

# Regional Peer Review Development

Scobey

Plentywood

Culbertson





- Three Critical Access Hospitals with few providers and locums otherwise covering the ER
- True PEER review process difficult when providers are occasionally reviewing their own cases
- AVERA telehealth plays an integral role in supporting providers and staff...should be included in the PI process as well

# Proposed Solution...

Establish a multi-system regional PEER review process

Include all ER providers for each of three facilities

Include AVERA telehealth physician

Utilize Zoom format for attendance

# Process...

Ensure HIPPA and IT compliant

Establish timeline for quarterly meetings

Establish confidential PEER review form for case presentations and noting any opportunities for improvement falling outside trauma indicators

Invites to all providers via Zoom format

Trauma coordinator (TC) presents case, then opens to provider discussion/review

TC documents discussion points, recommendations, or corrective actions if any per provider reviews

Attendance noted for each facility

TC files each review for their facility

# Pros...

Providers to this point all in favor of the new process

One hour meeting time frame sufficient to cover all cases

Zoom format easy for all to join

Has opened discussion among all in other areas of trauma care (airway issues, flight access, ect.)

## Cons...

Trauma cases per quarter will be variable dictating frequency of meetings

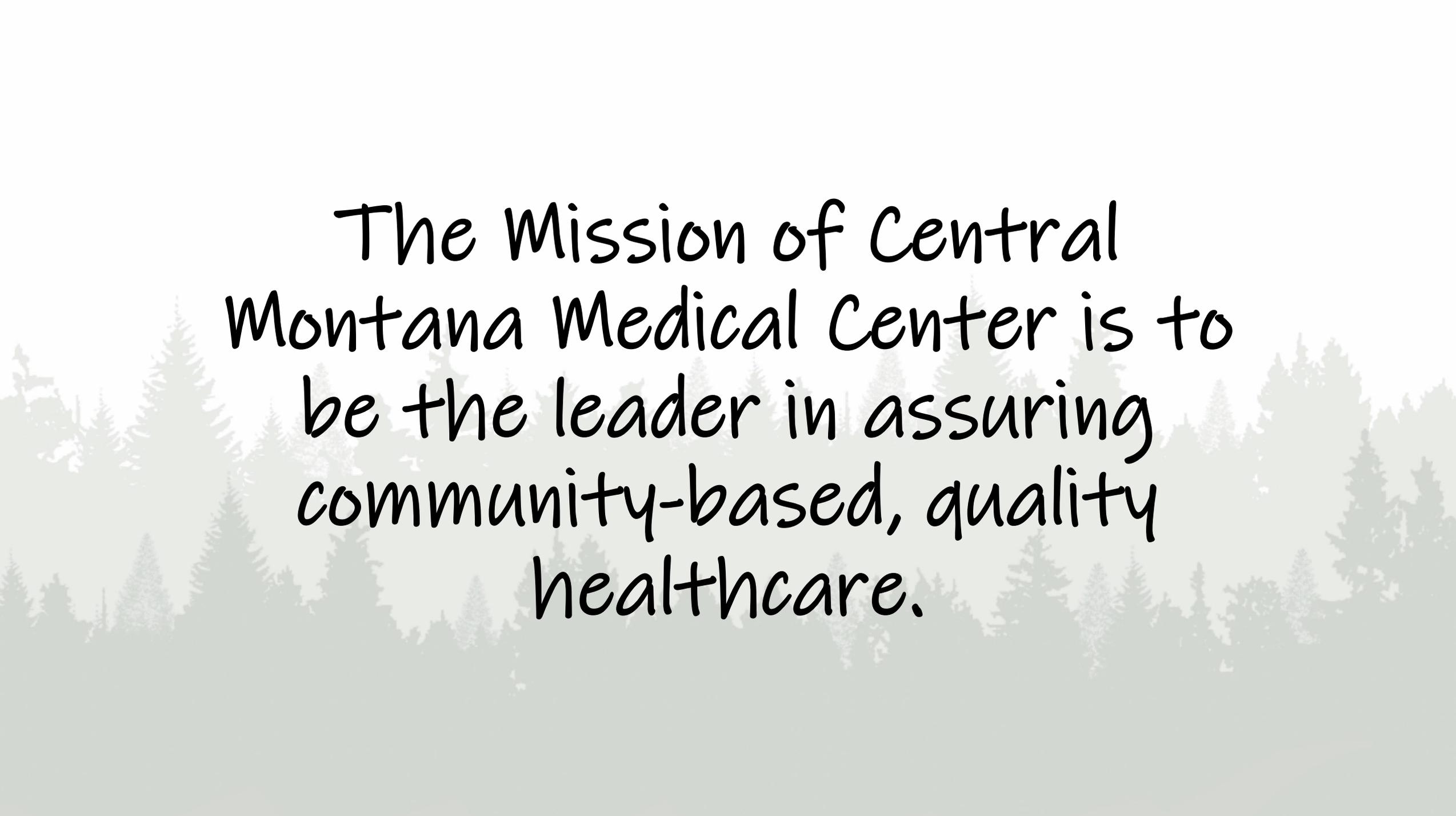
New process (two meetings at this point)

Variable attendance by some providers and AVERA



# Fall Prevention

## CMMC Quality Improvement



The Mission of Central  
Montana Medical Center is to  
be the leader in assuring  
community-based, quality  
healthcare.

# How It Started and How It's Going

- Fall prevention identified as a facility-wide QAPI indicator.
- Goal is to reduce number of patient falls with injury. (Less than 4 falls per 1000 patient days).
- Developed a multidisciplinary fall prevention committee.
- Improvements thus far:
  - Developed fall kits for high risk patients (yellow gown, yellow non-slip socks, high fall risk sign on door, yellow wrist band, etc.)
  - Created new fall prevention protocol policy
  - Rolled out education to all staff on fall prevention via Healthstream
  - Ice melt available to all patients and staff during icy conditions
- Improvements in progress:
  - Setting fall benchmarks and creating the best way to track fall data
  - Standardizing fall risk screening (Johns Hopkins) facility-wide for accurate risk scores through patient's transitions of care

CENTRAL MONTANA MEDICAL CENTER  
Lewistown, Montana

Orig. Effec. Date: 6/14
Approved By: -----
Revised: 6/21

**POLICY NO. NSG-235**  
**PAGE 1 OF 7**

**SUBJECT: FALL PREVENTION PROTOCOL**

**DEPARTMENT: NURSING**

**AFFECTED DEPARTMENTS: ALL**

**PURPOSE**

Patient, visitor and workforce safety is an ongoing responsibility of all staff. CMMC strives to reduce falls facility wide for patients, visitors and all our workforce. While falls cannot be entirely prevented, CMMC aims to preclude harm from occurring to anyone who experiences a fall. This policy is aimed at inpatients but addresses unique considerations of outpatients near the end.

In order to reduce the risk of patient injuries as a result of a fall, the staff will assess and re-assess the patient's level of risk for fall, and in conjunction with the treatment team, institute appropriate interventions through the following protocol.

A process exists to prevent patient falls by:

1. Establishing a consistent mechanism to identify patients who are at risk for a fall upon admission utilizing the Fall Risk Assessment tool.
2. Identifying patients, not initially deemed a fall risk, through continued re-assessment.
3. Providing on-going assessments to those patients identified as a fall risk.
4. Establishing comprehensive standards of care for the initiation of appropriate safety measures and interventions.

**DEFINITIONS**

Fall: A patient fall is a witnessed or un-witnessed unplanned descent to the floor (or extension of the floor, e.g. trash can or other equipment) with or without injury to the patient. Include falls when a patient lands on a surface where you wouldn't expect to find a patient. All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor, icy parking lot, etc.). This would include assisted falls such as when a staff member attempts to minimize the impact of the fall by easing the patient's descent to the floor or by breaking the patient's fall.

Accidental Fall: Fall that occurs unintentionally (example: slip, trip). Patients at risk for these falls cannot be identified prior to a fall and generally do not score at risk for falling on a predictive instrument. These falls may be prevented through providing a safe environment.

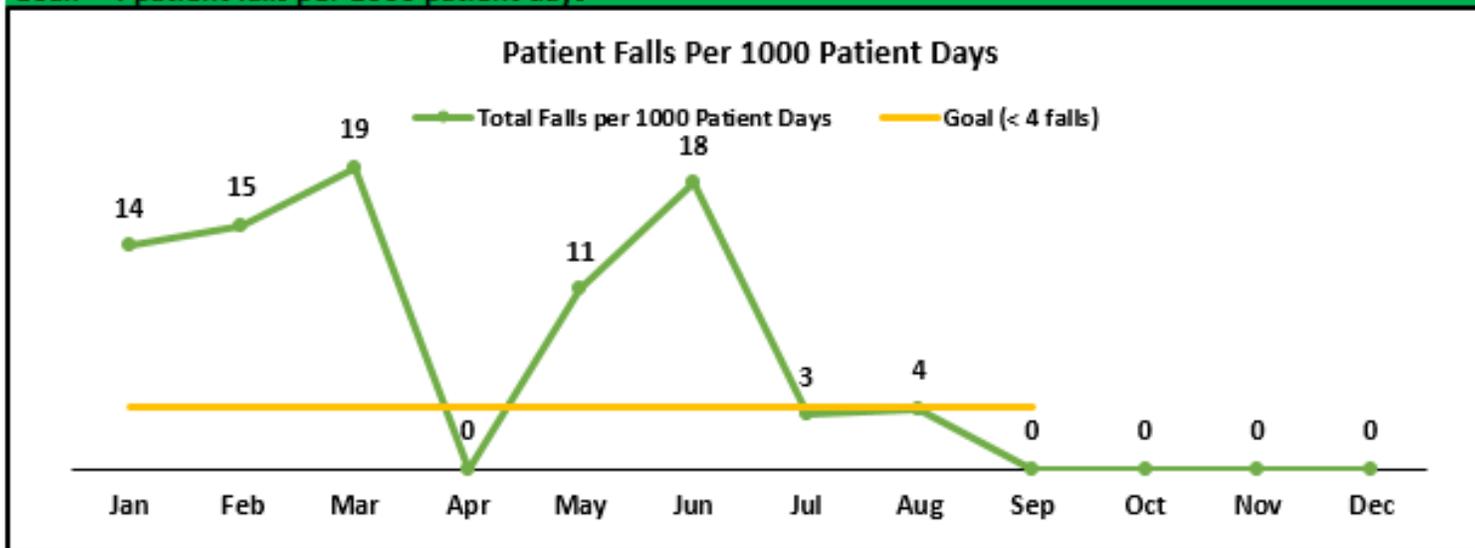
Unanticipated Fall: Fall that occurs when the physical cause of the fall is not reflected in the



