Quality Focus:

High Risk Patient: Pan-Discipline Case Study

Hello everybody! Bill, Vicki, and I recently completed a thorough review of a **Level 1 High Risk** CHHC Patient. While on service with CHHC, the patient received care from the following disciplines: *RN, LPN, PT, OT, and CNA.* The patient was **hospitalized TWICE** in **less than 60 Days** while under our care. Uncontrolled Variables aside, **these hospitalizations might have been preventable.** Rather than gross negligence on the part of any one clinician, this patient suffered from our inability as an **Interdisciplinary Team** to recognize, communicate, and respond to a series of small, but significant changes. The sum of these parts was a **structural breakdown** for our care team. This is likely an outlier case, but nonetheless, deserves our attention.

The good news? We can easily strengthen these weaknesses; plug the holes in our care delivery model. Rather than boring you all with the details, etc, we have decided to provide for you the **Take Home Points** of our analysis. I would ask you to read over these points carefully and consider how they might apply to your own practice. Our goal is to deliver quality care in a comprehensive, un-interrupted manner:

- When opening or evaluating patients referred for a specific skill, **(Foley care, Wound care, Injections, etc..),** please take a moment to reflect on the comprehensive picture of this patient. Use your experience and clinical judgement to determine whether there are other risk factors at play, other areas of disease management that need attention. ***Sometimes, the patient who appears to be the simplest case, may actually be the most complex and medically unstable***
- If a patient is transferred to the hospital during their episode and then discharged back to CHHC with any of the high risk diagnoses, *CHF, PNE, Acute MI, COPD, Total Hip, Total Knee* → It is **imperative** that their **Resumption Plan of Care** reflect the complexity, acuity, and needs of this patient, **particularly when it comes to Visit Frequency aKa: *FrontLoading!!***
- If you are overwhelmed with your caseload and then receive a new **complex or high-risk** patient assignment, please reach out to **Bill or Carla,** respectively, for assistance. Every patient deserves a clinician who can **comprehensively** assess all of their needs and risks, so if you are too slammed to provide a complex patient with the attention they deserve, please ask for **help**
- RNs must communicate to LPNs and CNAs as well as Therapists, the unique medical complexity of their patients, especially those high risk patients, so that every member of the nursing care team understands the needs and risks of the patient. RNs should also be reviewing LPN and CNA documentation on their respective patients at least **weekly. Furthermore,** changes in a patient's condition, even slight, must be communicated by LPNs and CNAs to the RN immediately, and documented as such in the **Care Coordination Note**

- Any changes to the original **Plan of Care** should be communicated amongst all members of the **Interdisciplinary Care Team** and this must be documented in the **Care Coordination Note**
- **Physical Therapists and Occupational Therapists:** If you notice a change in condition, such as increasing episodes of Shortness of Breath, Increased Fatigue, or Change in Orientation, **it is imperative that this information is communicated to the RN immediately** and **documented as such in the Care Coordination Note.** Just informing the **ALF Staff of changes in patient presentation is insufficient**
- **For Everyone:** Changes in presentation, Changes in condition, even slight or subtle, should be critically analyzed and communicated to all members of the **CHHC** Interdisciplinary Team by whoever observes them. This absolutely must be documented in the **Care Coordination Note. Furthermore** if you are uncertain about something you see, ask, and if need be, based on your clinical judgement, **contact a higher level provider, such as the patient's MD.**

Thanks for reading through these points. We will discuss them briefly at Case Conference in a bit more detail. Our team is composed of the best of the best, from all disciplines. With a little bit of mindfulness and some critical thinking, we can continue to deliver the most excellent Home Health Care around! Thanks for everything you do!