Multi-Visit Patients (MVP) and Transitions of Care (TOC): Evidenced-Based Project on Readmissions and Continuation of Care

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Introduction

Transitions of care for older adults are challenging. Patients are often transported to emergency departments without family or friends to relay baseline physical or mental status. The patient may transition to hospital admission or transition to discharge (*to home or care facilities*). During transitions, vital information must be obtained for current assessment, predicting safety, and meeting the needs for transition to home care or skilled nursing facilities with a goal of maintaining safety and decreasing hospital readmissions.

Problem

The problem that prompted this project was the re-admission of patients with wounds. We currently have over 300 patients with chronic wounds with four or more readmissions per year (MVPs) or 10 or more ED visits per year. This data led us to an EBP project to find ***"What are the best practices to prevent and treat pressure injuries at discharge in order to decrease readmissions?"***

Methods

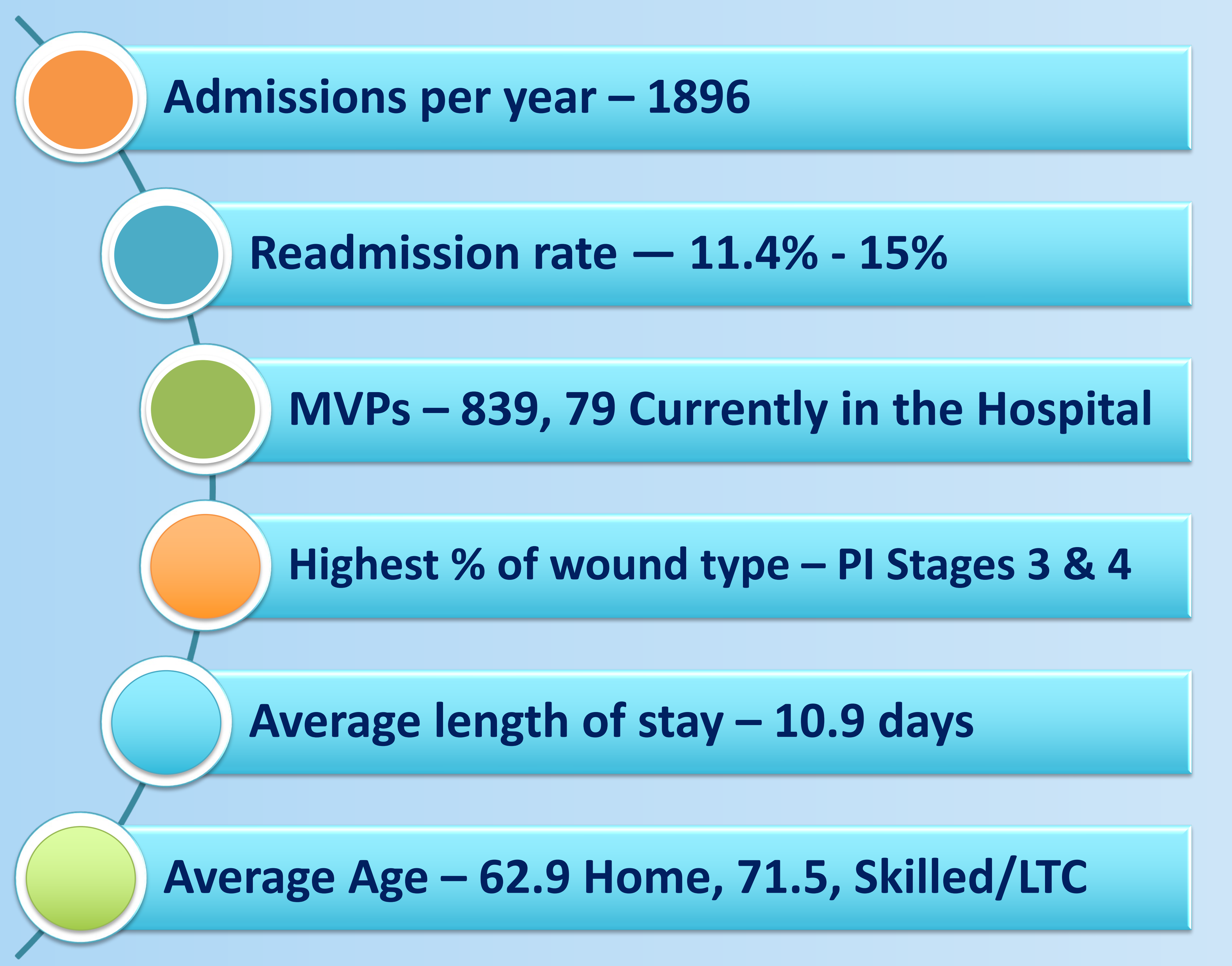
We collected MVP data on patients with wounds over a 2-year period. We hoped to identify this MVP data within the patients with chronic wounds.