## QUALITY & PATIENT SAFETY DASHBOARD

### Fall Prevention

Goal: < 4 patient falls per 1000 patient days



# Monday

Kristy Heller, Quality Improvement Manager

## Fall Prevention Week

September 20-24<sup>th</sup>

Watch your email for daily tips, tricks and treats!

- Come to ICU room 3 to test your knowledge on identifying fall risks. Turn in your answers to the folder in the ICU by Monday 9/27 at noon to be entered into a drawing for a Yeti tumbler.
- New Health Stream education coming out today "Your Role In Preventing Falls". Filled with great information and only takes about 10 minutes to complete.

# Tuesday

Kristy Heller, Quality Improvement Manager

Happy day 2 of fall prevention week! Today let's talk about what is your role in preventing falls. Our goal at CMMC is to provide SAFE patient care, therefore everyone is involved in our fall prevention efforts.

## How do we know a hospital inpatient is a fall risk?

- Yellow fall precautions sign on the patient's door
- Yellow patient gown
- Yellow no-slip socks
- Yellow wrist band

So what do you do if you see someone who is in yellow (a high fall risk) up on their own? Remember if you see something, say something, do something. We all can prevent a fall! See this video <https://youtu.be/A7EcprAXtRE> for more information on fall prevention. I can promise you will be humming along in no time!

Don't forget the fall room is setup in ICU room 3. Identify 5 fall risks to be entered into a drawing for a Yeti tumbler!



YouTube

Search



# Wednesday

Chad Williams, Rehab Services Manager

Good Morning,

I would like to wish everyone happy Wednesday on behalf of the Fall Prevention Task Force!

If you haven't had the opportunity, I would like to encourage you to head to the old ICU and test your knowledge of fall risks. Write down 5 and be entered to win a Yeti Tumbler.

I have attached to this email a notice of an in-service that will be provided by Laura Anderson, DPT and Becca Holmquist, DPT on how to prevent falls with patients. Anyone interested in learning about this topic is encouraged to attend. The in-service will be held tomorrow, 9/23/21 from 11:15 to 11:45 in the old ICU.

You will also find **10 Tips On How To Prevent Falls In the Hospital**. These 10 tips were put together by your CMMC acute care physical therapists and are great reminders on how to help us prevent falls with our patients.

Thank you for your attention to fall risks in our facility.

## FALL PREVENTION IN-SERVICE

**WHO:** all hospital staff welcome

**WHAT:** In-service on fall prevention tips, patient transfer statuses and lift types, and how to assist patients to get up from a fall

**WHERE:** old ICU

**WHEN:** Thursday, Sept 23<sup>rd</sup> from 11:15-11:45

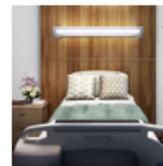
**WHY:** To help keep our patients safe

**Presented by** acute care therapists Laura Anderson and Beca Holmquist



## 10 TIPS ON HOW TO PREVENT FALLS IN THE HOSPITAL

1. Always use gait belt on patients who are a fall risk
2. Ensure patient is wearing proper footwear such as shoes or slipper socks. Discourage use of regular socks, flip flops, moccasins or other shoes that are slick, do not fit snugly, or that lift up at heels while walking
3. Make sure environment is clear of trip hazards and objects on floor such as shoes, cords, oxygen tubing and IV lines
4. Keep objects that patient might need within close reach at bedside table or tray table
5. Ensure patient has good lighting within their room
6. Educate patient on proper use of call light and ensure they can properly push the button. If they have difficulty, a different type of call button will be needed (tell your nurse if this is an issue)
7. Alert nurse if patient has any dizziness upon upright sitting
8. If patient has dementia or other confusion and is unable to follow commands or properly use call light, and is a fall risk, a bed and/or chair alarm will be needed. In more difficult cases when patient is up and down constantly and is a fall risk, a one-on-one status will be needed
9. Assess patients' comfort levels often; restlessness and increased pain can increase fall risk
10. If patient is a fall risk and there is no therapy ordered on the patient, ask about getting a referral



# Thursday

Abbey Wichman, Director of Compliance and Risk Management

Hi Everyone,

I hope you are enjoying the information we are sending out on how to prevent falls at CMMC. Please remember to drop down to the old ICU (room 3) and check out our fall simulation room. Look for the fall risks, grab some candy and potentially win a cool CMMC prize!

Today, tips are focusing on reducing falls in our second highest risk area – PARKING LOT FALLS. I want to thank our Maintenance Department for all of the work they do to help keep everyone safe as they enter our facility. So, let's do our part to reduce parking lot falls. The majority of parking lot falls occur during winter weather conditions, but be on the lookout for other hazards as you navigate into the building.

Where does the hazard occur?

- Entrances
- Parking Lots
- Walkways
- Outside stairs and ledges

# Thursday (Cont.)

Abbey Wichman, Director of Compliance and Risk Management

## Prevention Strategies:

- Our Maintenance team is plowing snow and applying ice melt/gravel early in the morning before most employees arrive at work.
- Report extremely icy spots or conditions to Maintenance or distribute ice melt to the area yourself.
- Labeled bins filled with ice melting chemicals/gravel and distribution canisters will be available so anyone can use immediately on icy patches. These bins will be placed at the main entrances when the winter weather begins. Canisters will be reusable. Utilize these canisters with the ice melt mixture as you navigate to and from your car during the icy conditions. Encourage our patients to use these as well.
- Wipe your feet on mats/rugs when you enter the building.
- Wear slip-resistant footwear (including ice cleats).
- Go around icy areas when appropriate.
- Look for and move rocks or debris that could be a tripping hazard.
- Help patients needing assistance into our building. It's the right thing to do!

In addition check out this video on ways to prevent slips, trips and falls in the workplace. It's short and sweet!

<https://youtu.be/MoWw1wBkw5M>

Thank you for participating this week!

# Friday

Annie Davis, Acute Care and OB Manager



It's Friday of fall prevention week!

We hope you have learned some tips and ideas to help prevent falls within CMMC!

One final reminder to go to the old ICU-3 to identify 5 fall risks and be entered for a chance to win a YET tumbler.

Have a great weekend, be safe!

**\*\*Before leaving a patients room, please remember:**

- Place call light within reach of patient
- Place all personal items within reach of patient (i.e. phone, water, remote control)
- Ensure that the wheels on the wheelchair or chair are locked
- Ensure that the wheels on the bed are locked and the bed is in the lowest position
- The bed/chair alarm are in use if appropriate
- Identify and eliminate fall risk factors (i.e. clean up spills, linen, garbage)

