



*Life is better healthy.*

## DSRIP Project Summary

# Project Description

- Focus/Program Components/Summary of Project
- The primary focus of the SBMC DSRIP program is to utilize hospital-based asthma educators to provide education to patients, as well as health care and educational providers in the community, on optimum asthma care to improve the breathing and self-management skills of patients with asthma, resulting in a decrease in inpatient admissions and ED visits and an improved patient experience of care.
- The targeted population are patients with an Asthma diagnosis from 5 – 64 years of age. This target population includes all payers and is not restricted to CHIP and charity care.
- Stage 3 Metrics or Expected Outcomes of Project
  - The expected outcomes of the project are to decrease asthma admissions and ED visits related to asthma. In addition to admission and ED visits, performance in the CAC (Children Asthma Care) clinical process measures is monitored on a monthly basis.

# Progress from Pilot to Now

- The program has evolved in several respects. Due to low patient volume the program now includes patients of all payer types.
- Due to low returns the Patient Satisfaction Survey process has been re-evaluated and re-designed. In an effort to reach patients, paper surveys were developed and hand delivered.
- Based upon the feedback of patients and asthma educators, the educational material and method of education has been revised.
- SBMC has finally secured a reporting partner. As part of the agreement, SBMC will assist with access to specialty services like the OB clinic, orthopedics and plastic surgery for the Zufall Clinic's (FQHC) patients.
- ASME (Asthma Self-Management Education) clinic
  - Includes 1:1 education and follow up post discharge.
- Implemented the asthma control test during the inpatient assessment.
- Implemented post discharge follow up calls 48 hrs., 1 week, 30 days and 3 months.
- Pulmonary physicians have agreed to do a baseline spirometry on all Asthma patients to establish baseline.

# PDCA Cycle (Use most recent challenge)

**Act**

- Continue paper survey process and consider post discharge phone calls to solicit patient feedback

**Plan**

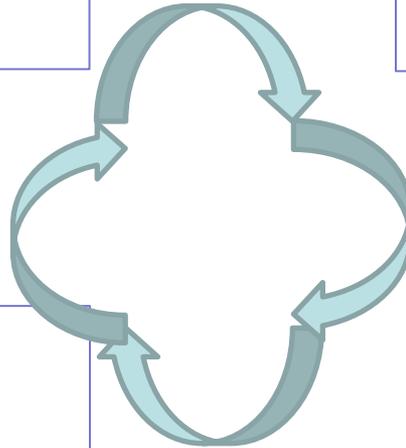
- Patient Satisfaction surveys were not producing any information as they weren't reaching patients

**Check**

- Since paper surveys were implemented >10 surveys have been returned.

**Do**

- In an effort to reach patients, paper surveys were developed and hand delivered.



# Data

2014-2015 Inpatient	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	APR -15	May-15	JUN-15	TOTAL
Inpatient	2	1	1	0	0	3	3	0	1 (*3)	11
Readmits	0	0	0	0	0	0	0	0	0	
2014-2015 ER CASES	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	APR -15	May-15	JUN-15	TOTAL
ER	4	1	0	5	3	6	6	4	4 (*11)	33
OUT	0	0	0	0	0	0	0	0	0	
<b>Grand Total</b>										44

