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Decreasing 30-day Readmissions for Pleural Effusions After Lung Transplant

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Learning Objectives

- Identify key strategies to improve patient outcomes and reduce or prevent 30-day readmissions.
- Describe methods used in identification, early detection and treatment of pleural effusion post-lung transplant.

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1,276	Licensed beds	3,056	Physicians	11,665	Employees

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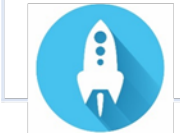

UCSF has spawned more than **185 startups**

Lung Transplant Program

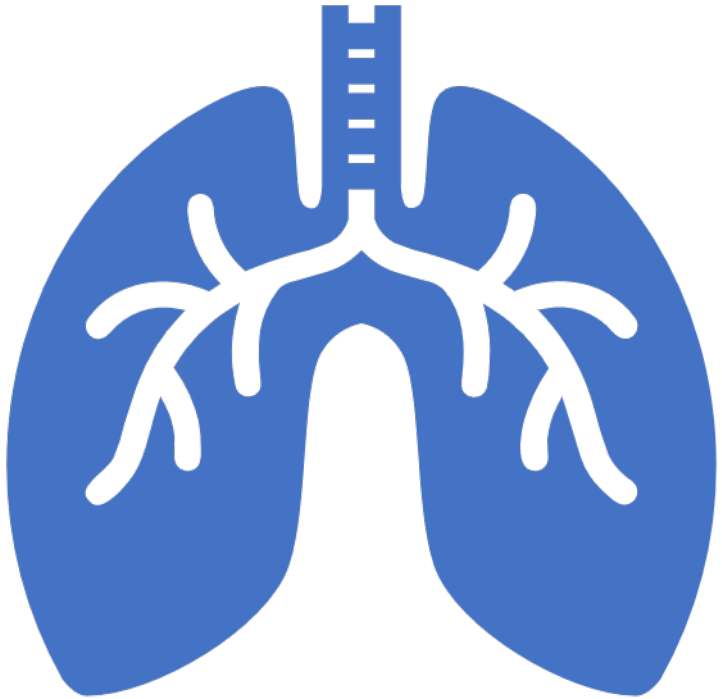

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Figure C23D. Adult (18+) 1-year patient death HR estimate (deceased donor grafts)

