



PREVENTING AVOIDABLE EPISODES

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Smoothing the Path for Better Transitions

Project Overview

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The Health Care Improvement Foundation
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Project Scope

2

- Healthcare Providers
 - Hospitals/Systems
 - Skilled Nursing Facilities, Long-Term Acute Care
 - Physician's Offices
 - Other Community Providers
- Southeastern Pennsylvania
 - City of Philadelphia—Philadelphia County
 - Suburban Philadelphia—Bucks, Chester, Delaware, and Montgomery Counties

Project Goals

3

- Reduce readmission rates by 10% over the course of the 18-month project.
- Improve transitions of care from one provider to the next for patients being discharged from the hospitals in our region.
- Increase patient and family engagement in the management of the patient's healthcare plan.
- Engage providers and healthcare professionals within the entire continuum of care.

Project Design

4

- Involvement of an Expert Advisory Panel.
- Various workgroups will be convened to address key components believed to have a positive impact on improving transitions of care and reducing readmissions.
- Educational webinars and meetings will be offered to all regional participants or to workgroup members in order to provide educational support or to showcase innovative approaches employed elsewhere.

Expert Advisory Panel

5

- Recommend a definition of a readmission through consensus.
- Assist in determining the reporting expectations of participants.
- Serve as a resource to the workgroups to enable them to meet their goals.
- Advise on project-related matters that arise during the course of the project.
- Provide input into the agenda and faculty for conferences and webinars.

Expert Advisory Panel

6

□ Members include:

- Victor Caraballo, MD, Independence Blue Cross
- Pamela Clarke, Delaware Valley Healthcare Council of HAP
- Eric A. Coleman, MD, MPH, University of Colorado Denver
- Eric D. Dobkin, MD, Crozer-Keystone Health System
- Naomi Hauser, RN, MPA, CLNC, Quality Insights of Pennsylvania
- Brian Jack, MD, Boston University School of Medicine
- Margaret Leonard MS, RN-BC, FNP, Hudson Health Plan
- Sherry Marcantonio, Health Quality Partners
- Mary D. Naylor, PhD, FAAN, RN, University of Pennsylvania School of Nursing
- Charles Orellana, MD, Clinical Care Associates of the University of Pennsylvania Health System
- Kathy N. Shaw, MD, MSCE, The Children's Hospital of Philadelphia
- Special Advisors:
 - Calvin H. Knowlton, BSPHarm, PhD, RevolutionCare
 - Carole A. Stockmeier, MHA, CMQ/OE, Healthcare Performance Improvement, LLC

Project Workgroups

7

- Purpose:
 - ▣ To accelerate the adoption of evidence-based strategies.
 - ▣ To encourage multi-organizational innovations and experimentation.
 - ▣ To develop at least one strategy or achievement with significant regional impact for each workgroup.
- Topics:
 - ▣ Medication Management
 - ▣ Personal Health Record
 - ▣ Coaching/Hand-offs

Workgroup One: Managing Medications

8

- ❑ Identify best practices around medication reconciliation according to The Joint Commission Framework.
- ❑ Facilitate post-discharge prescriptions fills.
- ❑ Define the role of pharmacy post-discharge.
- ❑ Evaluate feasibility of 1-800 Pharmacy helpline.
- ❑ Evaluate the role of technology in the medication management process.



Workgroup Two:

Personal Health Record

9



Develop the framework for creating a Personal Health Record (PHR):

- Identify the key data components for inclusion in the PHR.
- Compare and contrast formats:
 - Web-based
 - Software-based
 - Paper-based
- Develop list of recommended vendors/applications.
- Develop process for data collection and completion.

Workgroup Three: Coaching/Hand-off

10

Develop effective coaching and hand-off strategies:

- ▣ Collaborate with other providers and agencies in developing a case management model.
- ▣ Incorporate the use of standardized patient information templates for handoffs to downstream providers.
- ▣ Implement a process that incorporates telephone and home visit follow-ups.
- ▣ With affiliated physicians, implement open-access appointment scheduling.
- ▣ Develop a communication network with other providers and agencies.

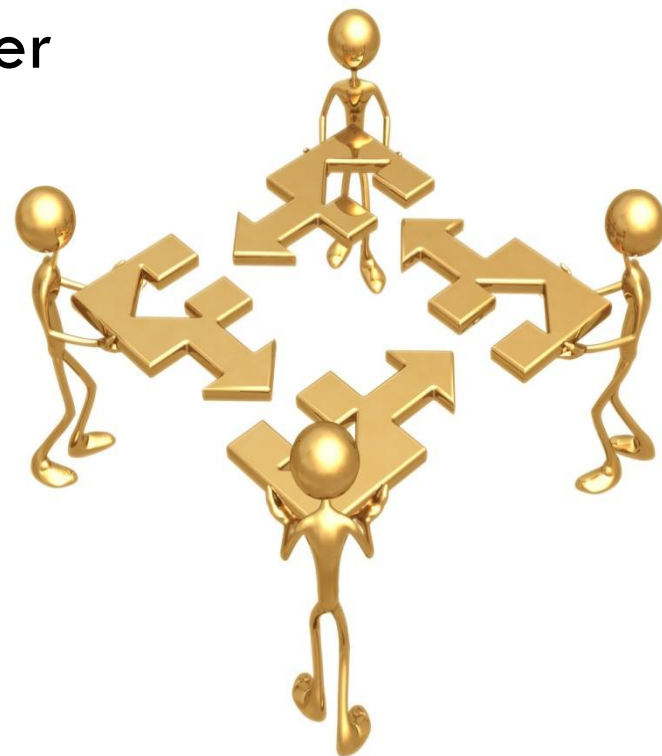


Project Integration Workgroup (By Appointment Only)

11

Create a workgroup that will assemble the output from the other three workgroups. This may include:

- Educational programs and materials for the patients, including, but not limited to, brochures, short programs/videos, and instruction booklets.
- Reference materials and supporting forms and documentation for healthcare personnel.



Project Measurement

12

- Quantitative
 - Readmission Rates
 - Delaware Valley Healthcare Council
 - Pennsylvania Health Care Cost Containment Council (PHC4)
 - Exploring the use of 3M Potentially Preventable Readmissions Classification System
 - Number of Readmissions?
- Qualitative
 - HCAHPS Question
 - Percent of patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.
 - Transitions of Care Survey (provided by HCIF)
 - Patient/Family Interviews of Readmitted Patients using the Care Transitions Measure-3™ (available at www.caretransitions.org)
 - Focused Chart Review of Readmitted Patients
- Workgroup-specific measures, as deemed appropriate.

Next Steps

14

- Submit signed *Senior Executive Commitment Form*.
- Establish internal organizational goals.
- Identify senior leader as the project “champion”.
- Create/identify multi-disciplinary team to lead the effort.
- Identify individuals as members of the various project workgroups and submit the *Workgroup Participant Designation Form*.
- Begin baseline measurement:
 - Transitions of Care Survey (provided by HCIF)
 - Patient/family interviews using Care Transitions Measure-3™ (available at www.caretransitions.org)
 - Focused chart review
- Submit results to the Health Care Improvement Foundation.



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