IMPROVE OVERALL QUALITY OF CARE FOR PATIENTS DIAGNOSED WITH DIABETES MELLITUS AND HYPERTENSION

DIABETES AND HYPERTENSION CARE PROGRAM

LEARNING COLLABORATIVE 5 – OCTOBER 9, 2014

Saint Michael's
MEDICAL CENTER
A MEMBER OF CATHOLIC HEALTH EAST

OVERVIEW

- GROUND UP BUILD OF INFRASTRUCTURE AS WELL AS IMPROVEMENT OF EXISTING SYSTEMS AND PROCESSES

- USES NEW AND EXISTING STAFF

- INCLUDES CLINICAL AND NON-CLINICAL COMMUNITY PARTNERS

- OVERSIGHT BY PROJECT STEERING COMMITTEE THAT INCLUDES PARTNERS, CONSTIUENTS, PROJECT TEAM

- MULTIDISCIPLIANRY PROJECT TEAM, MEDICAL DIRECTOR, PROJECT CHAMPIONS

Core Project Processes

Improve Access to PCP	Patient Navigation	Evidenced Based Care	Patient Engagement/Self Management
Primary and Specialty Care Clinic: Improve timeliness of appointments

Improve referral process- streamline

Intense discharge planning/case management –appointment with Primary Care in 5 days; expedited appointment from ED

Community education and screenings/referral to PCP | Dedicated patient navigator

Intake process for each patient

Individualized care plan for each patient

Coordinate communication with team and patient

Navigates patients, tracks patient, ensures goals are met, identifies and removes barriers. | Comprehensive service:
- Primary Care
- Podiatry
- Ophthalmology
- Endocrinology
- Social Work
- Education/Self Management

Use of Clinical Protocols, based on national standards; share with clinical partners

Improve timeliness and communication of referrals

Best practice s in team, interdisciplinary communication | All programmatic elements designed with the social, culture, literacy level of the patients:
- Literacy assessment
- Interviewing techniques
- Availability of print materials in languages and reading levels that are understandable
- Assessment of comprehension
- Alternate teaching methods

Improve access to patient education/self management
- Marketing of existing education
- Offer "Drop In" learning centers
- Community Outreach education and screening |

PRIORITES FOR IMPROVEMENT

- ACCESS TO PRIMARY CARE (PI)
  - CORRECT IDENTIFICATION OF PRIMARY CARE PROVIDER FOR POST DISCHARGE FOLLOW UP
  - APPOINTMENT WITH PRIMARY CARE PROVIDER IN 5 DAYS
  - APPOINTMENTS FOR UNASSIGNED PATIENTS WITH PCP
  - COMMUNITY SCREENINGS DURING DIABETES AWARENESS MONTH—NOVEMBER

PRIORITES FOR IMPROVEMENT

- PATIENT NAVIGATION (PROCESS DESIGN)
  - HIRED PATIENT NAVIGATOR, BILINGUAL
  - CREATE PROCESSES FOR INTAKE, TEAM COMMUNICATION, PATIENT FOLLOW UP, DOCUMENTATION
  - CREATE PARALLEL DATA SYSTEMS TO SUPPORT PROCESSES (ACCESS, EXCEL)

PRIORITES FOR IMPROVEMENT

- EVIDENCE-BASED CARE (PI)
  - SUMMARIZED 2014 ADA CLINICAL CARE GUIDELINES ON A ONE-PAGE DOCUMENT
  - AVAILABLE IN CLINICS AS REFERENCE, SENT TO PARTNERS
  - EDUCATION OF MEDICAL STAFF, RESIDENTS, CLINICAL PARTNERS, PROVIDERS
  - PROJECT PI, BASELINE ON MEASURES AND ONGOING MONITORING

PRIORITES FOR IMPROVEMENT

- PATIENT ENGAGEMENT/SELF MANAGEMENT (PROCESS DESIGN)
  - HEALTH LITERACY PLAN
    - ORGANIZATIONAL AWARENESS
    - DOOR TO DISCHARGE PATIENT-CENTERED ENVIRONMENT
    - PATIENT-CENTERED COMMUNICATION LANGUAGE, LITERACY, CULTURAL SPECIFIC FOR EDUCATION AND CRITICAL COMMUNICATION (MEDICATION, SIGNS AND SYMPTOMS, APPOINTMENTS)
    - PROVIDER EDUCATION: PLAIN SPEAK, ASK ME 3, TEACH BACK

Responses to LC Survey

- CONSISTENT PROGRESS TOWARDS MEETING PROJECT TARGETS/ GOALS

- PROJECT HAS BEEN COMMUNICATED WIDELY IN THE HOSPITAL, WITH THE MEDICAL STAFF AND IN THE COMMUNITY WITH BROAD LEVEL OF SUPPORT

- SIGNIFICANT CHALLENGE WITH INFORMATION SYSTEMS TO SUPPORT THE PROJECT; CONTRACT WITH OUTSIDE VENDOR TO ASSIST WITH DATA ABSTRACTION; CREATING STAND ALONE DATA BASES TO SUPPORT SOME PROCESSES

- 3 PSDA IMPROVEMENT CYCLES IN PROCESS

PROJECT ACHIEVEMENTS

- AWARENESS, INTEREST AND ENTHUSIAM FOR THE PROJECT

- COMMUNITY COLLABORATIONS THAT DID NOT PREVIOUSLY EXIST

- DEVELOPMENT OF EVIDENCE-BASED GUIDELINE TOOL, USEFUL FOR PRACTITIONERS

- IMPROVED ACCESS-RELOCATED DIABETES CENTER NEXT TO PRIMARY CARE AND ENDOCRINOLGY CLINIC

PROJECT OBSERVATIONS/CHALLENGES

- RECRUITMENT OF STAFF FOR THE SERVICE AREA

- DISPARATE INFORMATION SYSTEMS, DEVELOPMENT TIME FOR PARALLEL SYSTEMS TO MEET BASIC PROJECT NEEDS

- UNDERSTANDING THE ATTRIBUTION MODEL AND HOW IT RELATES TO THE PROSPECTIVE PATIENT POPULATION

QUESTIONS OR SUGGESTIONS?

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