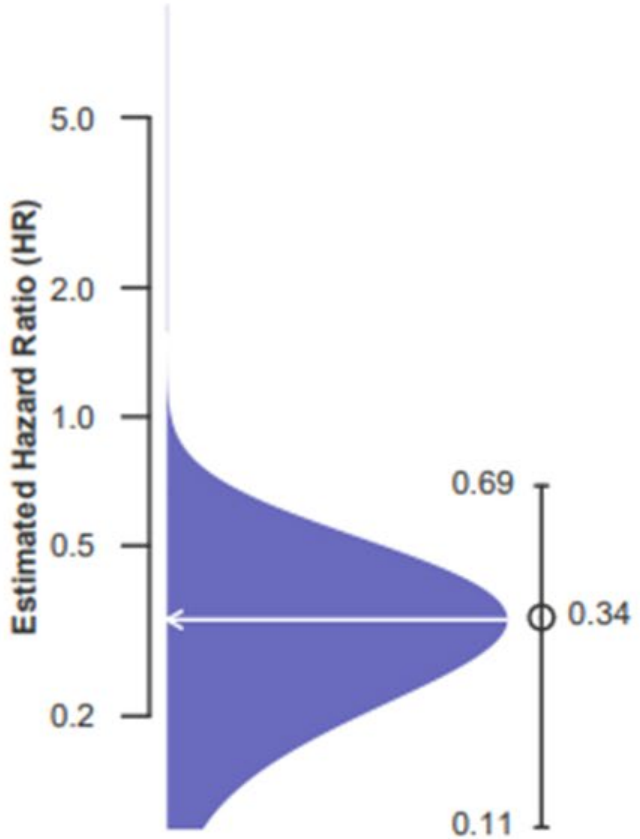
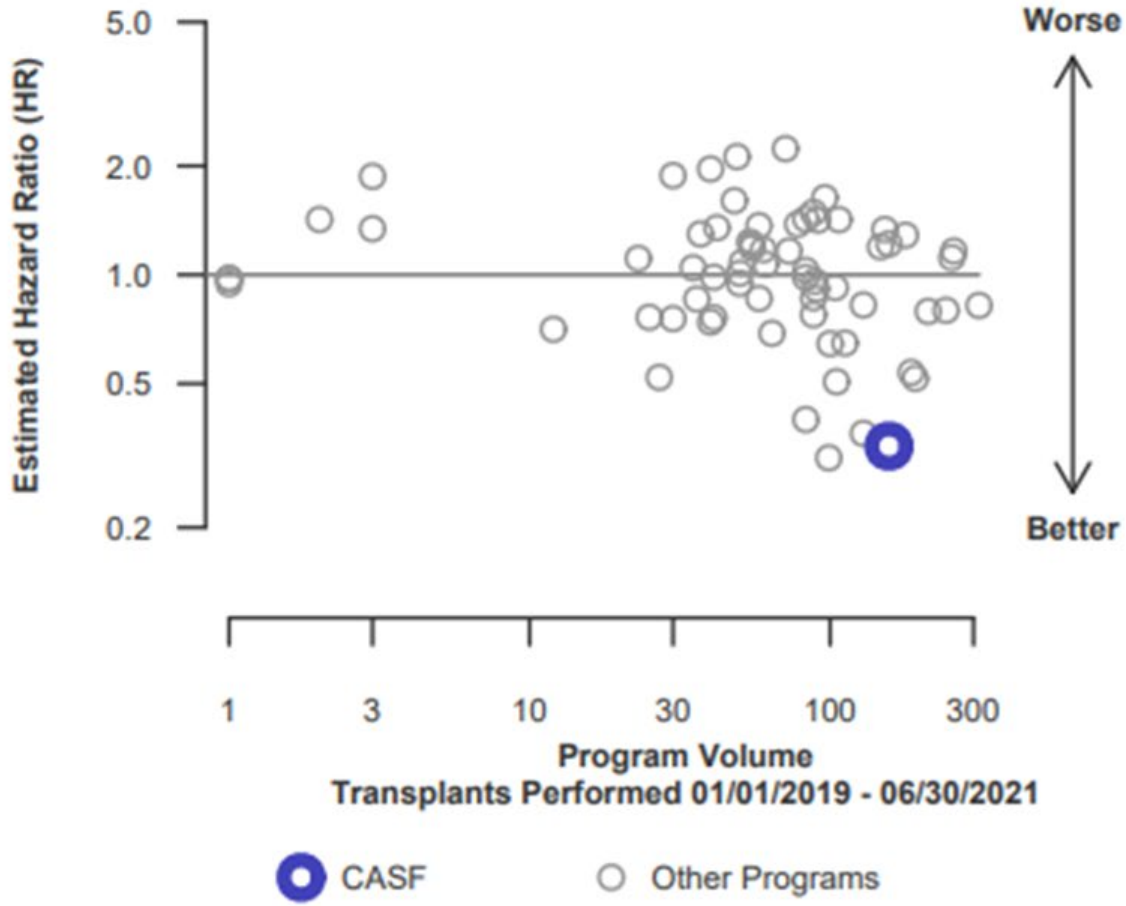


Figure C24D. Adult (18+) 1-year patient death HR program comparison (deceased donor grafts)



SRTR SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS

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Thirty Years & One Thousand Lungs

