

Care Transitions and Hospital Readmission Prevention



Use this guide to help our members understand their health conditions, what they need to know after being discharged from the hospital, and what red flags to watch out for moving forward. Let's go over ways to help prevent our members from returning to the hospital.

Hospitalizations can weaken those with chronic diseases and conditions. Here are some of the ways members may be effected:

- Sleep deprivation
- Side effects from new medications
- Nutritional status may be at risk
- Risk of hospital acquired illness
- Weakened muscles from prolonged bed rest

Here are some common stressors at the time of discharge that can also increase the risk of readmission:

- Receiving a high volume of instructions
- Changing medication routines
- Picking up prescriptions
- Arranging transportation to and from the care facility
- Scheduling follow-up appointments
- Arranging home care
- Arranging DME delivery
- Returning to daily routine and tasks at home (e.g. grocery shopping, managing mail, paying bills, etc.)

Below and on the following pages, you will find the top diagnosis that have the highest risk of readmission.

<h2 style="text-align: center;">Sepsis</h2> <p style="text-align: center;">A body's extreme response to infection.</p>		
About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> • Infection can be from any source. Most common sources: lung, urinary tract, skin, GI tract • Chain reaction in the body leads to low blood pressure, fast heart rate confusion, and coma. • This can rapidly lead to tissue damage, organ failure, or death. 	<ul style="list-style-type: none"> • Was the source of the infection known? If so: focus on discussing specific ways to prevent future infections • For lung infections: discuss recognizing productive cough, shortness of breath • For urinary infections: catheters put member's at high risk – indwelling or intermittent – make sure member understands clean practices with catheter • Make sure member monitors skin daily, cleans and cuts/scrapes. • Review the symptoms member had before admission, to watch out for in the future –Rehearse what to do when symptoms occur. 	<ul style="list-style-type: none"> • Always review symptoms of infection and sepsis with post operative members, so they can recognize symptoms early. <p>Symptoms of sepsis:</p> <ul style="list-style-type: none"> • High heart rate, low blood pressure • Fever, chills, shaking chills • Confusion • Productive cough, shortness of breath • Clammy or sweaty skin

Congestive heart failure

A decrease in the pumping ability of the heart.

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> • Often due to heart ischemia (decreased blood flow to the muscle of the heart) resulting in the tissue not being able to contract as well. • Can be due to toxins, medications, or other causes: <ul style="list-style-type: none"> • Right heart failure: fluid backs up to body – peripheral edema – arms/ legs, etc • Left heart failure: fluid backs up into the lung 	<ul style="list-style-type: none"> • Review symptoms leading up to hospitalization • Rehearse what to do when symptoms occur • Review medications (does member have access to the prescribed medication, were there any missed doses) • Review fluid restrictions, dietary restrictions • Discuss monitoring weight as recommended by the provider 	<ul style="list-style-type: none"> • Shortness of breath • Orthopnea (trouble breathing when laying down) • Weight gain • Edema/swelling of extremities, back, stomach • Fatigue, Weakness

Ischemic heart disease

Damage or disease in the heart's major blood vessels.

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> • Leading cause of death in the US (1 in 4 deaths). • Risk factors: High BP, High Cholesterol, Smoking, Diabetes, Obesity, Diet, Physical Activity, Excessive Alcohol Use • With age, plaque builds up in arteries to heart muscles • Blockage occurs when plaque narrows artery over time, or when a plaque ruptures causing: <ul style="list-style-type: none"> • Ischemia: decreased blood flow • Infarction: death/damage to heart tissue 	<ul style="list-style-type: none"> • Review symptoms leading up to hospitalization • Rehearse what to do when symptoms occur • Medications – especially ones that address heart risk factors • When to call 911 (always) • This is a time that there may be motivation to change – explore this 	<ul style="list-style-type: none"> • Chest Pain • Pain, discomfort in jaw, neck, back, shoulder, arms • Weakness, lightheaded • Nausea • Sweaty, clammy • Shortness of breath

Asthma/COPD

An inflammatory disease that affects the airways in your lungs causing airflow blockage and breathing related problems.

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> Both conditions make breathing more difficult and cause: <ul style="list-style-type: none"> Excess mucus (more than usual) Feeling tired Frequent coughing Frequent shortness of breath 	<ul style="list-style-type: none"> Steroids (Prednisone) – Finish the prescription, taper as prescribed Understand inhalers/nebs –short acting vs long acting Review symptoms leading up to hospitalization Rehearse what to do when symptoms occur Remove triggers from environment Might be a time member will consider smoking cessation (they had to go without in the hospital) 	<ul style="list-style-type: none"> Shortness of breath (change from baseline) that does not get better with rescue inhaler/neb (albuterol/ Ventolin/ProAir) either with exertion or at rest. Productive cough Chest tightness Wheezing

Seizure

A burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movement, behaviors, sensations, or states of awareness.