\* Medicaid Managed Care added to totals in June

Core Measure Description	Apr			May			Jun			Qtr		
	Apr Num	Apr Denom	Apr Actual Rate%	May Num	May Denom	May Actual Rate%	Jun Num	Jun Denom	Jun Actual Rate%	Qtr Num	Qtr Denom	Qtr Actual Rate%
CHILDRENS ASTHMA CARE												
(CAC-1a) Relievers for Inpatient Asthma Overall Rate	8	8	100.0	15	15	100.0	11	11	100.0	34	34	100.0
(CAC-1b) Relievers for Inpatient Asthma (2-4 yrs)	3	3	100.0	8	8	100.0	5	5	100.0	16	16	100.0
(CAC-1c) Relievers for Inpatient Asthma (5-12 yrs)	4	4	100.0	5	5	100.0	6	6	100.0	15	15	100.0
(CAC-1d) Relievers for Inpatient Asthma (13-17 yrs)	1	1	100.0	2	2	100.0	0	0		3	3	100.0
(CAC-2a) Systemic Corticosteroids for Inpat Asthma Overall Rate	8	8	100.0	15	15	100.0	11	11	100.0	34	34	100.0
(CAC-2b) Systemic Corticosteroids for Inpat Asthma (2-4 yrs)	3	3	100.0	8	8	100.0	5	5	100.0	16	16	100.0
(CAC-2c) Systemic Corticosteroids for Inpat Asthma (5-12 yrs)	4	4	100.0	5	5	100.0	6	6	100.0	15	15	100.0
(CAC-2d) Systemic Corticosteroids for Inpat Asthma (13-17 yrs)	1	1	100.0	2	2	100.0	0	0		3	3	100.0
(CAC-3) Home Mngmnt Plan of Care (HMPC) Doc. Given to Pat/Caregiver	8	8	100.0	14	15	93.3	11	11	100.0	33	34	97.1
Composite Score (Excludes Retired Measures)	8	8	100.0	14	15	93.3	11	11	100.0	33	34	97.1
Appropriate Care Score (Excludes Retired Measures)	8	8	100.0	14	15	93.3	11	11	100.0	33	34	97.1
Composite Score (Includes Retired Measures)	24	24	100.0	44	45	97.8	33	33	100.0	101	102	99.0
Appropriate Care Score (Includes Retired Measures)	8	8	100.0	14	15	93.3	11	11	100.0	33	34	97.1

# ROI to Date

	Number of ED Visits /Admissions	Percentage Reduction	Cost	DY4Q1 Savings
2012 <u>Baseline</u> ED Visits per Quarter	109	Not Applicable	\$358.95 (per visit)	Not Applicable
<b>DY4Q1 ED Visits</b>	<b>13</b>	<b>88%</b>	<b>\$358.95</b>	<b>\$35,459</b>
2012 <u>Baseline</u> Admissions per Quarter	21	Not Applicable	\$3,900	Not Applicable
<b>DY4Q1 Admissions</b>	<b>5</b>	<b>76%</b>	<b>\$3,900 (per visit)</b>	<b>\$62,400</b>

# Challenges & Opportunities

- Match of Attribution to Enrolled Population
  - In DY4Q1 – 6 of 18 enrolled patients were matched to the attribution list.
- Identification of attributed patients in real time has been a challenge.
- Patient Volume of DSRIP eligible patients is low making it a challenge to dedicate resource specific to project.
  
- SBMC is currently working on establishing an effective working relationship with Zufall Clinic.
  - Zufall clinic has expressed their desire for their patients to have access to specialty services such as OBGYN, orthopedics, and plastic surgery.
- There is an opportunity to utilize the American Lung Association to effectively engage other facilities and more importantly the community SBMC serves.
- Opportunities exist in improving communication amongst the hospital, school nurses, and primary care offices with the patients and families regarding the patient medication regimen, disease process, and self care management.

# Project Achievement to Date

- 5 respiratory therapists have achieved asthma educator certification.
- Implementation of ASME (Asthma Self-Management Education) clinic (May 2015)
  - Requires 6 months of baseline data to achieve certification
  - Includes 1:1 education and follow up post discharge.
- Implemented the asthma control test during the inpatient assessment. (June 2015)
- Spirometry order for baseline on Asthma patients without Pulmonary consults. (August 2015)
- Education tools were revised.
  - The content and method of delivery to our pediatric patients has been modified to include DVDs and child friendly reading materials. The adult education booklets have been enhanced to include more information and become more reader friendly. The education has also been enhanced with an increased emphasis on triggers and includes review of the "know your triggers tool" with a certified asthma educator respiratory therapist.
- Saint Barnabas Medical Center hosted the first of what will be quarterly meetings to collaborate with the New Jersey Hospitals participating in asthma DSRIP programs. The group has partnered with the American Lung Association (ALA) in order to improve the care provide to asthma patients in the community.
- On June 30, 2015, the senior leadership team from Zufall Health (CEO and CNO) attended a meeting at Saint Barnabas Medical Center which included the CFO, CMO, and CNO. Zufall agreed to become an enhanced reporting partner for the DSRIP program.