HEN 2.0 READMISSIONS WEBINAR #3

March 17, 2016

11:00 a.m. – 12:30 p.m. CT

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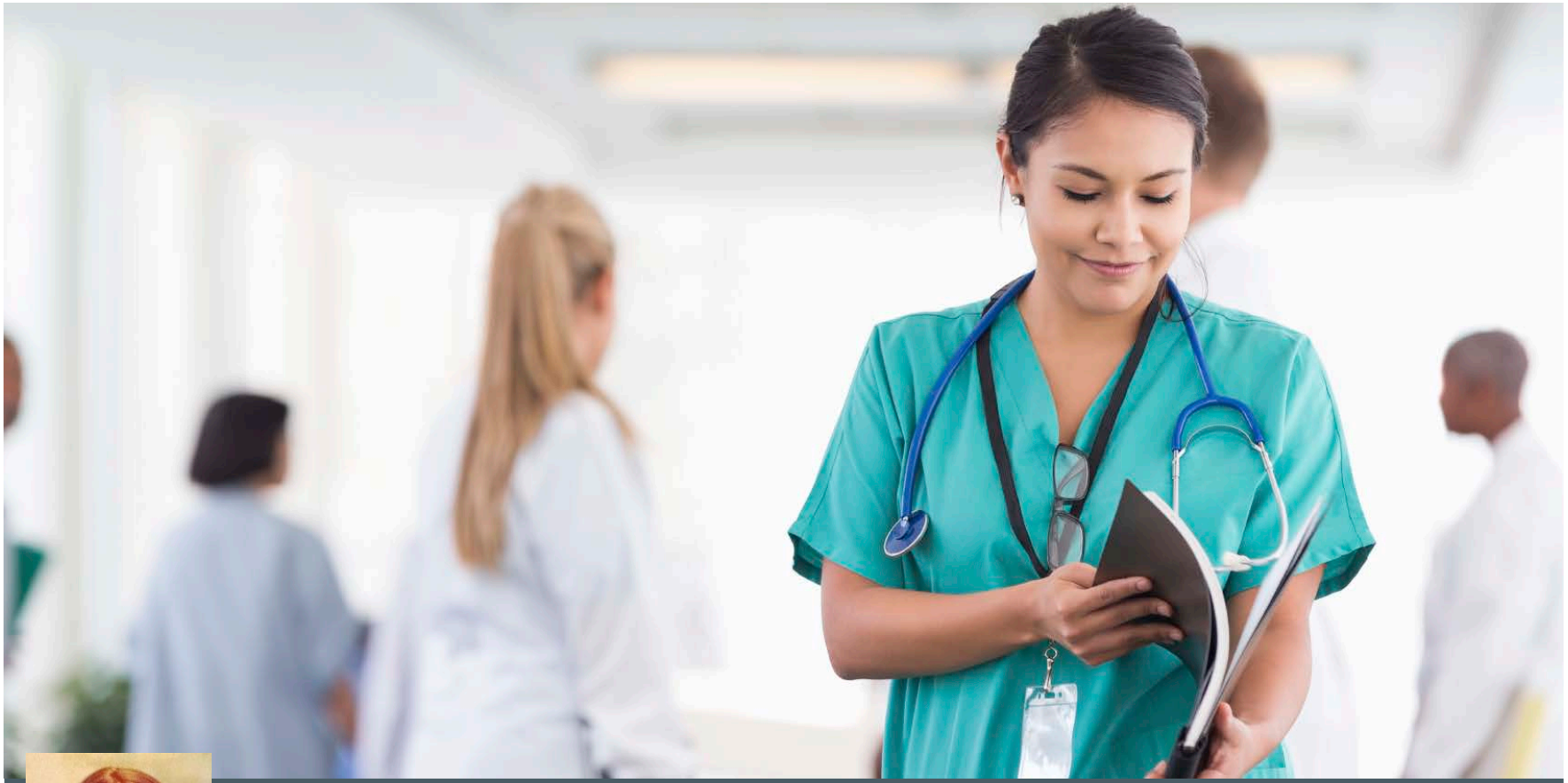