**\*\*Always ask the patient if he/she needs anything prior to leaving the room\*\***

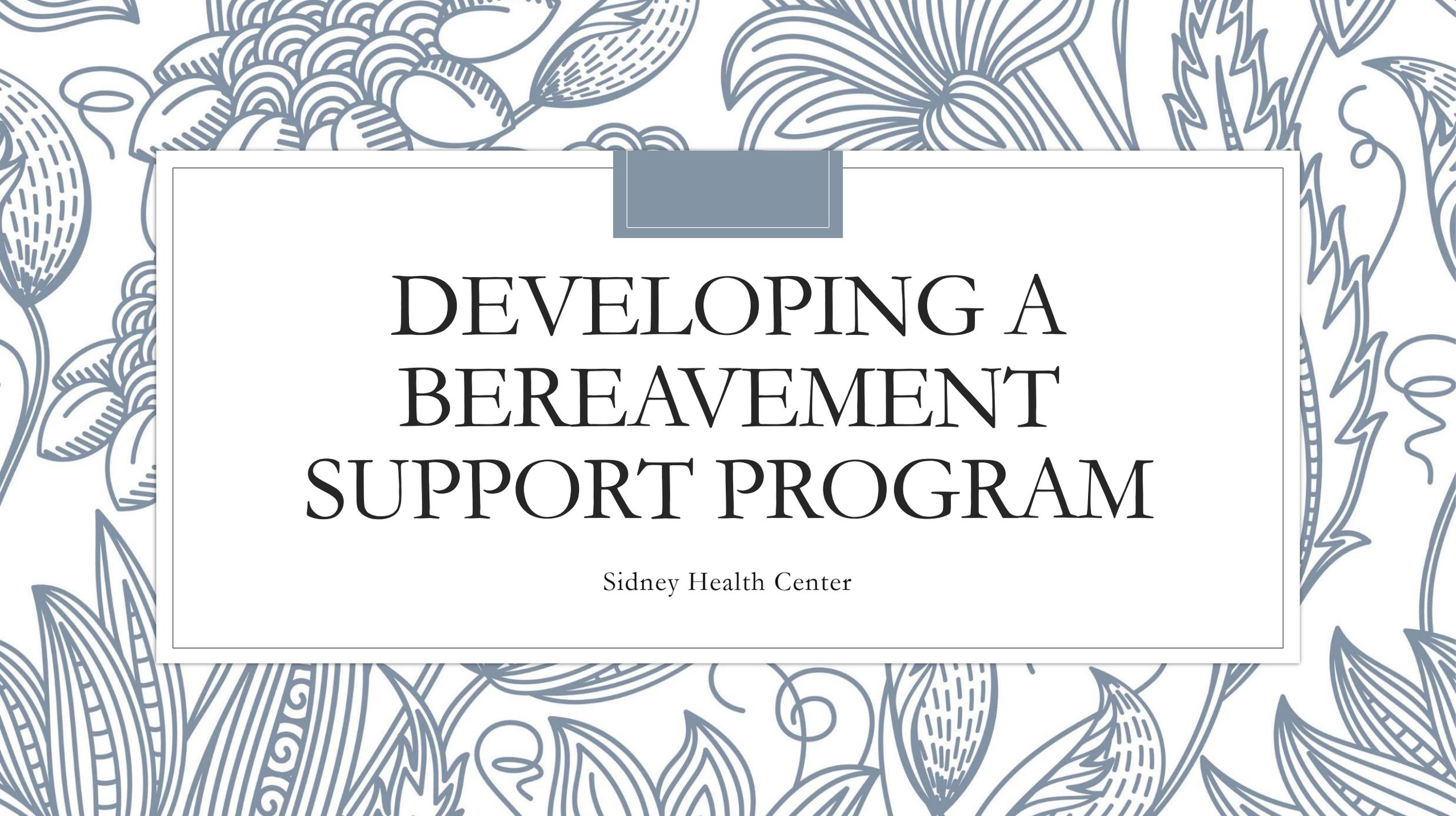
# Winner, Winner!!

- Thank you to all who participated in the fall risk fun last week!
- Winners of the tumblers are:
- Please come to Annie Davis' office on AC to claim your tumbler!
  
- The picture identifies the fall risks that were in ICU-3. They included:
  - Cord for IV pole stretched across the room
  - Water spill on the floor
  - Dirty linen piled on the floor
  - Bed not in low position
  - 4 side rails up
  - Personal items/call light not within reach of the bed
  - No yellow gown to identify patient as fall risk
  - Poor lighting in the room



# To Be Continued...

- How to identify Swing Bed patients as a high fall risk.
  - Swing Bed patients wear their own clothes, etc.
- Employee/patient safety in facility parking lots during winter months.
  - CMMC's second highest risk area.
- Continuous awareness/education for staff.



DEVELOPING A  
BEREAVEMENT  
SUPPORT PROGRAM

Sidney Health Center

# Objectives

- Understand the need for bereavement support to families
- Describe the components of a bereavement support program
- Describe the process for Bereavement Support at Sidney Health Center

# Our goals for the program

Compassionate support to grieving families

Reach one family member of every person who died at Sidney Health Center or the Extended Care

Give our community a sense that the patient has not been forgotten, and sending caring thoughts and words to help them heal

Provide this service within a do-able list of tasks

Create a standard process to follow and share the work among the team

# The Team

- Jennifer Mercer – Patient Experience Senior Leader
- Richard Evans – Chaplain
- Nancy Steffan - Patient Experience Specialist
- Peggy Kopp - Director of Service Excellence
- Richard St Germain - Director of Food Services
- Renee Williams - Assistant DON

# Best Evidence

- Bereaved family members report they benefit from hearing from the clinical team and receiving condolences, which is seen as humanizing the physician-family relationship. *Journal of Hospital Medicine*
- We recommend that hospitals and other healthcare facilities that might not have well-established bereavement programs consider adopting a building block approach to provide basic outreach to families of their deceased patients.<sup>7</sup> Tapping into existing resources, the major components are as follows: (1) a letter of condolence from leadership, (2) psycho-educational information about grief, (3) a list of community/online resources, including information about local hospice bereavement programs and bereavement camps or programs for children, (4) offers of condolences from individual providers/teams, and (5) mental health outreach as indicated. *Journal of Hospital Medicine*
- The program should last 13 months - *National Hospice and Palliative Care Organization (NHPCO)*
- Coping Resources: There are several simple coping strategies facilities can implement during the bereavement process. A study done by Agnew et al. (2011) reported effective support interventions such as, an anniversary card, follow-up contact, bereavement booklet and a condolence letter. Other timely interventions suggested were memorial events and various styles of support groups (*Agnew et al. (2011)*).

## Complicated Grief Therapy – Seven Core Themes

- Understanding and accepting grief,
- Managing painful emotions,
- Planning for a meaningful future,
- Strengthening ongoing relationships,
- Telling the story of the death,
- Learning to live with reminders, and
- Establishing an enduring connection with memories of the person who died.

# History of Bereavement Support at SHC

- Around 1990 we established a program to periodically send support materials to family members
- Milestones like birthdays, holidays, anniversaries were acknowledged with mailings
- Energy was generated around this process initially but over time fell away
- All the work was put on one person
- Nothing was updated since that time

# A new process

- A personal letter
- A plan for mailings every three months
- A list of local and national resources for bereavement included in the mailing
- Followed for the first year after death
- A system to track and share the work; each member gets one month of mailings to do

# Initial Mailing, within a few weeks

- A personalized letter is sent within a week or two of the death
- Physicians and staff are asked for a quote to add to the letter
- A template is used, and the personal quote is inserted
- Strength Tiny Book
- List of bereavement resources

# Condolence Letter

## Structure of the Condolence Letter:

1. It should be generated and signed by their physician, social worker, or another healthcare worker who worked with this patient.
2. It should acknowledge the loss and the name of the deceased; express your sympathy; note special qualities of the deceased; recall a memory of the deceased.
3. It should address the bereaved and remind them of their personal strengths that were on display during the decline/loss of their loved one.
4. Close the letter with an offer of help but be specific
  - Journal of Hospital Medicine;
    - <https://www.journalofhospitalmedicine.com/jhospmed/article/229673/hospital-medicine/grieving-and-hospital-based-bereavement-care-during-covid>. Accessed on 02/01/2021 at 11:16 am
    - <https://palliative.stanford.edu/transition-to-death/appendices/sample-condolence-letter/> Accessed on 02/01/2021 at 11:19 am.
    - |

# Initial Letter Template

- Dear [Enter family member Name],
- I was saddened to hear of the death of [family member's name]. The entire medical staff at Sidney Health Center wish to express their sympathy to you and your family and friends at this sad time.
- We know that this is a difficult time for you and your family, and words are inadequate, however, please know that you and your family are in our thoughts.
- One of my favorite memories of [insert name of the deceased] is [insert specific anecdote or describe a special trait that you remember about the deceased] I will always remember you speaking about [insert anecdote or special trait of the deceased that the bereaved has mentioned].
- On behalf of Sidney Health Center, we extend our deepest sympathy. Enclosed is a list of local grief programs that may interest you. Please let us know if there is anything we can help you with during this difficult time.
- Sincerely,
- [Your name]



BEREAVEMENT  
SERVICES



*Exceptional Care for Life*

216 14th Ave SW  
Sidney, MT 59270



# QUARTERLY MAILINGS

- A card and message appropriate for the length of bereavement
- A tiny book with the theme of the card
- An ongoing theme that grief does not have a time limit

# Tracking the Process/Sharing the Work

- Using a spreadsheet for each deceased
  - Name
  - Date of death
  - Contact person/bereaved and mailing address
  - Each month due for a mailing
- One person tracks the process
- One person preps the packets for the team, getting all the information for the year's mailings
- Each team member takes one month's list of deceased and follows the process through the year.

