PARTNERSHIP FOR HEALTHCARE TRANSITIONS MODEL

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How we Started?

- Simple dialogue early on
- What motivated our organization to action?
  - Mission?
  - Cost?
  - Reimbursement changes?
  - Regulations?
  - Right thing to do?

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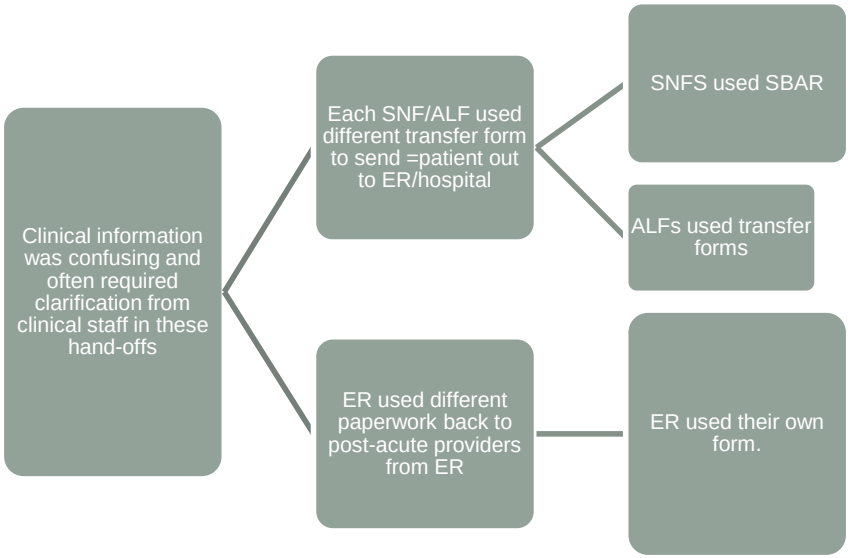
Steps of Initiating Healthcare Transition Team Approach

- Problems with sharing of clinical information between post-acute providers and ER started a “team approach”;
- Local SNF physician facilitated this multi-provider team composed of hospital, and post-acute providers.



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MONADNOCK Healthcare Transitions Network

- Established in May 2011
- Meetings- started out monthly now we are bimonthly.

- Team members:
  - Hospital Utilization and Quality staff
  - Nurse managers from APU/ICU/ER
  - Medical Director from post-acute providers, SNFs, ALFs.
  - Hospital pharmacist
  - Hospitalists on ADHOC basis
  - New England QIO representative(added recently in 2015)

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Mission of MONADNOCK Healthcare Transitions Network

- To achieve optimal PATIENT-CENTERED outcomes in transitions from one healthcare setting to another and or to home, RESPECTING the goals and values of the individual patient.

- Our charter was established to ensure accountability to the MCH Quality Review Committee

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Current Team Members of the MONADNOCK Healthcare Transitions Team

- Chief Medical Officer
- Hospital Quality Improvement Director
- Nurse managers- Inpatient,ER/ ICU
- Director of Nursing from 2 local Skilled Nursing Facilities,
- Director of Nursing from a CCRC
- Medical Directors from 3 area post-acute providers
- Home Health nurse manager
- New England QIO representative
- Hospital pharmacist (ADHOC)
- Hospitalist(ADHOC)

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Charter Roles and Responsibilities

- Physician members: provide physician input to the network of providers, and review quality improvement opportunities.
- Hospital members: provide readmission and transition data for the team to identify gaps and assist with improvements in the transition process between all partners
- Post acute providers: share readmission data from SNFs, ALFs, Home Health so all can share best practices as well as implement quality improvement steps.
- Pharmacy: review opportunity for medication reconciliation at all points of transition process for the patient population under this Network.

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Challenges For the Transitions Network

- Scattered, incomplete patient information between hospital ER, and post-acute providers
- Different educational tools for patients depending on the healthcare setting; often with conflicting information.
- Medication reconciliation was not taking place between healthcare transition points
- Discharge summaries were not reaching the post acute providers in timely manner
- Current discharge instruction given to patient were very difficult to follow and the Discharge diagnosis was not listed on Discharge instructions.

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Promoting Your partnership

- Participation needs to further the goals of each partners' organization, making a successful completion a "win" for everyone.

- Short productive meetings
- Face-to-face meetings
- Ensure that agreements are in place to eliminate challenges that arise due to changes in leadership or personnel within either partner organization.

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Use of SBAR form

Development of CHF and COPD booklets used by all members of the Healthcare Transitions Team

Post hospital and SNF appointments set up with Primary physicians within 4-7 days following discharge

Discharge summaries are Faxed to attending physicians in SNFs 24 hours before admission to SNF

Discharge instructions were realigned to allow for clearer instructions for patients

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Accomplishments of Our Transition Network

- Consistent use of SBAR format for transitions between ER and post acute settings
- Follow-up acute care discharge visits made with PCPs within 5-7 days post discharge
- Discharge summaries are Faxed to attending physicians before admission to post acute setting.
- Development and distribution of CHF educational booklets in all partner settings.

