Sickle Cell Update 2011

Satellite Conference and Live Webcast
Tuesday, October 18, 2011
10:00 a.m.- 12:00 p.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

Brenda Merriweather, MSN, RN
Sickle Cell Program Coordinator
Care Advisor Program
Baptist Health System

Speaker Disclosure

- **I do not have financial interests to disclose**
- **I do not work for any pharmaceutical companies**

Care Advisor Program Overview

- **Program began August 2008**
- **Two-fold purpose:**
  - **Reduce avoidable hospital admissions**
  - **Improve patient self care ability**

Care Advisor Program Overview

- **Populations served:**
  - **CHF**
  - **COPD**
  - **CAD**
  - **Diabetes**
  - **Asthma**
  - **Hypertension**
  - **Adult sickle cell**

Care Advisor Program Overview

- **Patients are bound by signed agreements to fulfill responsibilities**
- **All three hospitals participate, but primary site is Baptist Medical Center South**
- **Community case management program would be primarily telephonic**

Care Advisor Program Overview

- Sickle cell program began in February 2010

History

- Developed a pain questionnaire and generalized it for sickle cell patients
- Asked to be the sickle cell program coordinator
- Had full support from administration
- Surveyed the scene-visited with case management, outpatient, ER to see what the barriers were

The Model

- The PAST Model for the future of Baptist
- PAST Model
  - Proactive and Aggressive Sickle Cell Disease Treatment

Problem

- At Baptist Medical Center, there was not a deliberate and coordinated program to comprehensively manage adult sickle cell patients both inpatient and outpatient
- This lack of a coordinated program has led to:
  - High hospital readmission rate

Problem

- Increased hospital length of stay
- Fragmentation of medical and social services
- Suboptimal pain management
- Noncompliance by patients
- Emergency department misuse

Problem

- Inadequate follow-up with primary care
- Poor transition from pediatric care to adult care

Solution

- An inpatient and outpatient model that would encompass the complex needs of the adult sickle cell patient would:
  - Decrease the hospital readmission rate
  - Decrease the hospital length of stay
  - Coordinate medical and social services

Solution

- Optimize pain management
- Increase compliance by patients
- Decrease emergency department misuse
- Increase proper follow-up with primary care
- Ensure smooth transition from pediatric care to adult care

Solution

- The model that would be implemented for this purpose is the PAST Model

Outpatient

- Community case manager
- Track compliance
- Utilize community resources
- Outpatient clinic
- UAB Montgomery
- Primary care

ED Treatment

- Fast track
- Immediate triage within 30 minutes to 1 hour of arrival
- Utilize protocols
- Fluid bolus
- High dose narcotics
- Discharge if stable
- ER calls me for a plan of care and a plan for follow-up

Inpatient

- Aggressive treatment
- Individualized pain management
- Pain questionnaire upon arrival
- Pain protocols
- Palliative care consult
- 5-day average length of stay
- I round on the patients, review orders and make recommendations

Discharge

- Follow-up at clinic with primary care MD, hematologist and/or specialist
- Follow-up at new sickle cell clinic at UAB Montgomery
- Remain in contact with community care manager
- Give detailed discharge instructions
- Call Brenda if you have to go to the ER

Education

- Throughout the model, education will be provided regarding:
  - Sickle cell disease
  - Nutrition
  - Hydration
  - Pain management
  - Disease triggers
  - Social barriers

Education

- Education occurs :
  - Outpatient telephonically
  - Inpatient
  - In the clinic
- Transition program

Transition Program

- The transition program would include a sub population of patients ages 16 to 18
- The goal of the transition program is to prevent this sub population from contributing to the hospital re-admission rate

Transition Program

- Education would be provided to these patients to ensure:
  - That they are aware of the aspects of the PAST model
  - There is a hand off from their pediatrician to a primary care physician

Transition Program

- That they know how to communicate to their new primary care physician
- They have the ability to obtain their medications
- The availability of community resources
- Understanding of sickle cell disease and the management of sickle cell disease

Case Management

- Involves finding a primary care physician and/or hematologist or other specialists
- Ensuring the patient has a follow-up appointment and keeps the appointment
- Ensuring registration with the Sickle Cell Foundation

Case Management

- Ensuring the patient has their medications
- Ensuring patient maintains hydration and adequate diet
- Ensuring patient has transportation
- Ensuring patient calls if they need to come to the hospital

Case Management

- Ensuring ongoing education regarding sickle cell disease and its management
- I am currently case managing 51 patients

Patient Advocacy

- Involves making sure patient gets fluids and medications
- Ensuring patients get their medications on time
- Rounding on the patients in the hospital and reviewing their orders
- Make recommendations for medical management along with the MDs

Unique Program

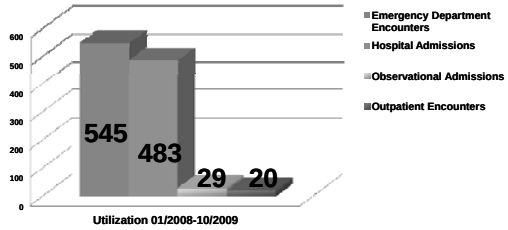
- There is no other program like this in the country
- The details of this program were submitted to members the United States Congress in the Congressional Record in August 2010 through the Sickle Cell Disease Treatment Demonstration Program