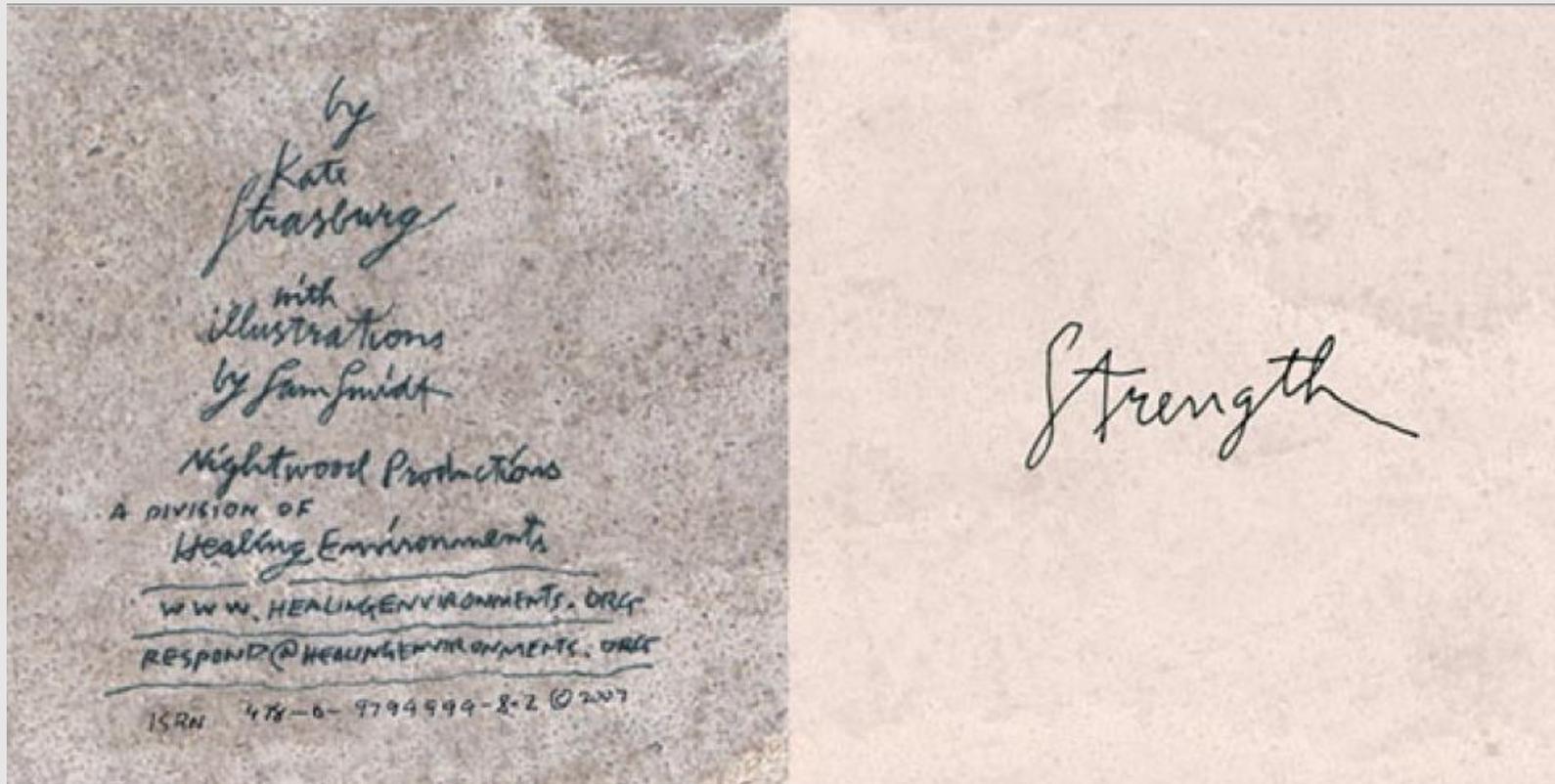
# Healing Environments

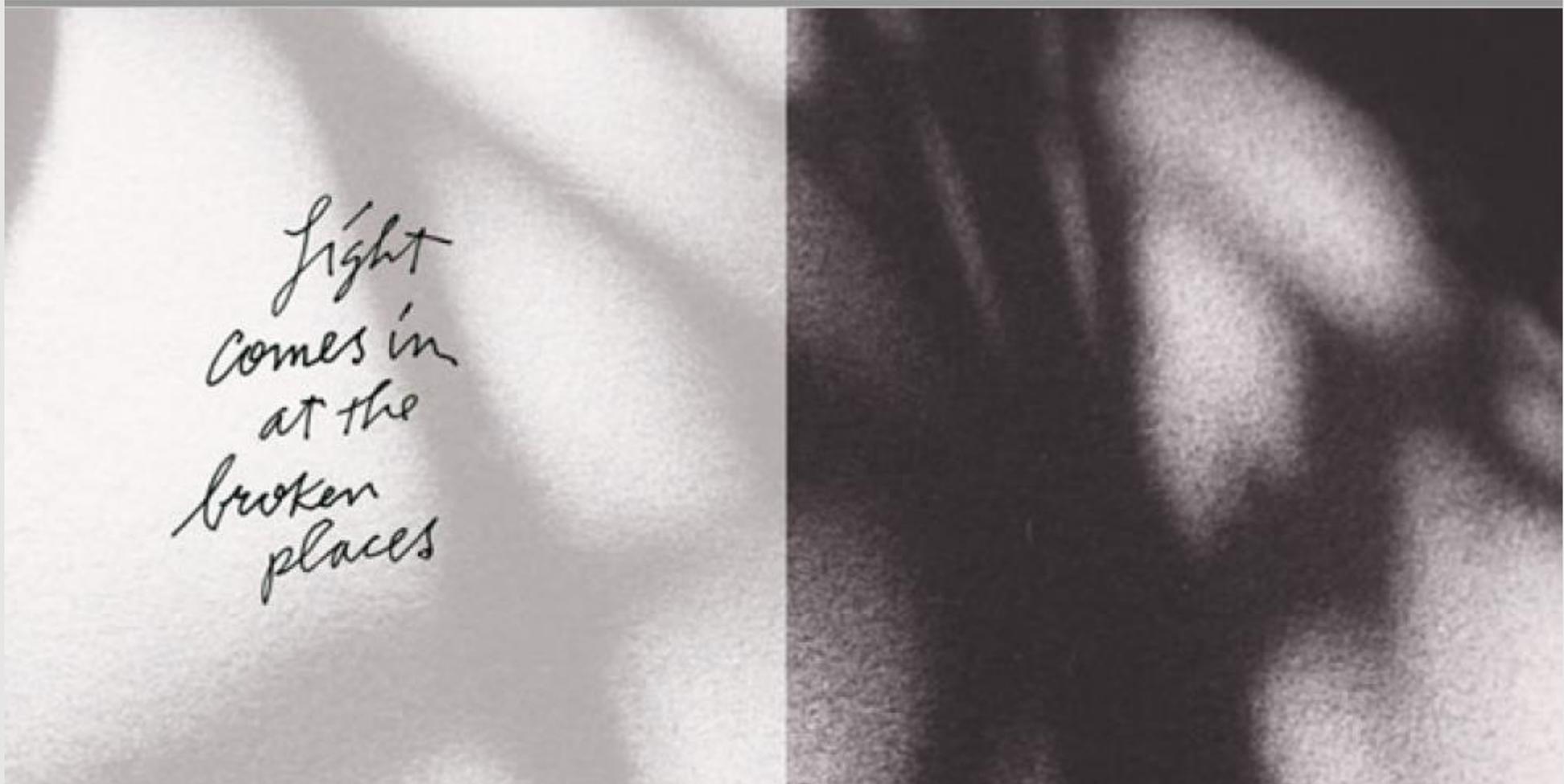
- A resource for gentle and kind grief support material
- Based in California
- Starting to wind down their business but we hope to encourage sustaining
- [Healingenvironments.org](http://Healingenvironments.org)

