

Effect of Nurse Practitioner Weekly Rounds in a SNF/NH on Hospital Readmission Rates

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Purpose

The purpose of this study was to explore if there was an effect on hospital readmission rates in a heart failure population in post acute hospital discharged individuals, and those living with this chronic disease, who reside in a skilled nursing facility/nursing home (SNF/NH) when a Nurse Practitioner performed weekly rounds.

Background

Heart failure is an increasingly common and costly disease that is on the rise, affecting nearly 5 million American adults. It is a high morbidity & mortality illness with an estimated annual expense of \$273 billion. A significant percentage of these individuals are hospitalized and discharged to various settings with a lack of coordination for follow up care. Subsequently, 1 out of 5 Medicare recipients are readmitted to the hospital within 30 days related to symptoms of instability.

Setting & Sample

This study was conducted at a rural Southwest Iowa SNF/NH. The final sample was n=7, ranging in age from 68-88 years, with an average of 82.3. 71% of the sample was male and all participants were Caucasian.

Procedures

The medical records department generated a list of ICD-9 codes of all patients (n=176) for the calendar years 2012 & 2013. The researcher then perused the list for the ICD-9 code of 428.00, heart failure as the primary diagnosis. Medical records were asked to retrieve the paper charts for n=7 patients. The researcher then performed a retrospective chart review collecting the variables shown below:

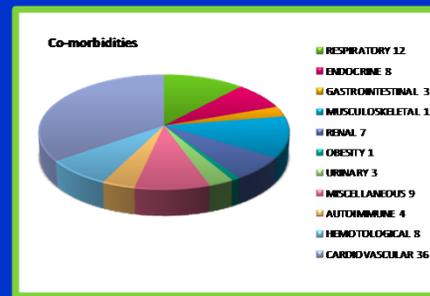
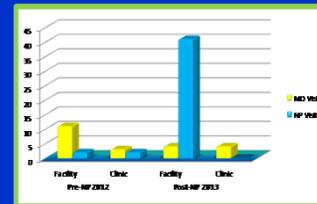
Heart Failure Primary Diagnosis, ICD-9, 428.0		
	Pre-NP	Post-NP
Year of Admission:	2012	2013
# of Hospitalizations:	3	5 ↑
# of 30 day Readmissions r/t Primary D:	0	0
Provider/NP Visits:		
At Facility	13 (11 MD; 2 NP)	45 ↑ (4 MD; 41 NP)
At Clinic	5 (3 MD; 2 NP)	4 (4 MD; 0 NP)
BNP Labs Ordered at Facility:	0	4 ↑
Electrolyte Labs Ordered at Facility:	9	15 ↑
Weight Change Reports to Provider:	2	1
Weight Frequencies:	Weekly 4 (Reg);	Weekly 1 (Reg);
Diet: (Regular; Heart Healthy)	1 (HH)	2 (HH)
Decline in ability to do ADL's:	1	2 ↑
Reports of Dyspnea:	1	3 ↑
Reports of Fatigue:	1	0
Adventitious Lung Sounds:	8-C, 10-W,	3-C, 6-W,
* Crackles-C, Wheezes- W, Rhonci-R	2-R*	3-R*
Average # of Medications:	15	15
Average # of Co-morbidities:	14	15.6 ↑

One patient was present for both 2012 (n=5) & 2013 (n=3) and thus was included in both years for comparison. Data was compared for Pre-NP 2012 rounds and Post-NP 2013 rounds.

Results

Surprisingly, the chart review showed no 30 day readmissions for 2012 or 2013 related to heart failure. There was however an increase in several variables during the time the NP performed SNF/NH rounds:

- ✓ Increased provider visits
- ✓ Increased BNP & electrolyte labs performed
- ✓ Increased recognition of HF symptoms leading to a higher rate of hospitalizations
- ✓ Increased degree of complicated patients with higher percentage of co-morbidities
- ✓ Quicker follow up care



Conclusion

- NP rounds increased communication between the SNF/NH staff and the clinic, allowing for more coordinated care.
- Patients saw providers more quickly after discharge from acute care, going from 8 days post discharge, to 1 day during NP rounds.
- The NP was able to more quickly identify worsening heart failure symptoms.
- More active medical care was provided by the NP, increasing short hospital stays but potentially preventing catastrophic events & lengthy hospital stays.
- The reduction in transportation of patients to a clinic setting may have improved patient safety & satisfaction.
- Previous burdensome fax communications were reduced, allowing for more patient contact time and less administrative time.
- These findings support existing knowledge of Nurse Practitioners effectively managing chronic diseases in a variety of settings.
- Findings also support previous studies indicating the need for cardiac specific care and training in SNF/NH, including the need for daily weights & reduced sodium diets.