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Reducing Readmission Rates in Acute Pancreatitis Through Patient Education and Risk Assessment

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experiences, perceptions and preferences for how to learn TACT-associated skill sets to improve their competence as teachers.

Methods: A 7-question needs assessment survey was distributed to teaching faculty members in family medicine, internal medicine and ob/gyn in a health care system. Ranking, rating and free-response item formats were used to determine teachers' prioritization of care management and patient satisfaction metrics within medical education and their perceived skills and limitations in incorporating these factors into medical education. Data was analyzed using descriptive statistics and narrative comments using qualitative thematic analysis. This project was deemed "not human subjects research" by Aurora Health Care.

Results: A 78% response rate was obtained (32/41). Respondents' top 3 teaching priorities were "Meeting specific clerkship objectives/residency milestones," "Impact on your time/teaching efficiency" and "Service quality priorities for the clinic." Respondents ranked learner's evaluation of teaching among their lowest priorities. 63% of respondents reported that they involve learners in improvement efforts (quality, safety, patient experience). Respondents identified a variety of strategies for involving learners in improvement efforts (medical students initiate patient callback, follow up on lab tests, check/address health maintenance items; residents identify a care management target), although time was consistently identified as a barrier to learner involvement.

Conclusion: Survey results confirmed that clinical teachers place value on integrating efforts to enhance clinical quality/patient experience as they teach yet face challenges to TACT goal attainment. Findings will inform description of successful TACT strategies, assessment of their effectiveness and faculty development initiatives.

Reducing Readmission Rates in Acute Pancreatitis Through Patient Education and Risk Assessment

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Background: Early hospital readmissions are a direct burden on both our patients' well-being and health care system as a whole. Acute pancreatitis is a top offender, with countless 30-day readmissions. Studies have showed a consistently higher than average 30-day readmission rates in acute pancreatitis, around 19%. This is significantly higher than the average all-cause readmission rate at Aurora Health Care hospitals. This quality improvement project aimed to reduce the rate of acute pancreatitis 30-day readmission rates at several Aurora hospitals through patient education and a readmission risk assessment tool.

Purpose: To clarify some of the risk factors associated with acute pancreatitis readmissions and reduce 30-day acute pancreatitis readmission rates through patient education and risk assessment to facilitate a safe discharge.

Methods: Project was conducted out of Aurora's Sinai, St. Luke's and West Allis Medical Centers with a total of 18 patients with acute pancreatitis admitted predominantly to the internal medicine teaching service between February 2014 and October 2014. Patients were seen within 1–2 days of admission and provided one-on-one education with a handout on acute pancreatitis. In addition, a 30-day pancreatitis readmission predictor (PRP) score was used to classify patient as low (5%), moderate (17%) or high (68%) risk for readmission via Epic health record's "Dot Phrase." Subsequent readmissions, 14-day follow-up, total hospitalizations and emergency department visits were tracked through present. This was compared to readmission rates of a randomly selected control group of 18 patients admitted with acute pancreatitis.

Results: Patients had PRP scores ranging from 0 to 4, with an average of 1 (rounded from 0.78). Of the 18 patients in the study group, only 2 were readmitted within 30 days for pancreatitis, or 11.1%. The control group had 3 (16.7%) readmissions within 30 days. Patients with alcohol-related pancreatitis were more likely to have a higher PRP (1.0) and readmission rate (20%, 2/10).

Conclusion: A diagnosis of acute pancreatitis places the patient at a significantly higher than average risk of readmission. This project was able to reduce readmission rates from 16.7% to 11.1% by simple patient education and readmission risk assessment. Readmissions are detrimental to both the patient and health care system. This project serves as a starting point for reducing readmissions not only in acute pancreatitis patients but potentially other diagnosis-specific readmission initiatives.

Tertiary Center Experience of Catheter-Directed Thrombolysis for Immediately Threatened Acute Lower Limb Ischemia of Native Vessels and Bypass Graft Thrombosis

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Background: Catheter-directed thrombolysis (CDT) is an effective therapy and a class I indication for patients with acute limb ischemia (ALI, Rutherford categories I and IIa) of less than 14 days duration, and class IIb indication for ALI (Rutherford category IIb) with symptoms more than 14 days duration. However, there is no consensus on the initial management option for ALI (Rutherford category IIb) with symptoms less than 14 days duration.

Purpose: To evaluate the safety, efficacy and outcome of CDT, with or without bailout Angiojet mechanical thrombectomy, in patients with immediately threatened acute lower extremity ischemia (Rutherford category IIb) as a minimally invasive alternative to emergent surgical revascularization.

Methods: We retrospectively reviewed data on 69