# Tiny Books



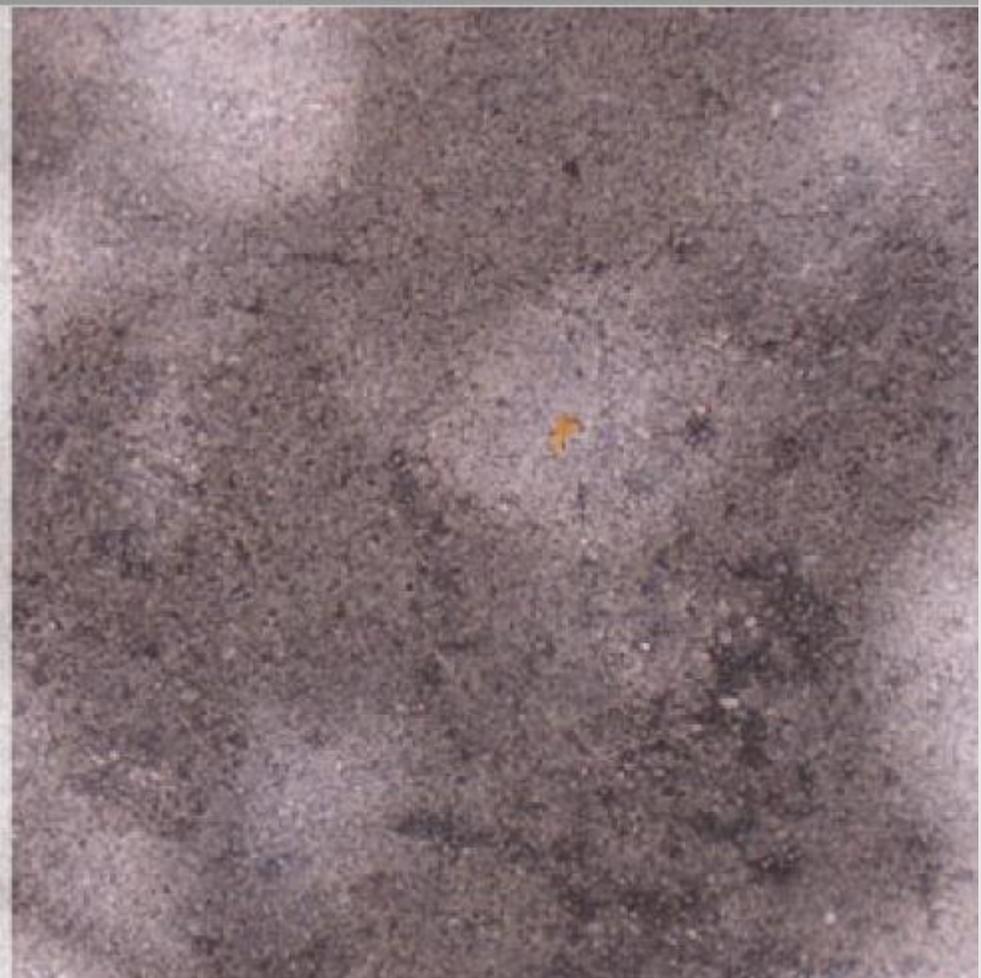
# Healing Environments Tiny Books

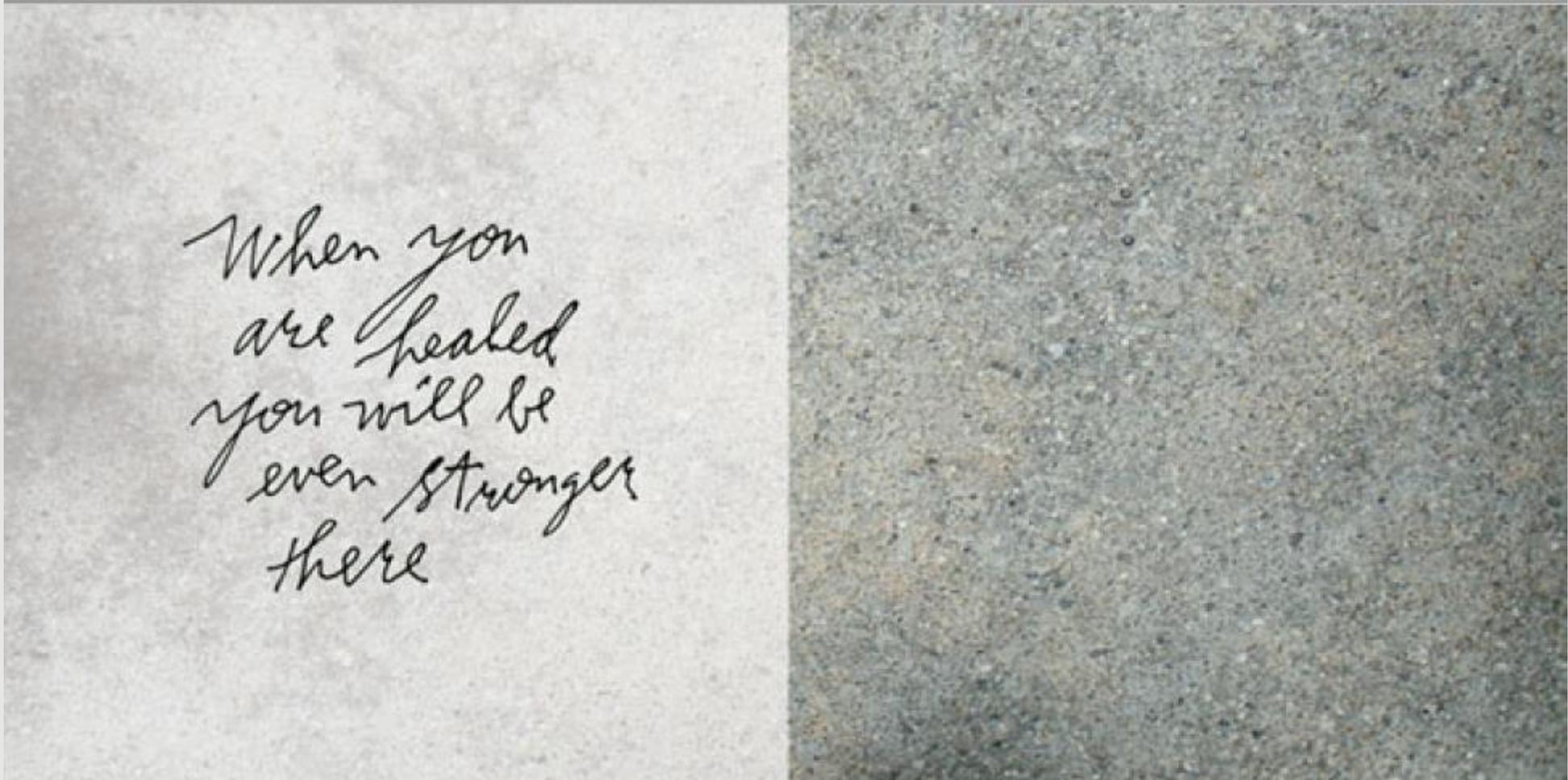




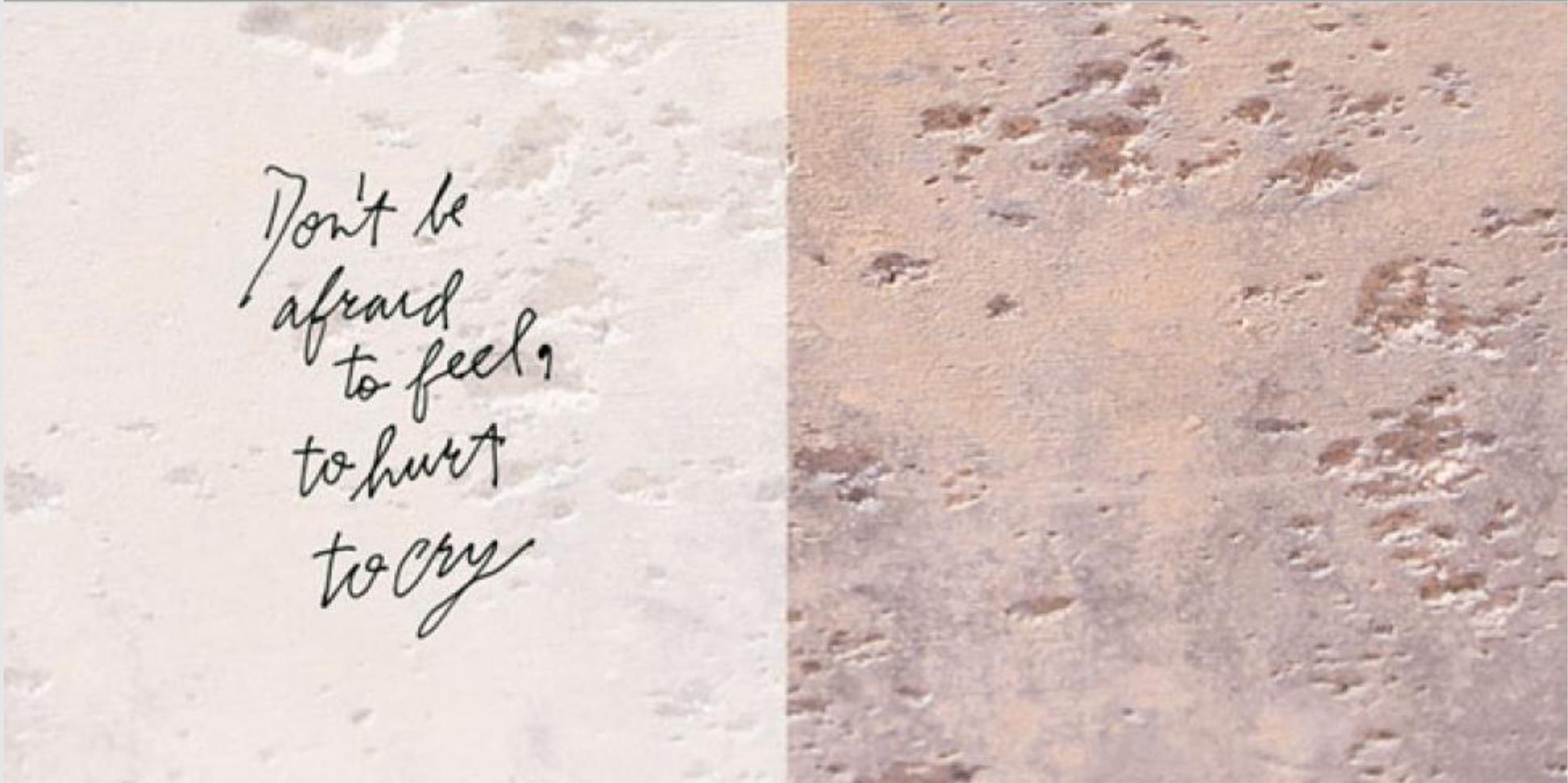
Light  
comes in  
at the  
broken  
places