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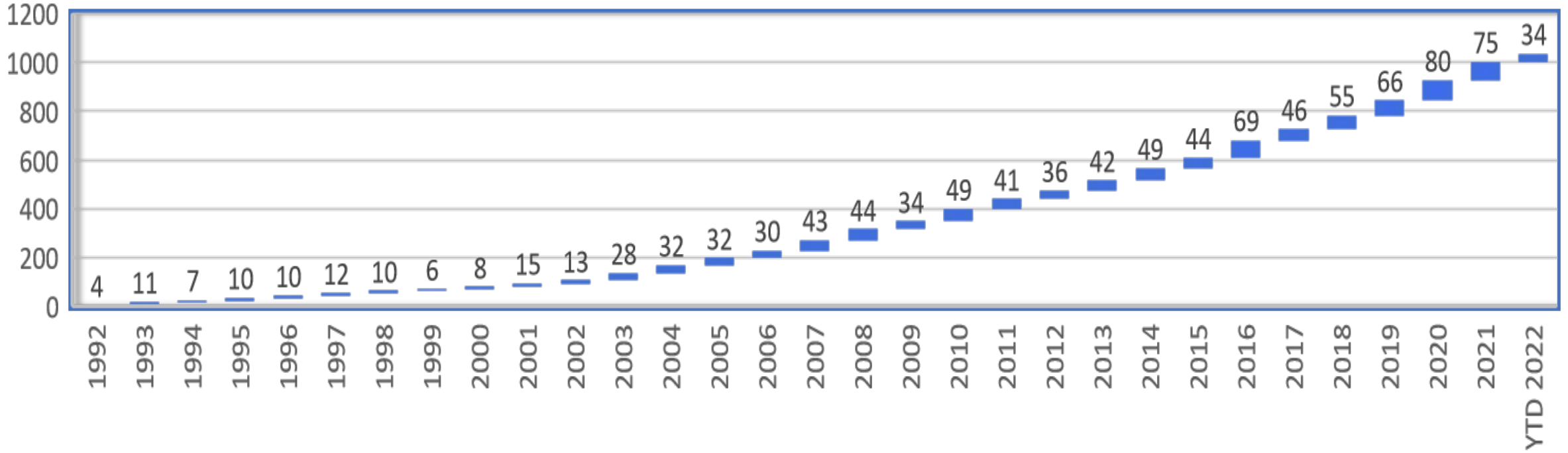

Decreasing 30-day Readmissions for Pleural Effusion after Lung Transplant

Background/Significance

- Readmissions after lung transplantation are highest in the first year and can reduce the quality of life for recipients and increase health care costs
- Pleural effusion is a buildup of excessive fluid in the pleural cavity and is a common complication of lung transplants
- Post-operative pleural effusions cause:
  - Discomfort, dyspnea, and impaired mobility
  - Require thoracentesis or chest tube drainage
  - Median readmission length of stay of 3 days
  - Average cost of $200,000 per readmission

