TeleHealth Hospitalist Program Improves Skilled Nursing Facility Readmission Measures

PROBLEM
Skilled Nursing Facilities (SNFs) are looking for ways to prevent an acute care readmission, which can have negative consequences for both patients and facilities. Readmissions are disruptive for patients and their families, and can result in penalties for SNFs that are participating in value-based purchasing and are a quality metric influencing reimbursement. But despite the desire to keep and treat patients within the SNF, low Registered Nurse (RN) to patient ratios and limited after-hours physician coverage frequently require SNF residents to be transferred to emergency departments for evaluation and treatment.

SOLUTION
The Intermountain Healthcare TeleHealth Skilled Nursing Facility Hospitalist Program partners with SNFs to support local care teams in providing safe and effective post-acute and long-term care for their patients. Program hospitalists ensure patients make safe transitions into a skilled nursing facility and then provide evaluation and treatment to prevent readmission back to an acute care facility during their stay.

STUDY RESULTS
Since the program study began in 2019, Intermountain hospitalists have conducted more than 500 telehealth interactions with SNF staff and provided medical evaluation and treatment to residents more than 250 times, resulting in a reduced number of readmissions.

Examples of hospitalist interventions include:
- Medication orders, adjustments, and clarification to prevent errors.
- Therapeutic patient and family visits for agitated or deteriorating patients.
- Ensuring continuity of care between settings by bridging documentation gaps between acute and post-acute EHR systems.
Educating staff to recognize and mitigate potential readmissions or clinical decompensation.
Reducing readmission rates at each of our study facilities.
Year over year reduction in 30-day CMS readmissions:

<table>
<thead>
<tr>
<th>30-day CMS Readmissions</th>
<th>Q4 2018 (pre-telehealth)</th>
<th>Q4 2019 (post telehealth)</th>
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</thead>
<tbody>
<tr>
<td>Site A</td>
<td>16.39%</td>
<td>12.56%</td>
</tr>
<tr>
<td>Site B</td>
<td>12.85%</td>
<td>6.89%</td>
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**BACKGROUND: TELEHEALTH IN SKILLED NURSING CARE**

Patients with complex medical conditions are discharged earlier from hospitals to post-acute and long-term care settings\(^1\). Approximately 20% of these residents are readmitted to an acute care facility within 30 days of discharge, putting them at a higher risk of 30- and 100-day mortality\(^2-4\). Reasons for readmissions are complex, but older patients with more comorbidities and lower functional status are at the highest risk. Evidence suggests that preventing injuries and managing infections and complex medical conditions is vital to keeping patients out of acute care hospitals\(^2-5\). Residents in skilled nursing facilities benefit from timely access to medical care to prevent sepsis and manage underlying medical problems\(^2-4,6\). The primary benefit and use of a telemedicine SNF program is to reduce readmissions back to an acute care facility\(^7,8\).

**A COLLABORATIVE APPROACH BETWEEN LOCAL AND REMOTE TEAMS**

Intermountain collaborates with onsite medical and clinical care teams to manage care for residents in SNFs. Hospitalists meet daily with the multi-disciplinary team to review new admissions and high-risk patients. After the daily meeting, the hospitalist visits with high-risk patients via telehealth technology for evaluation and treatment recommendations. An onsite RN participates in the rounding and transcribes medical orders into the patient chart to begin implementing medical treatments.

Telehealth visits for residents in skilled nursing care include:

- Initial consultations
- Transition care follow-up and treatment
- Acute events and injuries
- Appropriate admission to an acute care facility
- Coordination with specialists such as Wound Care, Infectious Diseases and Behavioral Health

**POSITIVE IMPACTS FOR RESIDENTS, PROVIDERS, AND SKILLED NURSING FACILITIES**

Since July 2019, this program has demonstrated the success of having hospitalists engage with residents and clinical staff in skilled nursing facilities. Preliminary results have shown a reduction in acute care readmissions, avoidance of medication errors, and increased satisfaction among SNF staff who are confident they can consult with a physician 24/7 with concerns about their patients.
ABOUT INTERMOUNTAIN HEALTHCARE

Intermountain Healthcare is a not-for-profit system of 25 hospitals, 225 clinics, a Medical Group with 2,800 employed physicians and advanced practice clinicians, a health insurance company called SelectHealth, and other health services throughout the Intermountain West. Intermountain is widely recognized as a leader in transforming healthcare using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs. For more information, see intermountainhealthcare.org. Intermountain TeleHealth Services has been working with multiple clinical groups since 2014 and currently collaborates with over 35 clinical services to improve care, reduce costs and improve clinical outcomes throughout eight states in the Intermountain West and Alaska.

References:


