AT RISK CARE PLANS: A WAY TO REDUCE READMISSIONS AND ADVERSE EVENTS

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Problem Statement: A subgroup of complex hospitalized patients who were high users of inpatient services and also displayed uncharacteristic psychosocial behavior (e.g. hoarding, self-medicating), unresolved pain, and impaired physical function (e.g. falling) were identified as having unmet individual safety and care needs. It was decided a process was needed to identify this discrete group of patients at the time of admission so the unique needs could be addressed quickly to minimize problems.

Project Description: An At Risk Care Plan (ARCP), a proactive measure to prevent this subgroup from experiencing any anticipated safety or adverse events, was developed. In addition, a policy was created to outline the development and criteria needed for the initiation of an ARCP. The unit Clinical Nurse Specialist leads the appropriate interprofessional team in developing ARCP interventions specific to the identified risk. For purposes of outcome analysis, data was collected on 33 ARCP patients for all emergency, observation and inpatient encounter visits that had one year of data before and one year of data after the initiation of the care plans. Descriptive statistics were used to analyze outcomes of the ARCPs over time through the collection of clinical visit, cost accounting, and adverse event data.

Results: The At Risk patients had 433 encounters 1 year pre and 1 year post ARCP. To date outcomes include decreases in 1) patient encounters, 2) total direct costs of care, and 3) adverse events. There were 262 encounters occurring prior to initiation of the ARCP and 171 occurring after plans were in place resulting in an overall decrease of 35%. The decrease in costs varied, as might be expected by encounter type, but overall there was a decrease in total direct cost of care of 11%. There was also a dramatic decrease of 87% in adverse events across all encounters.

Conclusions: The ARCP is an innovative care coordination tool that improved safe quality care and decreased health costs in a community hospital. One lesson learned was to persevere with brainstorming when observing clinical challenges that do not fit into a standardized nursing mold. The development of ARCPs involving an interprofessional team has shown promising outcomes for a select population of patients who are high end users of care, frequently readmitted to the hospital; in a cycle of decline and dependency.