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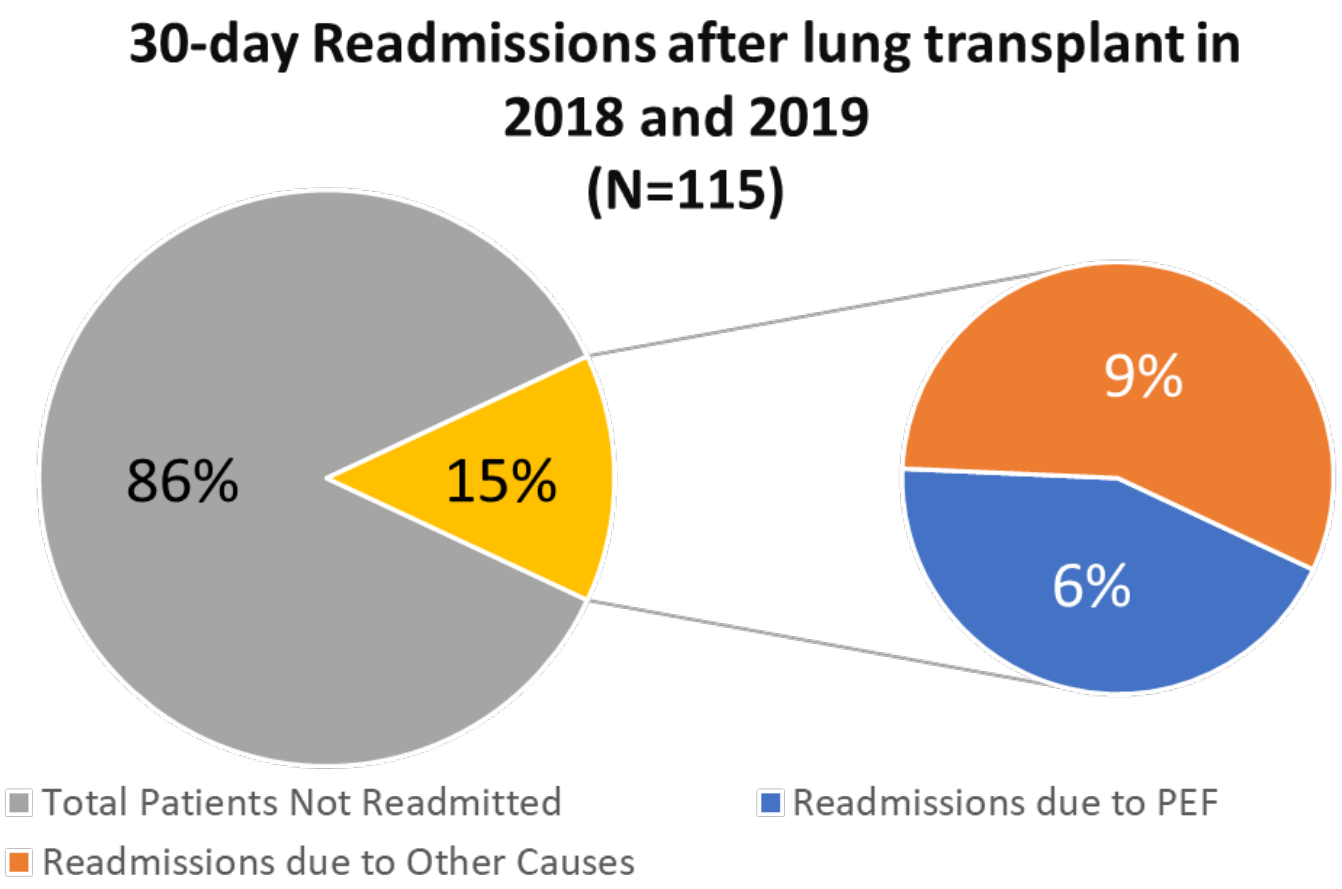
