL insulin options and diabetes supplies
- Pharmacies reported missing items from these sheets
- Medicare would no longer accept scripts that were not being E-scribed or on "blue" scripts



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New Prescription Stickers for Supplies



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Long acting insulin stays in your body for roughly 24 hours (over time, over weeks). You should take the insulin at the same time each day. Long acting insulin is given either once a day or twice a day.

Fast acting insulin helps control your blood sugar when you have high blood sugar (corrects blood and can work, then done). You will take this insulin at the start of breakfast, lunch and dinner. If you are skipping meals, consult your doctor for further information.

Your personalized insulin instructions are below:

AT BREAKFAST, LUNCH AND DINNER

- Test Blood Sugar
- Start with a base dose of _____ units of _____ then add the correction amount from your prescribed amount below based on your personal blood sugar for the total meal time dose.

Correction Scale

If blood sugar is:

- Below 100, add no additional insulin
- 100-120, add _____ units
- 120-130, add _____ units
- 130-150, add _____ units
- 150-170, add _____ units
- 170-200, add _____ units
- Over 200, call doctor

• Report test results amount and use your need

Time of Day: _____

- Test Blood Sugar
- Report _____ units of _____ at the same time every day

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Prescription Assistance

- “Meds to Bed”
- In house pharmacy
- 340B program
- Charity Medications

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Transition Clinic

- Takes insured and uninsured
- Can see patients within 3-5 days
- Appointment times are extended for education
- Access to EMR system
- Will continue to follow patient seen by Endocrinology or Primary Care
- NP's have access to education materials



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Remote Care Monitoring

What they do:

- Monitoring recently discharged patients via technology
- Daily calls for two weeks, and then as needed
- Medication reconciliation
- Monitoring of biometrics
- Standardized care plans
- Connect patient and provider
- Continued referral to ancillary services as needed

Goals:

- Reduce 30-day readmission rates
- Assist in managing complex chronic diseases
- Assist in identifying barriers of care
- Real time collaboration with providers

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Outcome Data for Remote Care Monitoring

- ED Utilization
 - -40.4% reduction in 30 Day ED utilization-Jan'19
- Readmissions
 - -87.5% 30-Day All Cause readmission reduction post enrollment-Jan'19
 - -100% 30-Day Same Cause readmission reduction post enrollment-Jan'19
- Patient Satisfaction
 - 98.8% Patient satisfaction with program – "I would recommend the program to family/friend" – FY19

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