and  
light  
heals  
dark





When you  
are healed  
you will be  
even stronger  
there



Don't be  
afraid  
to feel,  
to hurt  
to cry

Pain brings  
wisdom and  
Compassion

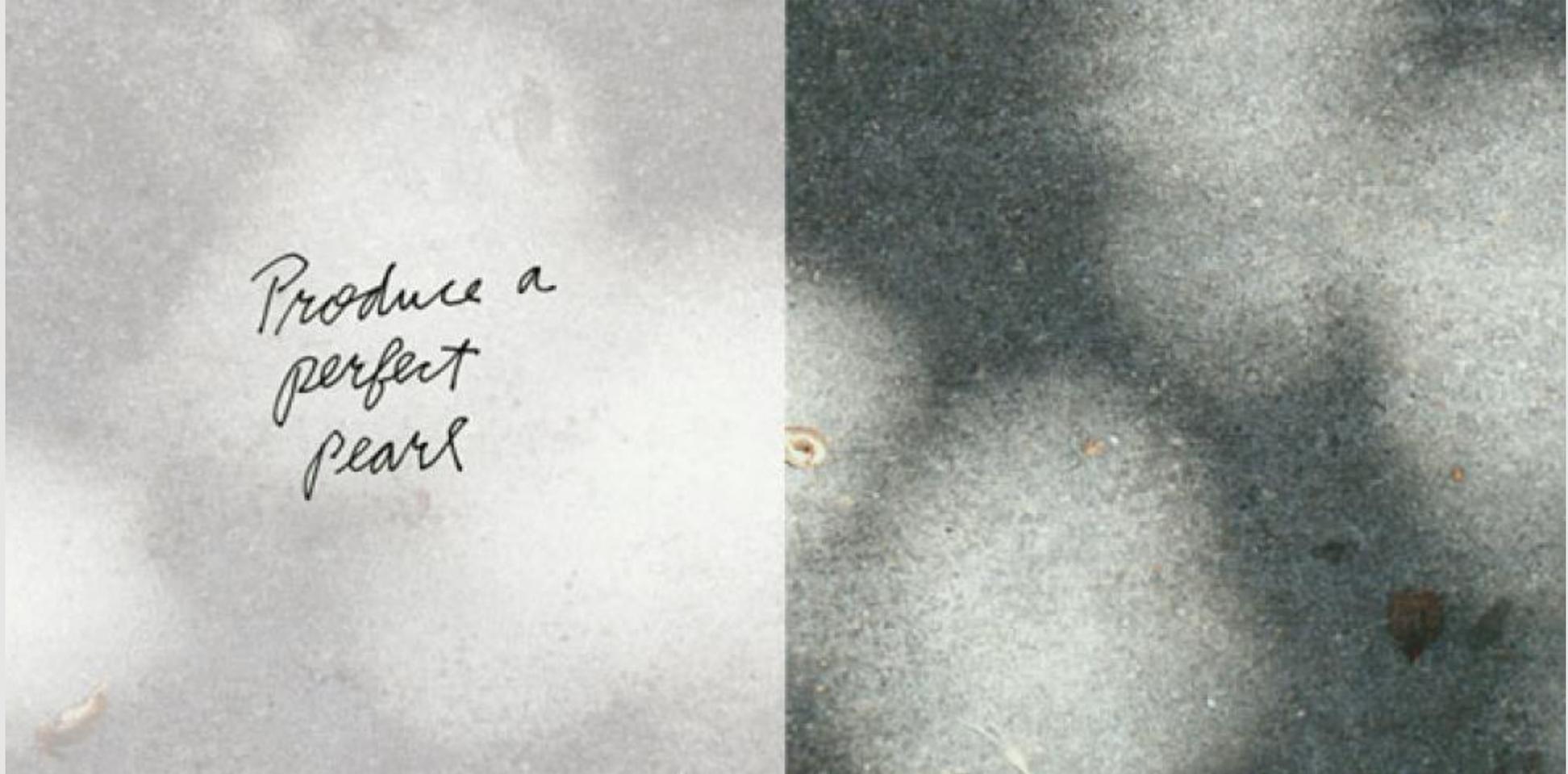


Be like  
the oyster

Go slowly,  
patiently  
around that  
grain of  
sand



Produce a  
perfect  
pearl





by  
Kate  
Strasburg

with illustrations by  
Jan Janda



Nightwood productions

A DIVISION OF HEALING ENVIRONMENTS

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As you who  
have lived  
through a  
long winter  
know



the most  
difficult  
time  
comes



After the  
beautiful,  
pristine  
snows have  
gone



the long,  
wet, cold, dark  
months when  
life is  
dormant



So it is  
for those  
of us, who  
grieve



A dark  
night of the  
soul



Enter  
into that  
darkness  
fully



As Jung  
says, go into  
your grief



for there  
your  
soul  
will grow



The soul  
work of  
grieving  
just as  
nature's  
work of  
renewal



Cannot  
be  
rushed

January  
~~February~~  
~~MARCH~~  
~~April~~  
~~May~~  
June  
July

Let us not  
shrink  
from  
the darkness



but,  
gathering  
strength  
from  
nature's  
example



Wait  
patiently  
and  
faithfully  
for  
spring



# RESOURCES

[HealingEnvironments.org](http://HealingEnvironments.org)



# Three months after

- Sunset card
- Courage - tiny book



Wishing you Peace to bring Comfort,  
Courage to face the days ahead,  
And loving memories to hold in your heart

# Six months after

- Clock card
- Waiting for Spring – tiny book



It has been several months,  
but there is no way to set a limit  
on grief.  
Take your time.

# Nine months after

- Journey card
- Journey - tiny book



*The scenery changes,  
and the terrain becomes easier,  
but there is no point of arrival.  
That's OK.*

# One Year After

- Lighthouse card
- Beacon of Hope - tiny book



*“In the dim light of today are  
the shadows of yesterday’s  
affliction and the hope of  
tomorrow’s gifts.”*

—Ariana Carruth

# Outcomes

- A plan to survey in the 1 year mailing
- Some feedback already -

## *Please tell us what you think*



You are among the first families to gain the resources from our newly updated bereavement support program. To help us continue to improve, please complete this short survey and place in the mail. Thank you.

**Please rate the following as 1 (disagree) to 5 (agree)**

The materials were helpful 1—2—3—4—5

The timing of the mailings were appropriate 1—2—3—4—5

I would recommend this program to others 1—2—3—4—5

Did you contact any of the support resources we shared with you? Yes / No

Please share any thoughts or ideas here:

QUESTIONS?



# COMMUNITY HOSPITAL OF ANACONDA

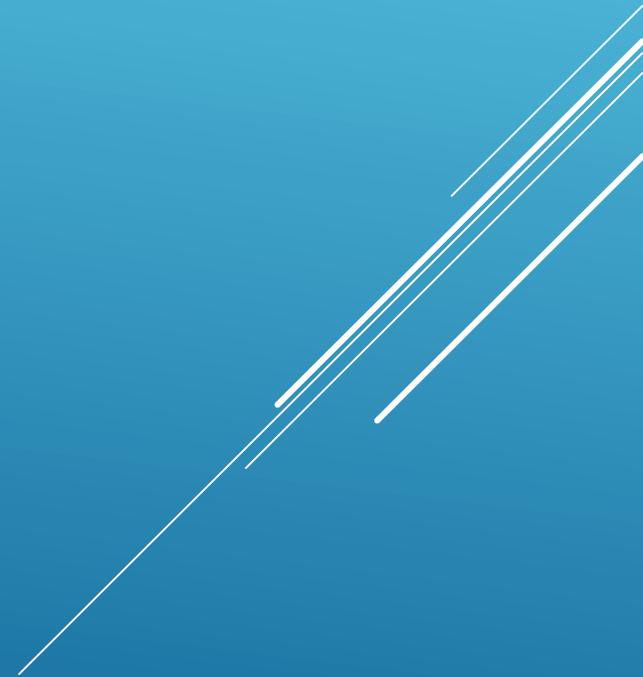
Campaign to hear our  
Patients/Families/Community/Committees



Over the last year we have talked about projects that are about more than the data outcomes. Sometimes the results show less than expected variances, or not in the direction hoped for. However, during this such adventure so much more was gained than statistical data. Please, listen in to this CHA team as they present ... more than just the data.