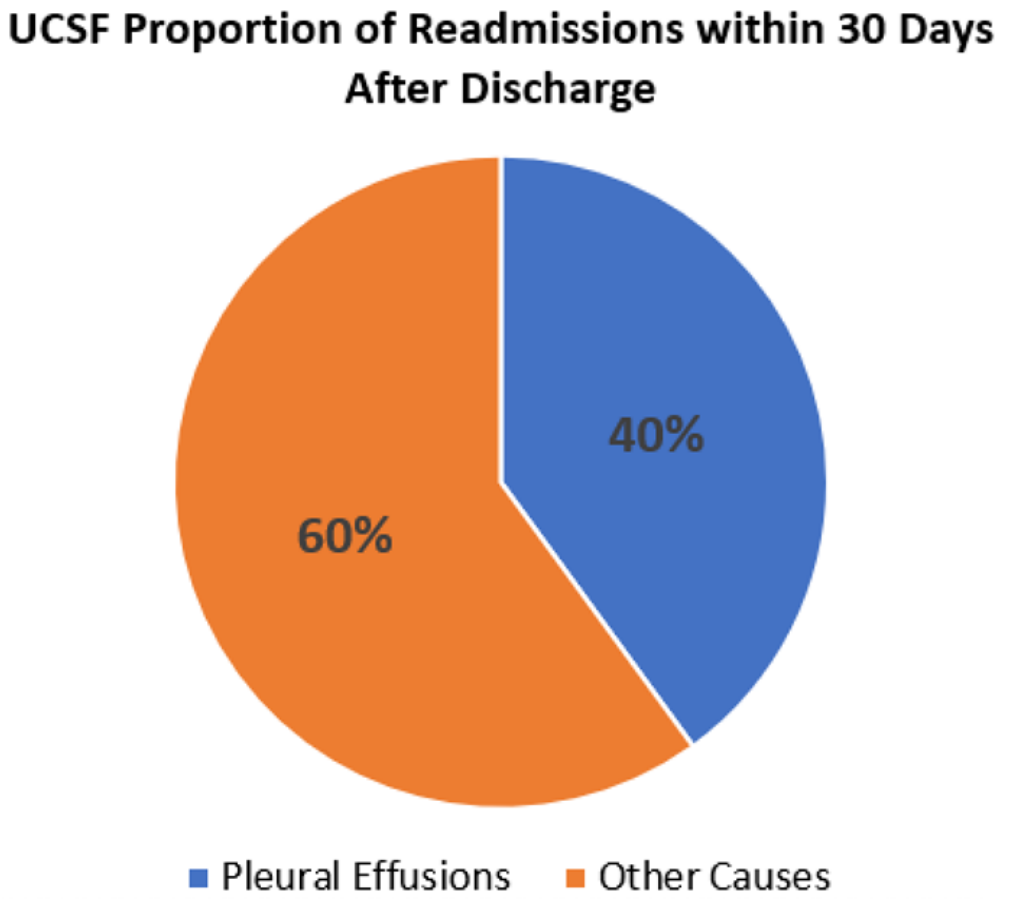
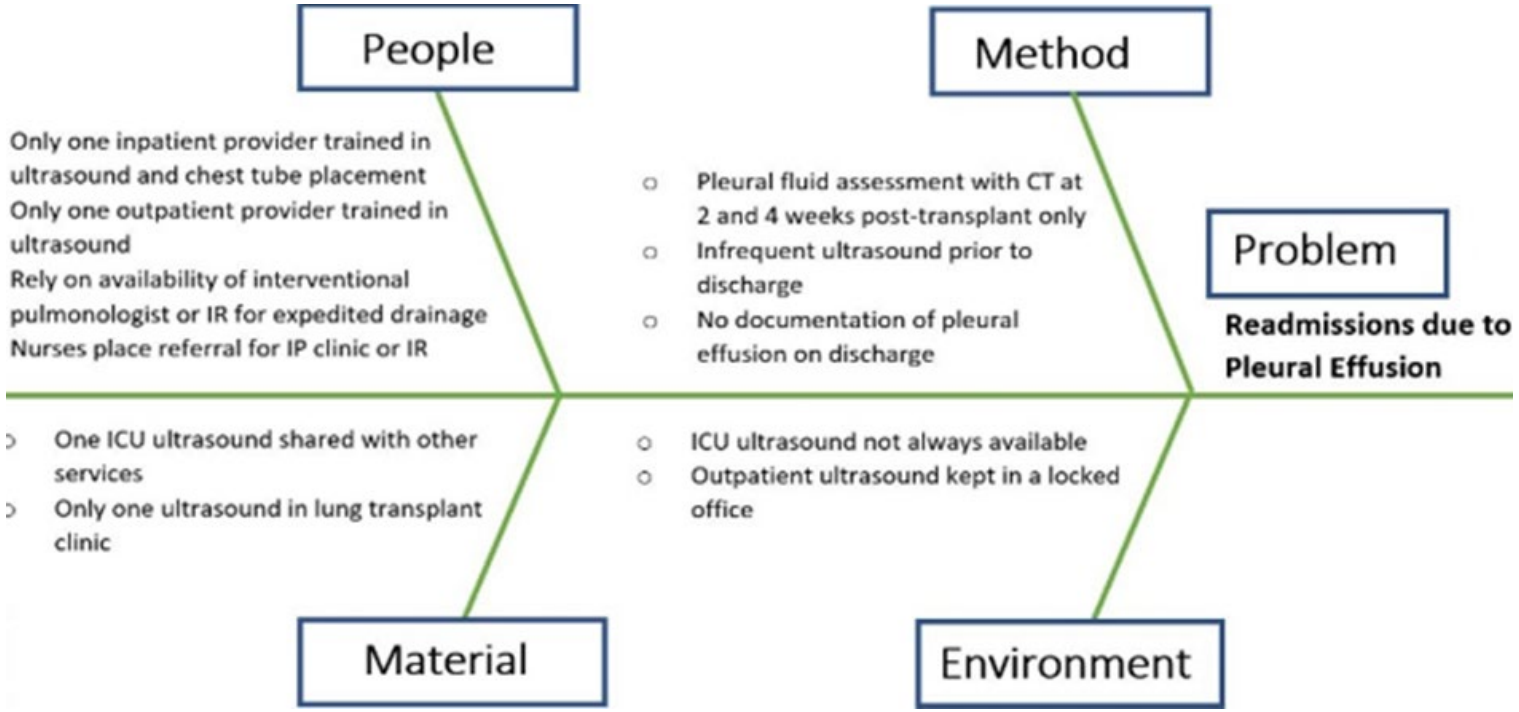
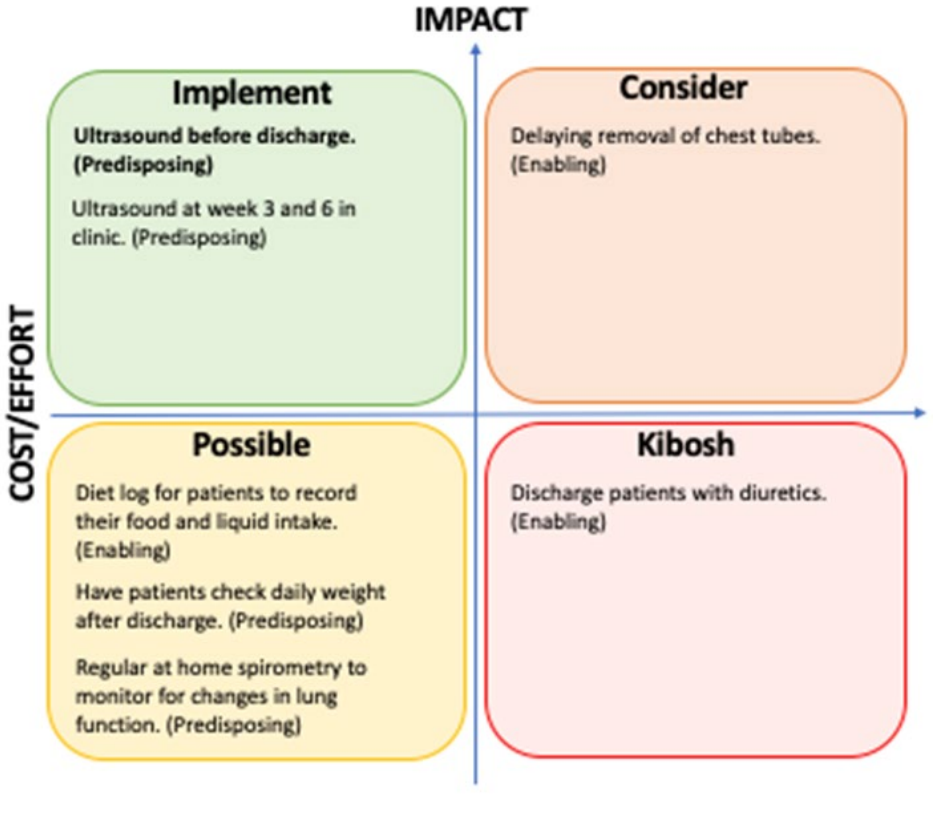
Decreasing 30-day Readmissions for Pleural Effusion after Lung Transplant Baseline Conditions