The data collected included:

- **Demographics**
- **Wound type**
- **Length of stay**
- **Source of admission (home, SNF, LTC)**
- **Discharge disposition**
- **Number or ED/hospital admissions**

Background

In this Academic Medical Center, we found that our rate of readmissions was between 11.4- 15% and that approximately 5% of our patient population used up to 60% of the resources. Current data shows this west coast American Academic Medical center has 1896 patient admissions per year with chronic wounds. Of the admissions, 109 individual patients have 4-25 hospital admissions per year. The hospital system dashboard has 839 MVPs and 79 in hospital today. The number of wound MVPs in the hospital per day range from 7-15. The largest proportion of MVP admissions originated from home as compared to skilled or long-term care. The highest percentage of type of wound was pressure ulcer/injuries stage 3-4, with an average length of stay of 10.9 days. The average age for patients discharged home was 62.9 and for skilled or long-term care average age was 71.5.



Partnerships

Acute Care Case Management

Community-Based Care
House Call Primary Care;
Community Wound Care Clinics

Residential Care
Room & Board • Board & Homecare

Interventions

We collaborated with **Betty Irene Moore School of Nursing** and **AARP** to create videos for wound care, targeting caregivers. These and other videos were compiled onto a QR code to be automatically embedded into the discharge orders for patients along with their ***My Chart*** QR code. In addition, the NP for TOC wounds developed a pathway for patients to have NP specialist wound follow up care for patients bypassing the need for a primary care appointment

The wound photos, goals of care, discharge summary and transportation is arranged for follow up. Over 100 patients a year are now followed at the NP managed wound clinic. For patients who need more care, the NP for wound TOC and discharge planners work with local NP run board and cares to provide affordable treatment plans and educational support.

Conclusion

Acute care for MVPs with wounds is costly. An improvement in transitions of care to promote wound closure and management of co-existing conditions is essential. Transitioning patients from acute care to home or care facilities should include interdisciplinary telemedicine wound visits, proper support surfaces and agreed upon plan, and follow up in home and clinic.

Kirkland-Khyn H, Teleten O, Joseph R, Maguina P. A Descriptive Study of Hospital- and Community-acquired Pressure Ulcers/Injuries. Wound Manag Prev. 2019 Feb;65(2):14-19. PMID: 30730301.

Kirkland-Kyhn H, Teleten O, Joseph R, Schank J. The Origin of Present-on-admission Pressure Ulcers/Injuries Among Patients Admitted from the Community: Results of a Retrospective Study. Wound Manag Prev. 2019 Jul;65(7):24-29. PMID: 31373560.

Kirkland-Kyhn, Holly PhD, FNP, GNP, CWCN, FAANP; Howell, Melania DNP, RN, AGCNS-BC, CWOCN, DAPWCA; Senestraro, Jesse MBA, BSN, RN, CCRN-CMC; Walsh, Sarah MBA, BSN, RN, CNML. Leveraging technology to improve wound care delivery and care transitions. Nursing Management (Springhouse) 52(11):p 24-28, November 2021. | DOI: 10.1097/01.NUMA.0000795592.38063.7c