St Francis Medical Center

Learning collaborative presentation-patient engagement

Feb 11, 2016
Collaboration with Trenton Health Team’s HIE

- Attribution list uploaded into Health Information Exchange (HIE)
- Reports developed which allow identification of attribution and non-attribution patients in the Inpatient, ED, Outpatient, and Clinic settings
- Monitor admissions of attribution patients to other Trenton hospitals to track readmissions
Review Medical Records for My Patients

My Patient Lists

Analytics

Training Patients
CARE COORDINATION
Nicholson CMT Full Cohort
CDS SYSTEMS FOR DM AND HTN
Inpt Glycemic Control
SFMC HbA1c > 9%
SFMC A1c Not Tested
SFMC HTN
SFMC HTN Under Control
DSRI
SFMC DSRI Inpt Util - Admit Last 7d
SFMC DSRI Inpt Glycemic Control
SFMC DSRI ER Util - Admit Last 7d
Work List
Referral sources for attribution patients

- ED Attribution list referrals
  - Beacon report generated by HIE of attribution patients admitted to ED (daily report - snapshot of 24 hours)
  - PCN or LSW will check Soran for diagnosis of diabetes.
    - If patient discharged from ED then CHW will make phone call to patient and introduce diabetes services
  - If patient admittedthen Patient care navigator makes a face to face introduction with the patients and offers diabetes services 1. DM clinic, 2. DSMP, 3. Support Group

- Inpatient Attribution list
  - Beacon report generated by HIE of attribution patients admitted to Inpatient (daily report - snapshot of 24 hours)
  - PCN or LSW will check Soran for diagnosis of diabetes.

- Walk in clinic and medical clinic attribution list
  - Census for the week is generated by Trinity and delivered to DSMP coordinator
  - DSMP coordinator performs an excel crosswalk to identify attribution patients
  - List of identified attribution patients is given to the patient care navigator
  - Phone calls made to identified patients to enroll them in DSMP
Referral sources for non-attribution patients

**ED alert non attribution** (those patients with BS of >200)

Patient asked in triage
“Do you have diabetes?”
If response is ‘No’ but labwork reveals blood sugar >200, email sent to PCN and LSW

**Allscripts Referral from inpatient RN Case Managers and Social Workers**

Care navigator makes face to face contact and provides diabetes education

**Beacon Report generated by HIE**
A1C >9.0%

**Care navigator makes face to face contact and provides diabetes education**

**PCN is sent email notification when a Clinic or Walk-In clinic patient has lab work which reveals an A1C >9.0%**

**Patient is referred to the DSMP and Diabetes clinic**

**CHW will make phone call to patient and introduce diabetes services**

**PCN or LSW will check Sorian for diagnosis of diabetes. If no diagnosis of diabetes, patient is called by LSW and patient is instructed to follow-up with PCP as they may have undiagnosed DM**
# Community Education and Outreach

## Community DSRIP

1. Identify Key Stake Holders
2. Prioritize Outreach for Greatest Gain

### Community Organization
- MCCYC Mercer County Council For Young Children
- CHS Children Home Society
- MECHA Mercer County Hispanic Association
- Trenton Health Team: Faith And Prevention Program
- THT Community Advisory Board
- NJ Commission for the Blind
- City of Trenton

### Business
- Healthy Corner Stores
- Greenwood Farmer’s Market
- Trenton Farmer’s Market
- MIDJersey Chambers of Commerce

### Faith Based
- Partnership
- Asambleas De Dios Church
- Iglesia Esperanza Y Amor
- Cathedral Of St. Mary Of The Assumption
- Trinity Cathedral DSMP and Support Group
- Catholic Charities

### Assistance
- Assisted Living
- LIFE Program
- Nursing Program
- DSRIP Group Visits
- DSRIP Support Groups
- Clinic

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*St. Francis Medical Center*
First All-Spanish group visit in December 2015

- All material translated into Spanish
- Evening class
- 95% graduation rate

- Held class in January due to very high demand.
Keys to successful engagement

• In-person recruitment/registration
• Overview of the program to partners and organizations
• Engage the leaders of the organizations in the group visit implementation process
• 399 attributed patients were identified through referral sources in DY4Q3 of whom 160 received telephonic outreach.
• 45 patients enrolled into DSMP of which almost 1/3 are attributable.
Special Event

- World Diabetes Day- Partnered with NJ Commission for the Blind and provided diabetic eye exams to attribution patients and community members.
- Next event planned for March 2016
Questions/Preguntas