A MULTIDISCIPLINARY APPROACH TO REDUCE THE IMPACT OF READMISSION AND HEALTHCARE EXPENSES IN THE PERIPHERAL ARTERIAL DISEASE PATIENT

BACKGROUND
Peripheral arterial disease (PAD) affects an estimated 12 million patients in the United States annually and is associated with severe cardiovascular morbidity, mortality, and expense. 30-day readmission rates for PAD patients are as high as >20% in advanced critical limb ischemia. Opportunities to reduce 30-day readmission and healthcare expenses for this group were identified.

METHODS
Retrospective review of all vascular surgery patients with a 30-day readmission following index hospitalization for PAD was performed. A detailed chart review was completed to obtain patient demographics and readmission characteristics. Patients were grouped by readmission reason and common underlying causes were analyzed. A multidisciplinary protocol was developed and implemented to address opportunities for care improvement. The projected financial impact of this protocol was assessed.

RESULTS
Retrospective review of 30-day readmission data for PAD patients resulted in the development and implementation of a multidisciplinary protocol to optimize the care required for this patient population. Expectations are a 50% decrease in 30-day readmission rate and significant annual cost savings.

CONCLUSIONS
Retrospective review of 30-day readmission data for PAD patients resulted in the development and implementation of a multidisciplinary protocol to optimize the care required for this patient population. Expectations are a 50% decrease in 30-day readmission rate and significant annual cost savings.

CLINICAL IMPLICATION
This study may enable cardiovascular clinicians to assist in the development and implementation of a multidisciplinary protocol aimed at optimizing the complexities of care required for the peripheral arterial disease patient.

TRIGGERS FOR REFERRALS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Referral Trigger</th>
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<tr>
<td>Endocrine</td>
<td>Increased HgbA1C or open wound in presence of Diabetes Mellitus</td>
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| Infectious Disease | 1. Open deep tissue wound with exposed muscle, tendon, or bone  
                             2. Care for infection with failed Antibiotic algorithm  
                             3. Osteomyelitis present on imaging |
| Wound Care      | Any open wound |
| Podiatry—nail trim and foot check | Any patient with Peripheral Arterial Disease |
| Orthotics       | 1. Open wound or callous caused by ill fitting shoes  
                             2. Need to off load wound |
| Hematology      | 1. Early graft occlusion (<30 days)  
                             2. Bypass graft or stent thrombosis within 6 months of placement |
| Smoking Cessation | Current smoker—willing to explore quitting |
| Cardiology      | Any of the following diagnosis:  
                             1. HTN  
                             2. CHF  
                             3. CAD |
| Hematology      | Any of the following diagnosis:  
                             1. HTN  
                             2. CHF  
                             3. CAD |

THERAPEUTIC NUTRITION POWDER CRITERIA

<table>
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<tr>
<th>PAD Criteria</th>
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| Wound        | 1. Delayed healing  
                             2. S/P Revascularization |
| Open Wound   | 1. BMI <21 or >35  
                             2. He of weight loss >10% body weight  
                             3. Thin/Obese, low muscle mass, decrease strength, or frail appearance |
| Condition from either list | List A  
                             1. Low Albumin  
                             2. Low Pre-Albumin  
                             3. Low CRP |
|              | List B  
                             1. Low Albumin  
                             2. Low Pre-Albumin  
                             3. Low CRP |