Unique Program

  - Originally made law by Senator Jim Talent
- It was called the Sickle Cell Treatment Act of 2003

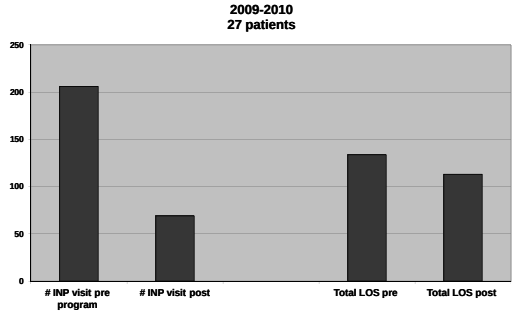
Original Pro Forma: 63 Adult Patients Were Identified as Having Frequent Encounters at Baptist

(Performed by Ken McKinney)



Utilization 01/2008-10/2009

Sickle Cell Program Impact



Direct Impact Interventions

- Case Management
- Education
- Ensuring patient has a primary care MD

Partnerships

- Bernell Mapp and Dr. Tom Howard at ANSCAPE
  - Alabama Network for Sickle Cell Access, Prevention and Education
- Dr. James Eckman, Emory University SERC
  - Southeastern Genetics Collaborative Sickle Cell Working Group

Partnerships

- Sickle Cell Foundation of Greater Montgomery
- The Central Alabama Sickle Cell Foundation
- Alabama State University Department of Biological Sciences
  - Dr. Debbie Payne
- Montgomery Black Nurses Association

Partnerships

- South University
  - Dr. Kalai Mugilan
- Children's Hospital
- UAB in Birmingham
- Dr. Cheedy Jaja
  - Medical College of Georgia
- Dr. Pamela Payne-Foster
  - University of Alabama

Most Recent Partnership

- The Centers for Disease Control:
- Dr. Althea Grant
  - Chief Epidemiological Surveillance Officer of the Blood Disorders Division of the CDC
  - Has agreed to assist me with my evaluation and data analysis for this program

Give Your Program a CHANCE

- C - Champion, strong advocate
- H - Hematology support
- A - Administration support
- N - The word "No" is not in my vocabulary and no negativity
- C - Compassion
- E - Education must be deliberate and continuous for patients and providers

Acknowledgements

- Baptist administration:
  - Russell Tyner and Robin Barca
- Pamela Newman, Director of Baptist Health System Labs and CareAdvisor
- CareAdvisor Staff
- Dr. Leslie Harris and Sabrina Lee and clinic staff
- Dr. Julio Rios and ER staff of the Baptist system

Great Websites

- Sickle Cell Disease Association of America, Inc.
  - www.sicklecelldisease.org
- Sickle Cell Information Center
  - www.scinfo.org
- CDC
  - www.cdc.gov/ncbddd/sicklecell

References

- Benjamin, L., Swinson, G. & Nagel, R. (2000). Sickle cell anemia day hospital: an approach for the management of uncomplicated painful crises. Blood, 95(4), 1130-1137
- Booker, M., Blethyn, K., Wright, C. & Greenfield, S. (2006). Pain management in sickle cell. Chronic Illness, 2, 39-50

References

- Burnette, M. (2009). Providing culturally competent sickle cell care. MinorityNurse.com. Retrieved on 12/6/09 from http://www.minoritynurse.com/Providing-Culturally-Competent-Sickle-Cell-Care#readcomments

References

- Critical Path Network: Study shows readmissions drop when patients understand discharge instructions. The Free Library. (2009). Retrieved April 04, 2010 from http://www.thefreelibrary.com/Critical Path Network: Study shows readmissions drop when patients ...-a0197716687

References

- Edwards, L., Gauger, C. & Rana, F. (2008). Sickle cell disease: the transition from pediatric to adult providers. Northeast Florida Medicine, 59, (4), 48-54
- Gardella, J. & Swanger, J. (2007). Manage sickle cell pain crises. The Hospitalist. Retrieved October 24, 2009 from http://www.the-hospitalist.org/details/article/240531/Manage_Sickle_Cell_Pain_Crises.html

References

- Geller, A. & O'Connor, M. (2008). The sickle cell crisis: a dilemma in pain relief. Mayo Clinic Proceedings, 83(3), 320-323
- Jamison, C. & Brown, H. (2002). A special treatment program for patients with sickle cell crisis. Nursing Economics, 20(3), 126-132

References

- Jenerette, C. & Murdaugh, C. (2008). Testing the theory of self-care management for sickle cell disease. Research in Nursing and Health, 31, 355-369
- Kotila, T. & Ocheni, S. (2006). Acute painful crisis in sickle cell disease: severity assessment. The Internet Journal of Tropical Medicine, 3(1)

Thank You!