Decreasing 30-day Readmissions for Pleural Effusion after Lung Transplant Gap Analysis and Hypotheses





Hypotheses

Lack of awareness of pleural effusion size at the time of discharge

No systematic method to assess and document it

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Interventions

Awareness of Pleural Effusion size

- Ultrasound procedure
- Surveillance protocol
- Training and education

Lack of Systematic Documentation

- Templated note within the discharge summary
- Diagnostic pictures
- Training and education

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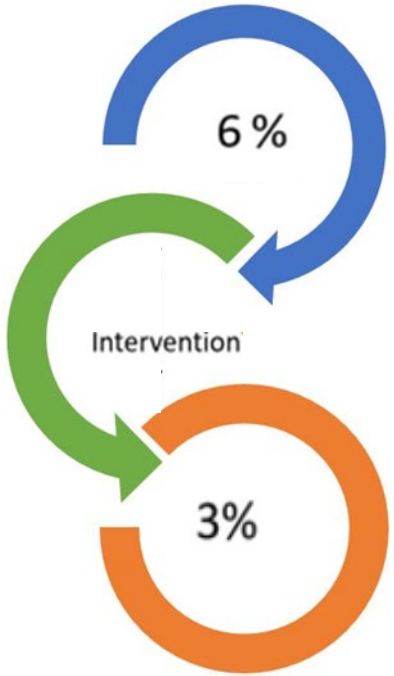
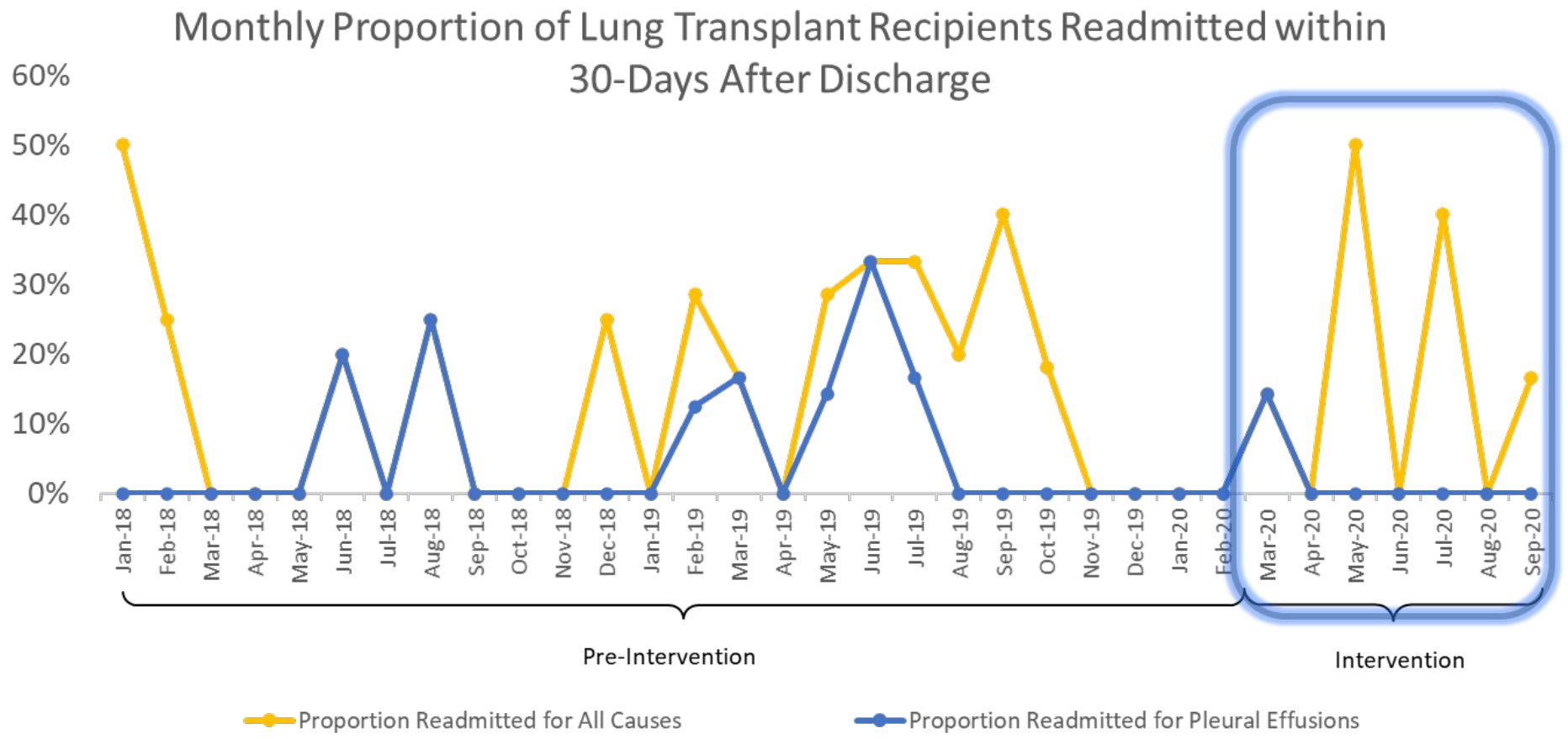
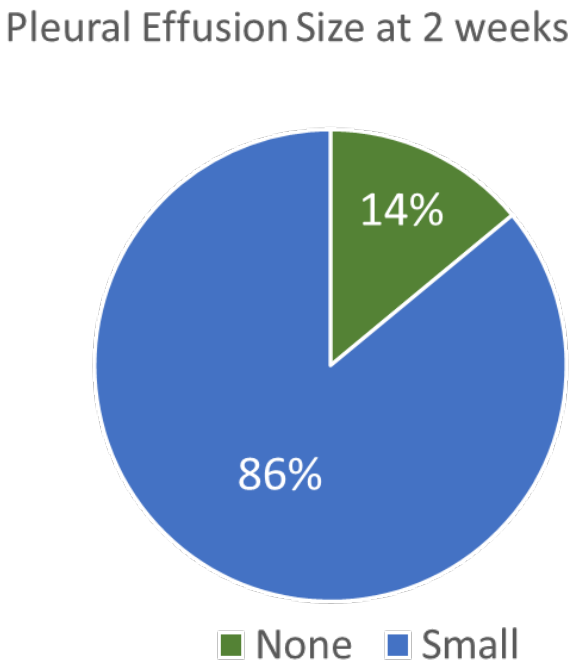
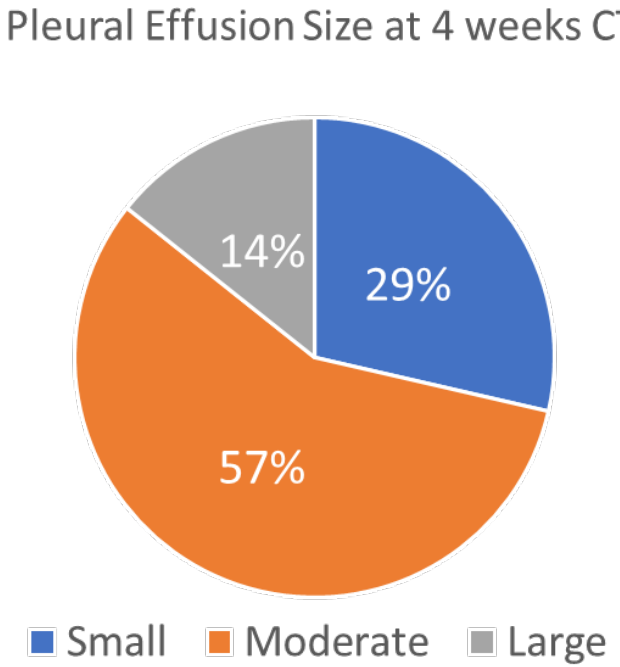
Decreasing 30-day Readmissions for Pleural Effusion after Lung Transplant Post Implementation Analysis





Decreasing 30-day Readmissions for Pleural Effusion after Lung Transplant Results





Lessons Learned

Pleural Effusions are common

- Present at 78% to 84% of patients within 4-weeks after discharge
- Only small subset effusions will enlarge
- **Surveillance & documentation at discharge can identify at risk patients & prevent 30-day readmission**

Preventing the readmissions

- The intervention prompted initiation or increase of:
  - ✓ Diuretics in 39% of the patients prior to discharge
  - ✓ Referral to thoracentesis prior to discharge in one patient
  - ✓ Referral to drainage after the discharge in two patients

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Key Takeaways

- Small pleural effusions are common and expected after lung transplant
- Enlargement of pleural effusions places lung transplant recipients at risk for 30-day readmissions
- Surveillance of pleural effusion size and standardized documentation at discharge can identify at risk patients that may benefit from timely interventions and prevent unneeded readmission.
- Systematic documentation allows focused continuation of care after the discharge

Questions?

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