Here's a video of our results  
From our Peer Rounding Team

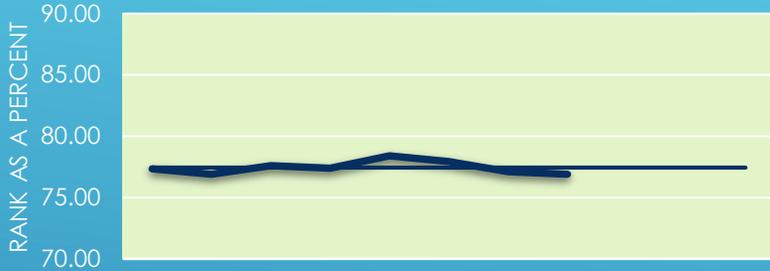
OUR TEAM:  
THEIR WORDS FOR US



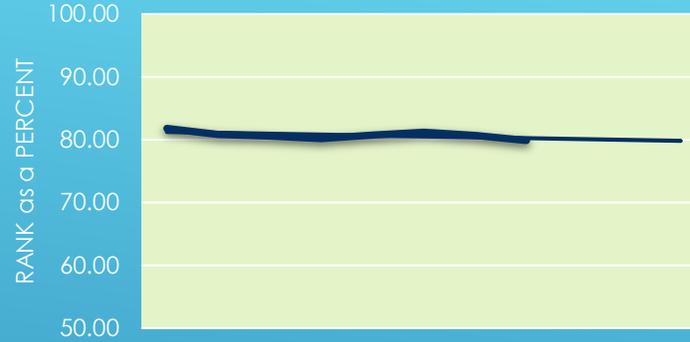
# HCAHPS 2020-2021

Trends

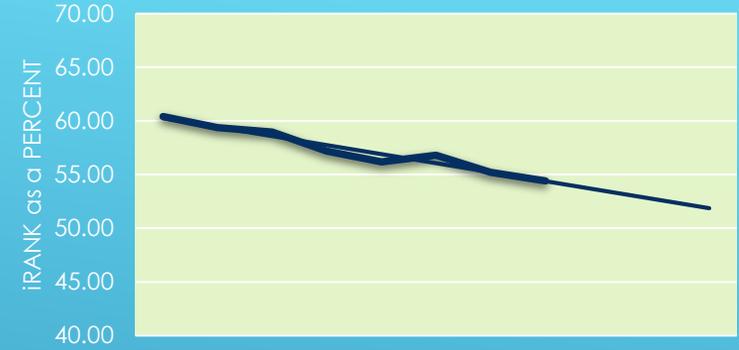
## RATE the HOSPITAL



## RECOMMEND the HOSPITAL

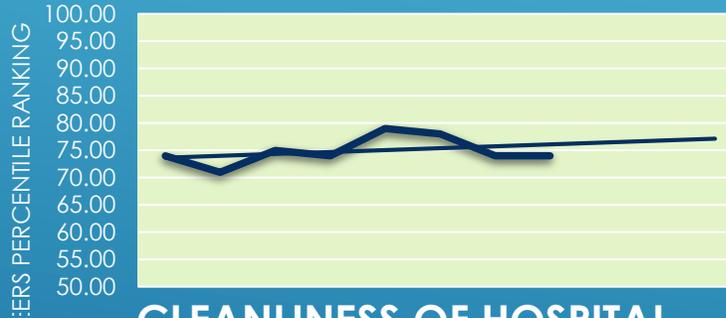


## CARE TRANSITIONS

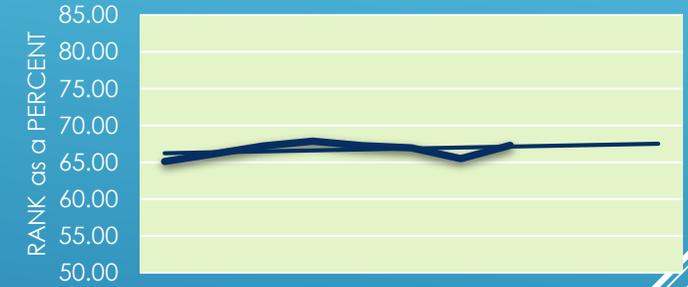


Feb 2020 - Jan 2021  
 March 2020 - Feb 2021  
 APRIL 2020 - MARCH 2021  
 MAY 2020 - APRIL 2021  
 JUNE 2020 - MAY 2021  
 JULY 2020 - JUNE 2021  
 AUG 2020 - JULY 2021  
 SEPT 2020 - AUG 2021  
 OCT 2020 - SEPT 2021  
 NOV 2020 - OCT 2021  
 DEC 2020 - NOV 2021

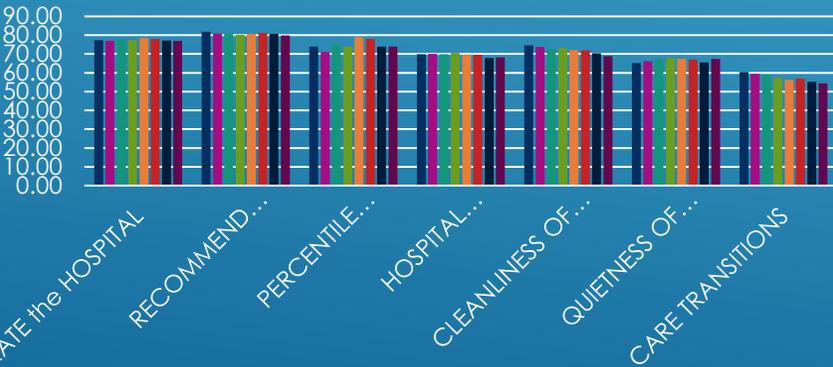
## PERCENTILE RANKING AMONG CHA PEERS



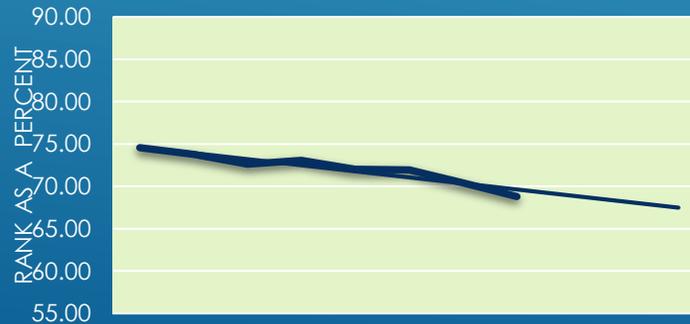
## QUIETNESS OF HOSPITAL ENVIRONMENT



## HCAHPS SUMMARY CHART



## CLEANLINESS OF HOSPITAL ENVIRONMENT



## HOSPITAL ENVIRONMENT OVERALL RATING

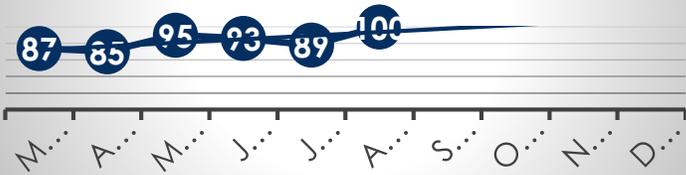


Feb 2020 - Jan 2021  
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 JUNE 2020 - MAY 2021  
 JULY 2020 - JUNE 2021  
 AUG 2020 - JULY 2021  
 SEPT 2020 - AUG 2021

# Patient Peer Rounding Team

Questions, Data, & Trend lines

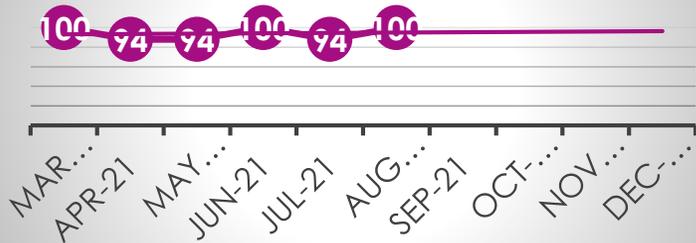
## Do you find you Food Acceptable



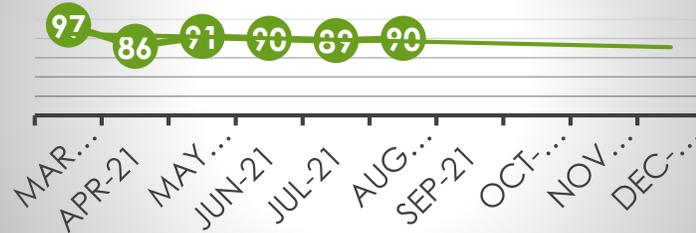
## Food Temperature



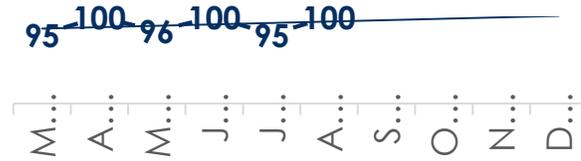
## Correct Food Order



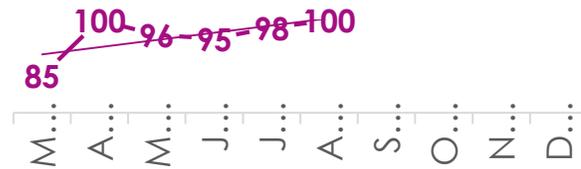
## Food Taste



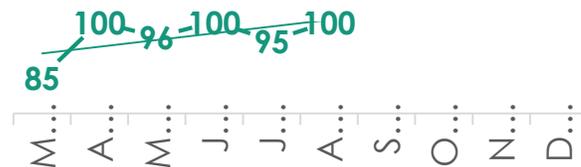
## GOOD CARE TEAM COMMUNICATION



## FEEL INVOLVED IN YOUR CARE



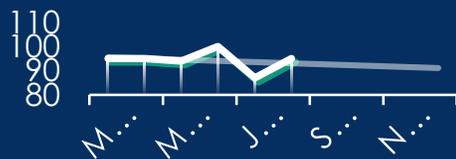
## FEEL YOUR CARE TEAM IS LISTENING...



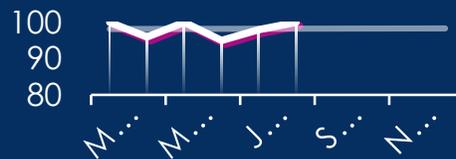
## ROOM TEMPERATU...



