PHYSICIAN SERVICES

The Chateau at Brooklyn Rehabilitation & Nursing Center

3457 Nostrand Avenue
Brooklyn, New York 11229
Presenters

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Dr. Pierre Brutus- Medical Director
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Dr. John Costa- Attending Physician
AIM STATEMENT

Problem with physician services in the nursing home - Goal is to reduce unnecessary hospitalizations.

• Program initiated in 2014.
Eric Kalt

- Telephonic medicine
- Lack of sufficient communication between AM staff nurses, family, and residents
- Increased transfers of residents to the hospital via phone orders vs on-site assessment
ETTA Medical Director & Attending Physicians guidelines received, and presented to Attending physicians with in-service, and feedback on improving resident over-site, and enhanced transfer protocols to reduce unnecessary hospitalization.

- COPD Protocol
- CHF Protocol
- Sepsis Protocol
- Enhanced Nursing interventions and development of AIM Statements with action plans, and evidenced based tools.
As the Medical Director

- Meet with family council to communicate new medical and nursing initiatives
- To educate and understand new medical directives regarding discharge
- We meet with the local area hospital to discuss ETTA initiatives with the goal to reduce the number of unnecessary hospitalizations
- Physicians schedule has been modified to visit 3 times during day shift.
• Enhanced overnight & supervision of physician services, and medical care
• Review of all residents who have a change in condition, and may require ER visit for assessment & treatment
• Re-education of Attending physicians to react quicker on residents change of condition, enhanced discussion with facility NP or I.V therapy & additional consultation, lab work orders, and diagnostic testing orders
• Initial request for palliative care consultations

Nursing, Medical & Rehab Therapists along with facility shift report of resident changes, and through result in quicker response to onset of illness
Mrs. Bertrand

- For the year 2016, thus far the facility averaged 35 admissions per month, and 2 re-hospitalizations per month.
Mrs. Bertrand

Nursing approach to hospital 30 day hospital reduction

- Systematic approach
- TOOL: INTERACT
- Interventions To Reduce Acute Care Transfers
- Which was developed by Joseph G. Ouslander, MD & Mary Perloe MS, GNP of Georgia Medical Care Foundation
Several Factors

- Systematic approach to reduction.
- Assess on nursing capability to see when improvement and education was needed.
Stop & Watch tools allowed all nursing home staff who have interaction with resident to provide input and assist in care.

Inclusion: CNA, housekeeping staff, recreation staff.

Were most beneficial: minute changes in residents has a serious impact in preventing hospital transfers.
Nursing Capabilities

- IV competencies
- GT insertion competencies
- Respiratory competencies
- We began education in areas of concern to improve outcome.
- EKG
SBAR

- Instrumental in guiding licensed staff of the information and assessment to provide physician monitoring when a resident has an acute change in condition.
Some Other Factors

- Increased the types and amounts of antibiotics available for STAT doses
- Increase in variety of pain medication par level for STAT doses
- Met with pharmacy regarding partnership with local pharmacy to provide medication within 1 hour of order time.
- Met with lab and diagnostic providers to ensure a 4 hour time table for results of STAT orders.
- Other conditions include systematic approach to treating certain conditions that most prevalently lead to hospitalization.
  - Those condition are as follows:
    - Respiratory distress/Pneumonia
    - Sepsis
    - Dehydration prevention
Dr. Costa

Cases To Be Considered:
1. COPD
2. Pneumonia
3. Asthma
4. Mild to Moderate CHF
5. Urine infection

Cases Not Included:
1. GI Bleeding
2. Stroke, seizures
3. Acute MI
4. Suspected Pulmonary Embolism
5. Acute Respiratory Failure
CHAIN OF COMMAND

1. Nursing Aides
2. Nurse
3. Supervisor
4. Nurse Practitioner
5. Doctor
MATERIALS NEEDED

1. IV fluids
2. Pulse Oximetry
3. IV Antibiotics
4. EKG on Premises
5. Glucometry
6. Urine Test Sticks
7. Good Ancillary Services
   1. Radiology
   2. Laboratory
SIGNS AND SYMPTOMS

1. Appetite
2. Confusion
3. Awareness
4. Cough
5. Edema of feet
6. Fever
7. Sputum Production
8. Chest pain on breathing
Cases Not To Be Treated In Nursing

1. GI Bleeding (Upper or Lower) of new onset
2. CVA, Seizures (New Onset) and suspected Pulmonary Embolism
3. Acute MI
4. Acute Pulmonary Edema
5. Respiratory Failure with Reduced Mental Status
Handling Cases

1. Most cases start on Morning shifts.
2. Must be handled at the time and not left for Evening shift to start handling.
3. Evening shift must set up and continue the treatment with appropriate monitoring.
4. Night shift should continue treatment and monitor closely.
1. Morning and evening shifts.
2. Problem must be evaluated and a treatment plan intact before night shift.
Points To Be Considered

1. Most respiratory and urine infections can be treated in the nursing home
2. Baseline Cxr, EKG, and Blood Tests must be obtained on admission
3. There is a hierarchy in the chain of command when evaluating a patient
4. Nursing Home must be prepared with monitoring devices and treatment modalities
5. There must be a vigorous attempt to look for signs and symptoms in the patient
6. Initial Exam of a patient includes vital signs and urine evaluation (if needed) by aides
7. The Nurse(s) must evaluate and confirm the prospective case
8. The Supervisor who is on duty must assess and notify Doctor
9. The Doctor, NP or PA must decide on how to proceed.
10. There are cases that could be serious that do not apply in this Algorithm
11. Most cases wind up being treated and managed by the evening shift in the nursing home
12. Preemptive treatment is important in ultimately keeping the Patient from going to the hospital
13. Time Counts!!!!!
14. Be Vigilant!!!!!!!
Conclusion

- THE MOST IMPORTANT THING TO DO IS EVALUATE AND PREEMPT A MEDICAL PROBLEM BEFORE HOSPITALIZATION IS NEEDED.