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> Epilepsy: brain disorder that causes seizures 75% don't have a known cause (may be genetic) 25% have known cause: stroke, brain tumor, brain injury, alcohol withdrawal Type of seizure depends on where the seizure activity is in the brain: Petit mal (Staring), Focal Seizure, Generalized (tonic clonic) Scary to witness Afterwards, brain needs time to recover – confusion is common 	<ul style="list-style-type: none"> Identify possible triggers with member: stress, fatigue, forgetting medication, alcohol/substance use Identify 'Aura' (symptoms felt right before seizure) and rehearse what to do if they occur <p>Review seizure first aid with family/friends:</p> <ul style="list-style-type: none"> Stay with the person, tell them what happened when they wake up Help person get to the ground Turn them to their side Remove anything hard/sharp, put something soft under their head Time the seizure Do not: hold the person down, put anything in their mouth, give any CPR 	<ul style="list-style-type: none"> Seizure lasts longer than 5 minutes Another seizure occurs after the first one The person is hurt during the seizure The seizure happens in water Difficulty breathing or waking up after seizure Person with health condition: Diabetes, heart disease, pregnancy Discuss high risk activities with provider: Driving, water (baths/ swimming), climbing/ladders.

Depression

A mental health disorder characterized by persistently depressed mood or loss of interest in activities causing significant impairment in daily life.

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> • 1 in 6 adults experience depression • Exact cause is not known • Can happen to anyone • Likely due to a combination of genetics, biology, environment, psychosocial factors • Risk factors: Family history, history of trauma/stressful events, major life changes, medical problems, some medications, alcohol/drug use 	<ul style="list-style-type: none"> • Pre-hospital trigger? What was member feeling? <p>Review what to do when symptoms occur, who to contact:</p> <ul style="list-style-type: none"> • Mild symptoms: reach out to friend/family/community or provider • Moderate symptoms: provider • Severe symptoms: hotline or 911 • Review if member feels safe • Encourage/ensure follow-up with providers • Review medications 	<ul style="list-style-type: none"> • Suicidal ideation or planning • increasing sadness or anxiety • Feeling helpless, hopeless, worthless, or guilty • Feeling irritable • Less interest in usual activities • Decreased energy • Changes in sleep/appetite • Trouble concentrating • Increase in chronic pain, or new aches and pains

Diabetes

Body does not use or produce insulin as it should, causing high blood glucose levels.

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none"> • Risk factors: Family history, obesity • Causes increased risk of heart/vascular disease, kidney disease, vision problems • Type 1: lack of insulin production by the body • Type 2: decreased production of insulin, decreased ability of cells to utilize insulin • Gestational diabetes: (pregnancy related) Needs to be well controlled to protect baby. Puts mother at risk of developing Type 2 diabetes. 	<ul style="list-style-type: none"> • Review symptoms leading up to hospitalization • Medication use/changes/new medications • Rehearse what to do when symptoms occur • If low blood glucoses are a problem, discuss home management. • Review that if member is not alert, or has seizure -911 should be called, because not safe to eat/drink • If member lives alone: set up check in with family/friend – especially post hospitalization 	<ul style="list-style-type: none"> • Change in level of alertness • Seizure • Increased frequency of low or high glucose readings • Wide swings in blood glucoses • Symptoms of high blood sugars: increased urination, hunger, thirst, blurry vision, confusion, loss of consciousness • Symptoms of low blood sugars: Shaky, sweaty, clammy, headache, confusion, seizure, loss of consciousness

Rheumatoid Arthritis

Autoimmune inflammatory disease: the body attacks the normal cells, causing inflammation of the joints (most commonly the hands, wrists and knees).

About this condition	What to review post hospitalization	Red Flag symptoms
<ul style="list-style-type: none">• Joint inflammation causes damage, leading to chronic pain and disability• Treated with NSAIDS, steroids (prednisone), disease modifying antirheumatics(example methotrexate, hydroxychloroquine, sulfasalazine), and biologic agents (examples Remicade, Enbrel, Rituxan)• Medications are high risk• NSAIDS: risk of bleeding, stomach ulcers, kidney failure• Other medications: significantly impaired immune system, increased infection, liver failure, bone marrow suppression (blood cells production from bone marrow impaired)	<ul style="list-style-type: none">• Depends on why they were admitted: Infection, kidney failure, liver failure, or pain management• Review medication use/ new or changed doses• Review symptoms leading up to hospitalization• Rehearse what to do if symptoms occur	<ul style="list-style-type: none">• Infections: look out for fevers especially.• Cough• Urinary symptoms• Skin rash/redness/warmth/ injury/ulcer• Increased fatigue• Increased joint swelling/pain• Weakness