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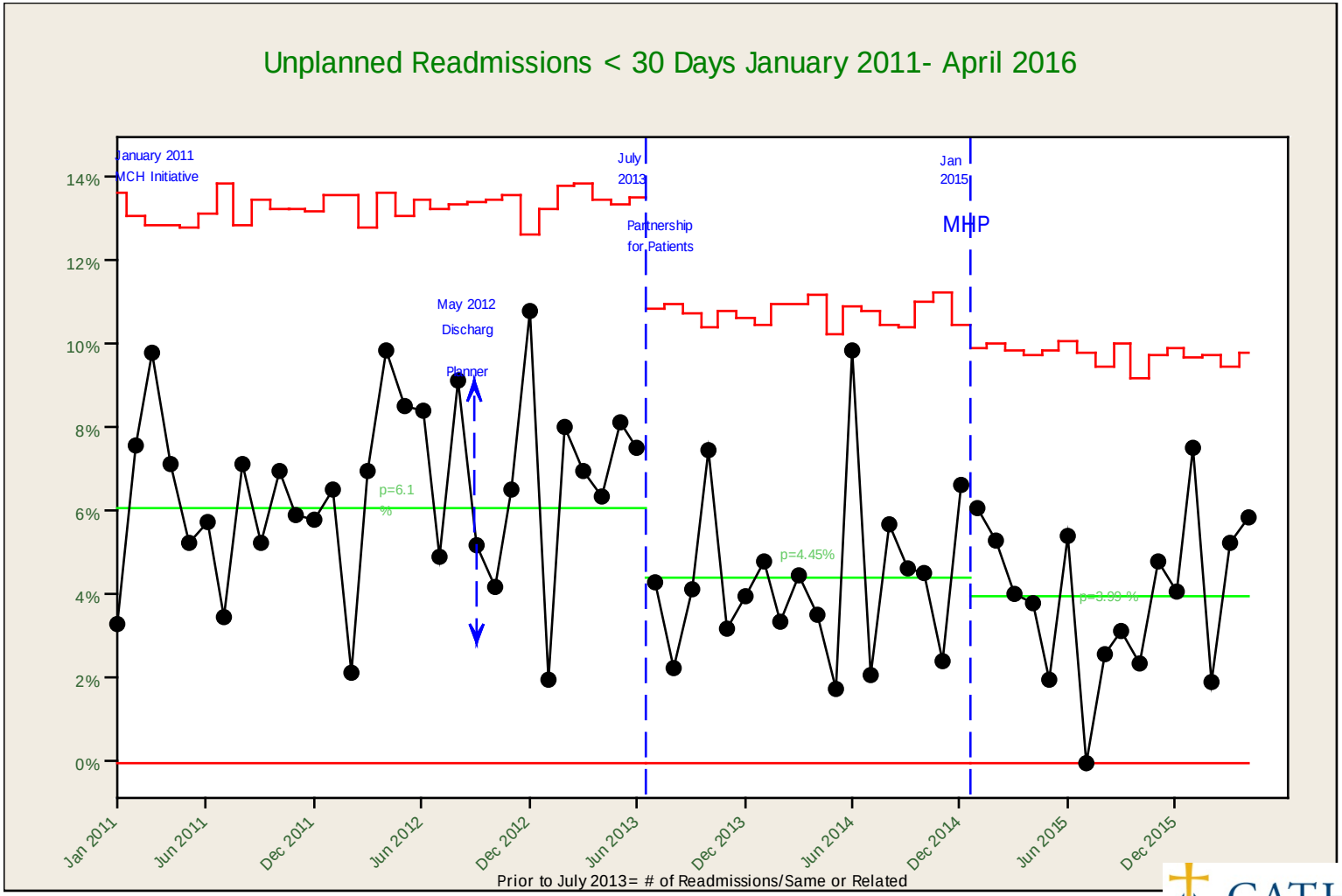
Unplanned Readmissions < 30 Days January 2011- April 2016



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Continue to decrease hospital readmissions

Hospital readmission rates

- Use Root-cause analysis to determine causes for readmissions:
  - Medical chart review
  - Process mapping
  - Focus groups
  - IHI Diagnostic Tool for the Transition to skilled Nursing
  - INTERACT QI tool

Quality Improvement Organization

- QIO can:
  - Help build trust and reliable interfaces among partners, including providers from various health care and community based settings.
  - Share data in aggregate and assist in a root cause analysis to help further understand readmission rates and patterns.

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Next steps for MONADNOCK Healthcare Transitions Network

- Continue to impact a reduction in hospital readmissions
- Sustain the Healthcare Network as a viable team for the healthcare providers in the MONADNOCK region.
- Continue to streamline transitions of care between healthcare settings for our patient population.
- Continue to support healthcare providers in our community and their processes to align systems and thereby improve health outcomes for our patients.

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Tasks to be completed by Transitions net work

Discharge checklist for transition between partners

- Discharge checklist//packet is being reviewed by partners to ensure necessary information is included in the patient handoff packet between providers.

Transportation issues with ER

- Post acute providers and ER partners are working to streamline travel back to post acute setting when there is not a medical need for “ambulance services"; in rural setting, this can be challenging.

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“Shape One’s Story”

- “A few conclusions become clear when we understand this: that our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone’s lives.”
  — Atul Gawande, *Being Mortal: Medicine and What Matters in the End*

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