

# Session #507 Creating a Center of Excellence in Transitional Care

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## Motivation for program development – excellence in transitional care

- Recognition of a community need
  - Frail elders at highest risk of adverse outcomes
  - Desire to create a Center of Excellence and deliver exceptional outcomes
- Recognition of the challenges we faced
  - 1:1's / Behaviors
  - Denial for admission / Increase in referrals
  - Impact to other residents
- Increase Transitional Care market share

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## Delirium overview

- Definition:
  - "Transient" global disorder of cognition
    - syndrome = manifestation of "something wrong"
  - Acute
  - Medical emergency
- Hallmark:
  - decreased attention span
  - waxing/waning confusion
  - psychomotor changes

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### DSM-IV Criteria for Delirium

- A. Disturbance of consciousness with reduced ability to focus, sustain, or shift attention.
- B. A change in cognition (memory, language, or orientation) or the development of a perceptual disturbance not better accounted for by a dementia.
- C. Disturbance develops over hours or days and fluctuates during course of day.
- D. Evidence from history, physical, or lab findings that disturbance is caused by direct physiological consequences of a general medical condition.

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### The case for better delirium transition management

- Frail high-risk elders
- Hospital prevalence high
- LTC transition prevalence high
- Common cause of hospital readmission
  - "acute confusion", "acute mental status change", "agitation"

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### Common causes of delirium

- Mnemonic
  - Drugs
  - Electrolyte disturbances
  - Lack of drugs
  - Infection
  - Reduced sensory input
  - Intracranial
  - Urinary, fecal
  - Myocardial, pulmonary

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### Factors contributing to delirium

- Physical restraints
- Artificial nutrition/hydration
- Catheters
- Chemical restraints/sedation
- Sleep deprivation
- Limited physical activity
- Over-stimulating environment

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### Treatment of delirium

- Identify and treat the underlying cause
- Supportive care during this process
- Drugs ???

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### Program overview – factors for success

- Staff training and support
  - Dedicated Interdisciplinary Team
  - Leadership Support
- Dedicated Program/Unit Space - Discrete
- Private rooms
- Dining
- Distinct Private Therapy Space

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### Program overview – factors for success

- Staffing
  - 1:5 Staff to Patient
- Milieu
  - Care Channel
  - All Hands Approach
- Transitions Management
  - Transitions Manager
  - Criteria
  - Communication

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### Program overview – factors for success

- Inter-professional Medical Care Team
  - Pharm D
  - Nurse practitioner
  - Geriatrician MD
- Daily rounds M-F
- IDT attendance
- Consistent medical care call coverage nights and weekends
- No psychoactive drug initiation until review by IDT
- Clinical focus on reducing polypharmacy and psychoactive drug use

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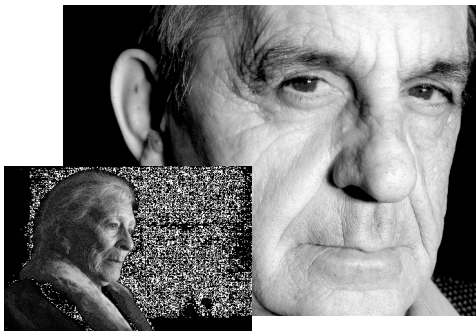
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### Case studies...the real success stories



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## Financial implications

- Medicare/Managed Care Census Development
  - Average 12 Medicare patients/day
  - Average 4 Managed Care patients/day
- Case mix / Acuity
  - Average Medicare rate
  - Average Managed Care rate
- Market Share – Broader Referral Base

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## Clinical outcomes

- The numbers behind the stories...
- Reducing hospital stay
  - Breaking down barriers for hospital discharge
- Hospital re-admission rate
- Caregiver Support
- What does the future hold?

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## Discussion & Questions

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