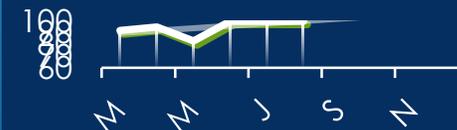
## ROOM QUIET AND RESTFUL



## ROOM CLEANLINESS



## CALL LIGHT RESPONSE TIME ACCEPTABLE



## ▶ **What is the Committee:**

Multidiscipline group, non-clinical is best

- ▶ Purpose/goal
- ▶ Daily check – ins with patients
- ▶ Face to Face Rounds & interaction
- ▶ Acknowledge, Respect, Personable to patients, co-workers, peers, community
- ▶ Personable, introduces self
- ▶ Friendly Face
- ▶ Caring

## ▶ **What we have:**

- ▶ Teams/Committees
- ▶ Staff Longevity
- ▶ Home-Town Leadership
  - ▶ Open Door Policy
  - ▶ Transparency
  - ▶ Open to ideas, not punitive
  - ▶ Rapid decision & implementation
- ▶ Culture:
  - ▶ Ready to adapt to changes
  - ▶ Work as a team for the betterment of others
  - ▶ Greet each other, Friendly, Personable, Caring

## **Recruit Committee Members that:**

- ❖ Can Engage
- ❖ Friendly Face to Face
- ❖ Talk
- ❖ Be Compassionate/ Caring
- ❖ Non-bias

# PATIENT SATISFACTION PEER COMMITTEE

## **Leads To:**

- Patient Satisfaction
- Staff Satisfaction
- Decreases the scare and intimidation (patients of the hospital encounter & staff learn who each other are- learn to approach each other... the nurse director or the Doctor)
- Real Time Fixes
- Peer Support
- Improved Perspectives (staff is here to help the patient and other staff members)
- Appreciation (patients appreciate staff and staff members learn to appreciate each other)
- Comfort – one more group of people there for you as a patient, that you can talk to, and ask of them to meet your needs
- Culture of TEAM not self task directed
- Obligation to meet the patients' needs
- Best type of communication – Face to Face
- Recognition
- Strengthens and broadens the patients' team
- Provides support to team members and patients
- Decreases the intimidation
- Know that there is commitment from each member
- We hear what you are saying - that goes for the patient and the staff member
- Efficient for patient care
- Get to know each other and learn how to help-out as a team

- ▶ Strengthens the team- fully aware of all components of the care
- ▶ Culture: Team
- ▶ Provides support to team members and patients
- ▶ Rely on others acknowledge their strengths
- ▶ Know that there is commitment from each member
- ▶ Proactive Healthcare/ D/C Planning
- ▶ Face to Face Rounds & interaction
- ▶ Staff longevity
- ▶ Hometown Leadership and employees
- ▶ Acknowledge, Respect, Personable to patients, co-workers, peers, community
- ▶ Recognition
- ▶ Phone system with Caller ID that states our Hospital Name
- ▶ Efficient patient care
- ▶ Rapid decision & implementation
- ▶ Open Door Policy
- ▶ Open to ideas, not punitive
- ▶ No Criticism
- ▶ Comfortable
- ▶ Personable
- ▶ Greets & introduces self
- ▶ Get to know each other and learn how to help as a team
- ▶ We hear what you are saying
- ▶ We expect to meet your obligation
- ▶ Decreases the intimidation
- ▶ Real time fixes
- ▶ Adapt to change
- ▶ Friendly Face
- ▶ Perspective of an employee and their position changes - "positive light"
- ▶ Engagement
- ▶ Appreciation
- ▶ Transparency - Communication
- ▶ Provides more Peer Support (for the patient and the staff)
- ▶ Caring is contagious
- ▶ Perspective of team members change as they are seen helping-out and doing more than just their assigned duties
- ▶ Decreases the scare of being in the hospital
- ▶ Decreases the intimidation factors
- ▶ Seeing Face to Face – emotion, and the unasked question can be seen – the best kind of communication

- ▶ Rounding TEAM APPROACH:  
 Medical Group  
 Pharmacy Med-Reconciliation  
 D/C Process  
 Patient Satisfaction Group  
 Bedside Rounds  
 Communication with patients Caregivers  
 White Board  
 D/C Folder  
 AVS - Refrigerator Med list  
 Primary Care Provider  
 Follow up calls  
 Follow up appointments  
 Wrap Around Care – Preventative, & Hospital to Community

All working together, for a successful patient discharge:

Readmissions Committee

Medication Reconciliation

Rounding; Medical, Pharmacy, D/C, and Patient Satisfaction committee teams

# SATISFYING PATIENTS LEADS TO EMPLOYEE SATISFACTION

WHAT OUR TEAMS' MEMBERS SAID ABOUT HAVING &/OR BEING PART OF THESE TEAMS AND ADVICE FOR OTHERS

# INITIATING SMALL TESTS OF CHANGE TO REDUCE READMISSIONS



- **READMISSION RISK ASSESSMENT**
- **IDENTIFYING CHRONIC CONDITIONS AND INVOLVING CHRONIC CARE MANAGEMENT IN CLINICS**
- **NURSING PHONE CALLS**



# IN THE BEGINNING...



- Gathering our team:
  - Abigail Byers, DON
  - Quincy Taylor, Med Surg Supervisor
  - Jill Pennington and Bethany Howell, Case Managers
  - Britta Shirliff, Chronic Care Manager
  - Sarah Teaff, COO
  - Carly Ryther, QIC



**Project AIM:**(What, Who, Where, How much, By when?): **To reduce our 30 day readmission rate to <10% by September 2021 by utilizing the ACF discharge planning and Clinic Care Transitions.**

# 1<sup>ST</sup> SMALL TEST OF CHANGE- READMISSION RISK ASSESSMENT



- Initially rolled out the readmission risk assessment in mid-August 2020. This tool was meant to be used by the Case Managers to assess patients upon their readmission and before their discharge.
- Based on how the patient's score helps to direct their care team in how to best plan their discharge, i.e. TCM with their PCP, referral to CCM, referral to Home Health or Hospice, Community Needs, etc.

Interventions		Assessments	
CM Readmission Risk Asses...		concerns for health care needs	
Assessments		Comment on above transportation concern question	
CM Readmission Risk Assessment		Potential or actual skipping medications due to cost/access <input type="radio"/> Yes <input checked="" type="radio"/> No	
Readmission Risk Eval & Score		Comment on above skipping medications question	
Uninsured or under insured (related to outpatient care and/or medications) Comment for above uninsured or under insured question	<input type="radio"/> Yes <input checked="" type="radio"/> No	Potential or actual skipping meals due to lack of money/access	<input checked="" type="radio"/> Yes <input type="radio"/> No
4 or more chronic health conditions Comment for above chronic health question	<input checked="" type="radio"/> Yes <input type="radio"/> No	Comment on above skipping meals question	
Active behavioral, psychiatric or cognitive issues Comment for above behavioral/psychiatric question	<input checked="" type="radio"/> Yes <input type="radio"/> No	CM Readmission Risk Assessment Total	31
6 or more prescribed meds Comment for above prescribed medication question	<input checked="" type="radio"/> Yes <input type="radio"/> No	Scoring: 0-6 = Low: Consider Home Services, add CM canned text messages, contact PCN as needed. 7-12 = Moderate: Consider Home Services, add CM canned text messages, contact PCN. 13-15 = Moderate High: Consider Home Services, add CM canned text messages, talk to PCN. >16 = High: Consider Home Services, add CM canned text messages, talk to PCN; consider CCN referral.	
2 or more hospitalizations (IN or OBS) or ED visits within past 12	<input checked="" type="radio"/> Yes <input type="radio"/> No	Readmission Prevention Interventions	<input checked="" type="checkbox"/> PCP Navigator Contact <input checked="" type="checkbox"/> Verbal Teaching <input type="checkbox"/> Discharge Instructions Edited <input checked="" type="checkbox"/> Reviewed Patient Discharge Goals of Care
		Comment	

# RISK ASSESSMENT IN PRACTICE



- Lessons learned

- We learned we needed a more prominent place to store the risk assessment so it was easier to located for the provider and care team.
- Including Risk Assessment in the d/c summary for Care Transition with PCP.

- Successes

- Once we figured out the above issues the assessment provided great assistance to Case Managers, Care Coordinator, Chronic Care Manager and nursing staff in the outpatient side on how this helps assist them with nailing down post d/c needs.

# 3<sup>RD</sup> SMALL TEST OF CHANGE- CHRONIC CARE MANAGEMENT REFERRALS



- At the post med staff meeting with providers we were able to provide data from our 6 month readmission audit. While there we asked them what they thought would be most effective in helping these readmitted patients. We were able to begin initiating this in the beginning of October.
  - For patients who had been seen at a TCM or follow-up within 14 days and still readmitted within the 30 day window, and for patients who had multiple comorbidities that were not well controlled; the providers thought the best route was to initiate the Chronic Care Management referral while the patient was in the hospital.
  - By initiating the referral while the patient is in house, it allows for provider, case manager, and nurse education to patient on what Chronic Care Management is and who would be contacting them regarding CCM post discharge.
  - Once the patient is enrolled in the CCM program they are getting more time to discuss their progress/setbacks, ongoing disease management education, and connections with other CCM elements to assist them (diabetic patients meeting with the RDM).



# SUCCESSSES AND BARRIERS TO CHRONIC CARE MANAGEMENT REFERRALS



- Lessons Learned

- We only have one Chronic Care Manager, and as much of a superstar that Britta is, it can be difficult to handle a large influx of patient CCM intakes.
- Pre-COVID, the CCM program had a copay. We are able to provide that service for no copay currently but that can change in the future which may impact if the patient is willing to be enrolled.

- Successes

- We are incorporating another Chronic Care Manager to assist with patient load.
- Copay has continued to be waived, we will cross that bridge when we come to it.

# POST FOLLOW-UP NURSING PHONE CALLS



- Half of readmissions were returning to the hospital 15 or more days after initial admit. 78% of those readmitted during that time had a post hospital discharge follow-up with their PCP within 14 days of d/c. How would we bridge the gap between that and day 30?
- Nursing phone calls 1 week after that PCP post discharge follow-up. Keeping tabs on patients needs. More PT, OT, Home Health, another PCP visit, community assistance, etc.
- Barrier
  - Not sustainable on an already overwhelmed and understaffed PCP office.
  - There were still some patients who were readmitted even with this intervention. Morale from nursing staff after discovering this plummeted.

# FINAL OUTLOOK



- Readmission rate September 2021 was 2.8%, our goal was met. How do we continue?
- Issues moving forward: DISRUPTION
  - Currently in a COVID surge
  - Providers leaving and being onboarded
  - Clinics nurse manager retired and new manager began in September 2021

QUESTIONS?

