Care Coordination Rounds

Voigt L, McCarthy J, Segon A. Teaching Students to Care (Coordinate): A Randomized Controlled Trial. *WMJ*. 2023;122(4); published online August 21, 2023.

Objectives

- What are Care Coordination Rounds?
- Why are CCRs important?
- Who is involved in CCRs?
- What impact do CCRs have on patient care?
- What is your role in CCRs?
- What information is important for CCRs?

What are CCRs & Who is involved

- Daily, unit based meetings
- Physical therapy
- Occupational therapy
- Social Work
- Case Management
- Dieticians
- Pharmacy
- Charge RNs
- Floor nurses
- Primary team

What do they do?

- Physical therapy – ambulation, stairs, discharge safety
- Occupational therapy – dressing, bathing
- Dieticians – alert if pt not taking adequate oral intake, calorie count, assist with tube feed Rx
- Pharmacy – best regimen for home, duration of use
- Charge RNs – staffing, discharge planning, bed huddles
- Social Work – guardianship, HCPOA, neglect, placement, funding resources (T19, disability), transportation, community resources
- Case Management – admission status, insurance authorization, home care services, DME, home O2, IV antibx

What are the goals of CCRs?

- Identify patient needs early in admission
- Identify barriers to discharge
- Allow easy communication between care team to ensure common understanding of patient admission needs
- Identify problems early on
- Preps care team for discharge planning

What information is discussed/important

- Admission reason
- Goals for the day vs the admission
- Discharge needs
  - Rehab stay?
  - Home nursing?
  - IV antibiotics
- Barriers to discharge
  - PT/OT goals for placement
  - PICC line for IV antibiotics
  - Insurance approval for rehab
- Estimated discharge date

What is your role? How do you present?

- Encourages you to know all the patients on your team
- Allows you to help your team present at care rounds

- Short introduction of the patient, why they were admitted
  - 66yo F admitted with falls, found to have UTI and PNA
- What the patient needs this admission– what has to be done before they can be discharged
  - Clearance of blood cultures? Decreased oxygen needs?
- What barriers are there to that discharge?
  - Pt has been in bed for 3 days and has stairs to climb at home. Family not able to provide adequate assistance at home
- What will the patient need when they leave?
  - New medication Rx? Rehab? Follow up with a new specialist?

Example Case 1

- A 64 y/o woman who lives alone was admitted with osteomyelitis of the left foot. She was brought to the hospital from her second floor apartment after calling 911 because her pain was too severe and she felt weak. Since being admitted she has not gotten out of her hospital bed in four days and has been requiring one on one supervision as she is delirious and pulling at her IV lines. Bone cultures grew MRSA sensitive only to vancomycin.
- Able to climb stairs
- Ambulation
- Outpatient IV antibiotics
- PICC line
- Home nursing
- Insurance coverage
- Placement
- Delirium cleared
- Transportation

Example Case 2

- A 43 y/o homeless man was admitted to the hospital with severe dehydration acute renal failure, along with several deep wounds on his feet. The wounds are painful and have made it difficult for him to walk, but they do not appear to be infected. He has been seen by the wound care team and his wounds will likely take several weeks to heal. Additionally, while evaluating the blood vessels in his legs as part of the workup for his wounds, he was found to have a deep venous thrombosis in his left leg. He has started dialysis via a temporary access catheter, but has not shown any signs of improved renal function and the nephrology team anticipates he will continue to need dialysis.
- Dialysis access
- Dialysis center
- Transportation
- Housing assistance vs rehab
- Insurance coverage
- Wound care
- PT/OT for ambulation
- Anticoagulation management

Example Case 3

63yo M brought into emergency department by his neighbor after being found down at home. His neighbor reports finding empty bottles of alcohol in the apartment and he was disheveled. He has no children and is not married. He is found to have UTI sensitive to cefepime and several deep wounds on his hip and shoulder from being on the ground. During his stay his primary team notes he has difficulty comprehending their plan of care and frequently asks the same questions every morning. He is evaluated by neuropsychology and found to be non-decisional. He is unable to care for himself and required assist of 2 nurses to get to bedside commode. He has no insurance. He is found to have hypertension which he has not been on medication for.

- IV antibiotic therapy
- PICC line
- Guardianship (SW)
- Strengthening (PT/OT evaluation)
- Placement (SW)
- Insurance (SW)
- Medication management
- Primary care establishment/ follow up

Example Case 4

56yo M admitted with shortness of breath, weakness, and acute kidney injury in setting of CKD. He is morbidly obese and is brought in via ambulance. He has no prior PCP and no medications. He is found to be anemic secondary to an upper GI bleed and requires 3 days of ICU stay. He is transfused, his GI bleed spontaneous resolves and he is transferred to floor. His hypotension due to anemia results in acute renal failure requiring dialysis, which does not resolve after 1 week in the hospital. He is unable to maintain caloric intake and an NG is placed for tube feeds. He is unable to stand due to dizziness

- Dialysis access
- LTAC placement (HD & NG)
- Ability to stand→ ambulation (PT/OT)
- Dialysis chair
- Establish care with PCP and nephrology

1. Please rate your level of agreement with the following:

	A) Strongly Disagree	B) Disagree	C) Neither Disagree nor Agree	D) Agree	E) Strongly Agree
1) I understand the purpose of CCRs					
2)I am familiar with the composition of the multidisciplinary team that attends CCRs (ie who attends)					
3) I am familiar with the roles of various members of the multidisciplinary team that attends CCRs					
4) I am aware of what is expected of me when I present at CCRs—the content of presentations					
5) I feel comfortable presenting at CCRs					
6) CCRs are valuable for patient care					
7) CCRs are a valuable learning experience for medical students					

2. What challenges did you experience with effectively presenting at CCR rounds? Choose all that apply.
    a. Uncomfortable presenting to a multidisciplinary group
    b. Uncomfortable presenting team patients you are not directly following
    c. Unsure of what to present
    d. Unsure of the purpose of CCRs
    e. Other: Comment field:

3. Please rate your level of familiarity with the role of the following members of the multidisciplinary care team

	A) Very Poor	B) Poor	C) Fair	D) Good	E) Very good
1) Case Managers					
2) Social Workers					
3) Physical and Occupational Therapists					
4) Respiratory Therapist					
5) Dietitian					
6) Speech therapist					
7) Pharmacist					

4. Please match which member of the CCR team would be best able to fulfill the needs of the following patients (choose only one).

	Physical Therapy	Occupational Therapy	Social Work	Case Management	Charge Nurse	Pharmacist	Nutrition	Primary team
65yo M in need of guardianship								
35yo F in need of home health care								
55you F in need of a shower chair and walker								
45yo M admitted for BKA and hasn't been out of bed in 2 days								
67yo M admitted for UTI and found to be ready for discharge in need of bed huddle								
55yo M with stroke, now with weakness of right hand (right hand dominant)								
35yo F in need of IV antibiotics for home								
96yo F with poor oral intake, dementia, dysphagia								

	Yes	Partial	No
Student familiar with patient's hospital course and reason for admission			
Identified potential discharge date			
Identified barriers to discharge			
Presentation was succinct			
Able to answer questions appropriately			