HackensackUMC Mountainside:

Improving Care for Underserved Patients with Diabetes and Hypertension

February 12, 2015

Learning Collaborative 5

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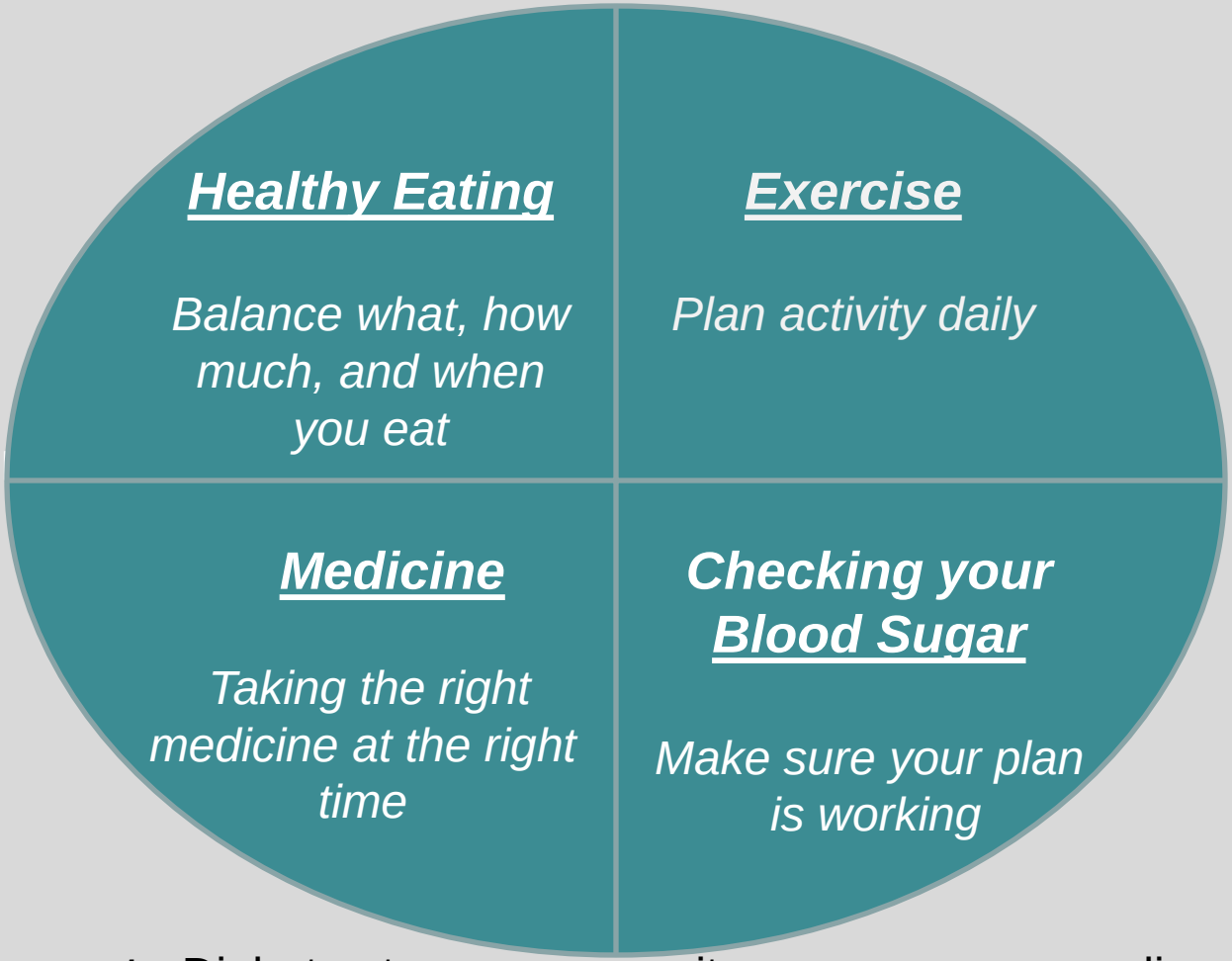
Diabetes Care 4 You

Low cost or free medical care, education, and transportation



Support: Diabetes team, community resources, counseling

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Overview

- Focus groups and needs assessment through community outreach **Essex /Passaic Wellness Coalition** (mostly school nurses, health educators and health officers)
- **Non-Profit Round Table** (leaders from non-profit community agencies)
- Of those surveyed, **77%** stated that Diabetes and Hypertension were very important health issues in our community
- Built infrastructure to support program for patients who have DM and HTN with Medicaid and Charity Care
- Hired NP-CDE, LCSW, RD-CDE as well as involving Endocrinologist, Management, Nursing and Medical Staff
- Piloted Program- November- December 31, 2014
- Tracking this patient population through our EMR (**eMD**)

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Recruiting Patients

- Initially IT sends a list of pts from ED and in house (with Medicaid or Charity Care to DSRIP Team)
- DSRIP team determines if those patients meet eligibility criteria
- NP and LCSW see patients in house or call patients identified in ED
- Eligible list was also generated from our Family Practice Group, these patients received mailing followed up by phone calls from our DSRIP team

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Staff Education

- Team presented to family medical residents and attendings on DSRIP program infrastructure and goals
- Endocrinologist presented 2014 ADA Clinical Guidelines to medical staff at Grand Rounds
- NP collaborated with Nursing Education on yearly nursing competency testing for DM
- RD-CDE planning nursing education program on nutritional management of DM and HTN

Patient Education

- Team examined available educational materials to guide patient education
- No need to reinvent the wheel
- Student Intern is adapting brochures for the program from "***Diabetes medicines: Why medicines matter"*** and ***"Planning Healthy Meals"***

****Both by Novo Nordisk and approved by the AADE because brochures don't imply endorsement of any product.***

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Pilot Program

- Program launched November 2014
- Patients recruited from our Family Practice Group, Hospital Inpatients, and Community Outreach
- Details of the launch were published in the HackensackUMC Mountainside (HUMC-M) staff newsletter **"Mountainside Monthly"** (December 2014)

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Location

- Initial location was at HUMC-M Family Practice which is a designated patient centered medical home

- HUMC-M Family Practice is in Verona, NJ while HUMC-M Hospital is in Montclair, NJ

- Due to reported patient transportation issues, we will be adding a second site at the hospital

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Problems:

1. Patient engagement and patient activation – Not willing to travel to medical office

2. High attrition rate (despite appointment confirmation calls and free meters and strips)

3. Medical residents, clinicians, and case management not actively supporting the program

4. Data reporting for April 2,2015 universal measures

Solutions:

1. Adding second site at Mountainside Hospital and increasing community outreach by starting screenings one day monthly at local sites

2. Interdisciplinary visits whenever possible (MD, NP, RD, and LCSW)

3. Meeting with medical attendings and supervising physicians to promote collaborative practice. Daily rounds to hospital case managers

4. Hiring NJHITEC to assist us in reporting our Stage 4 measures

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Plan-Do-Study-Act Cycle

- **Plan** - DY1, 2, and 3 of program.
- **Pilot** (Do) - Nov 2014 and Dec 2014
- **Study** - Jan 2015
- **Act** - Feb 2015

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Plans For The Future

- **"Diabetes Alert Day"** at HUMC-M

  March 24th from 10 am to 12 pm.

- **<u>Presentations</u>:**

  -**"ABC's of Diabetes"** (Endocrinologist)

  - **Nutrition** (RD-CDE)

  - **Your Relationship with Your Healthcare Team** (NP-CDE)

  - **Psychosocial Support & Resources for those living with Diabetes** (LCSW)

  - **Free Diabetes and Hypertension Screenings** (Community Health Staff)

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Opportunities To Enhance Patient Engagement and Activation

- In house nursing survey to determine needs for future education.
- Patient group education series by DSRIP team.
- Support group facilitated by LCSW.
- Developing our own Diabetes community for peer support.
- Quarterly Diabetes Newsletter to debut Spring 2015 - Written by the DSRIP team and published by the hospital

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Thank You

Questions?

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