WELCOME AND INTRODUCTIONS

Emily Koebnick, Program Manager, HRET | 11:00 – 11:05

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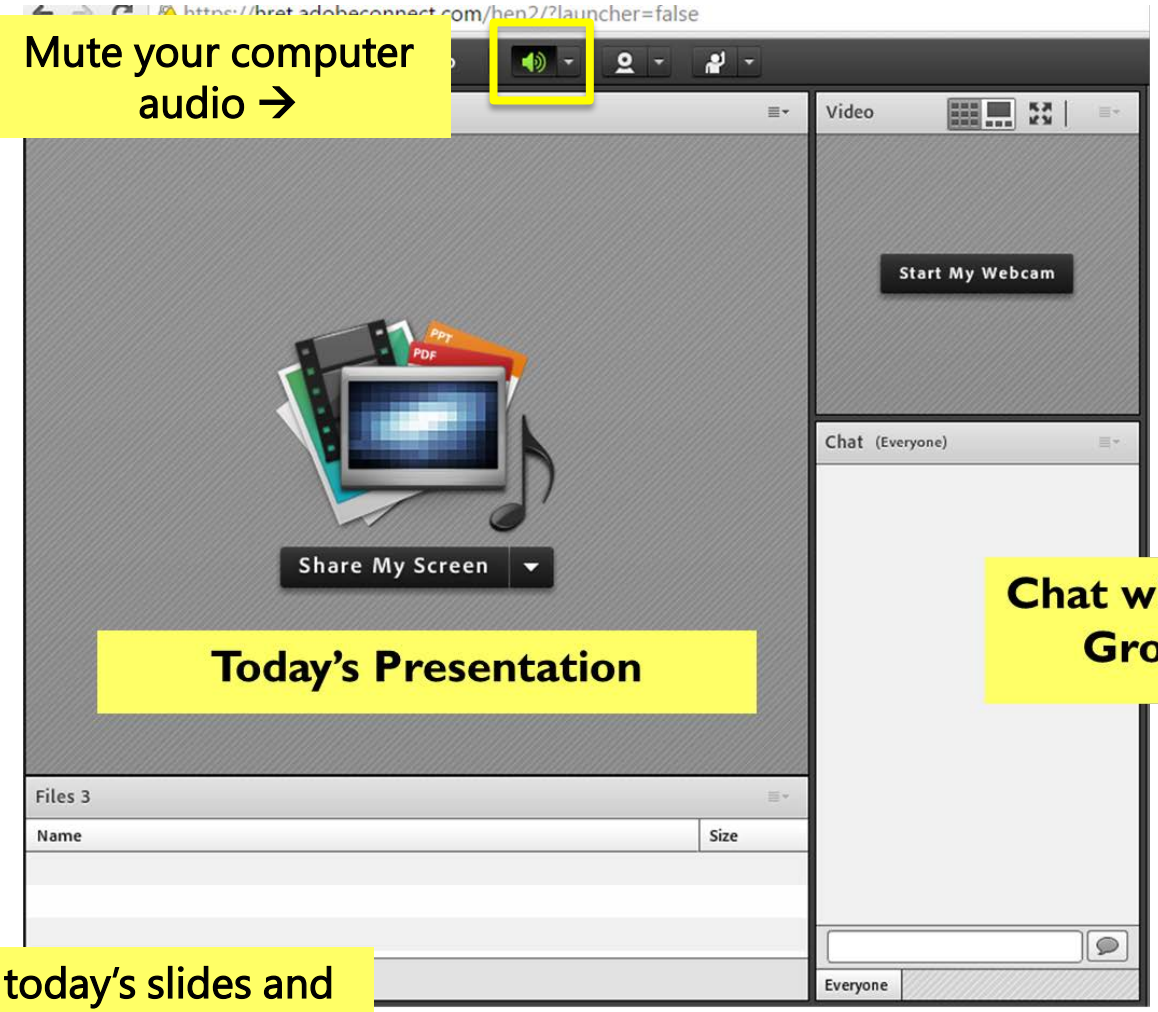
WEBINAR PLATFORM QUICK REFERENCE



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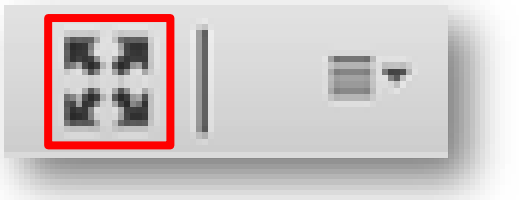
ADDITIONAL REMINDERS

- Quality of audio (if listening through your computer) depends on your internet connection
- To maximize the size of any one ‘pod,’ simply press the four-way arrow icon in the top right corner



AGENDA FOR TODAY

11:00-11:05 AM	**Welcome and Introductions**	
	Open and housekeeping information, including review of relevant HRET HEN resources, change packages and Listserv®.	**Emily Koebnick, MPH, MPA** Program Manager, HRET
11:05-11:10 AM	**HEN Data Update**	
	Review of readmissions measures and national progress toward our 40/20 HEN goals.	**Annette Urganus, MPH** Data Analyst, HRET
11:10-11:30 AM	**Ending the Term "Non-Compliance"**	
	Participants will: •Question why the term "non-compliance" impedes readmissions reduction •Recognize new and successful approaches for more challenging patients	**Pat Teske, MHA, RN** Improvement Advisor, Cynosure Health **Matthew Schreiber, MD** VP Hospital Quality and System Safety, Spectrum Health
11:30-11:50 AM	**Case Study: Flagler Hospital**	
	Sharing from a fellow HEN hospital about how to approach engagement and improve outcomes in the process.	**Gina Mangus** VP Patient Engagement Flagler Hospital St. Augustine, FL
11:50 AM-12:10 PM	**Health Literacy Assessments and Interventions**	
	Participants will: •Practice health literacy assessments and interventions	**Kim Werkmeister, RN, CPHQ** Cynosure Health Improvement Advisor
12:10-12:25 PM	**Bring It Home**	
	Action items from today's webinar and suggestions for next steps in your readmissions prevention work.	**Emily Koebnick, MPH, MPA** Program Manager, HRET
12:25-12:30 PM	**Q&A**	**All**

AVAILABLE NOW: READMISSIONS CHANGE PACKAGE

[Download it Here]

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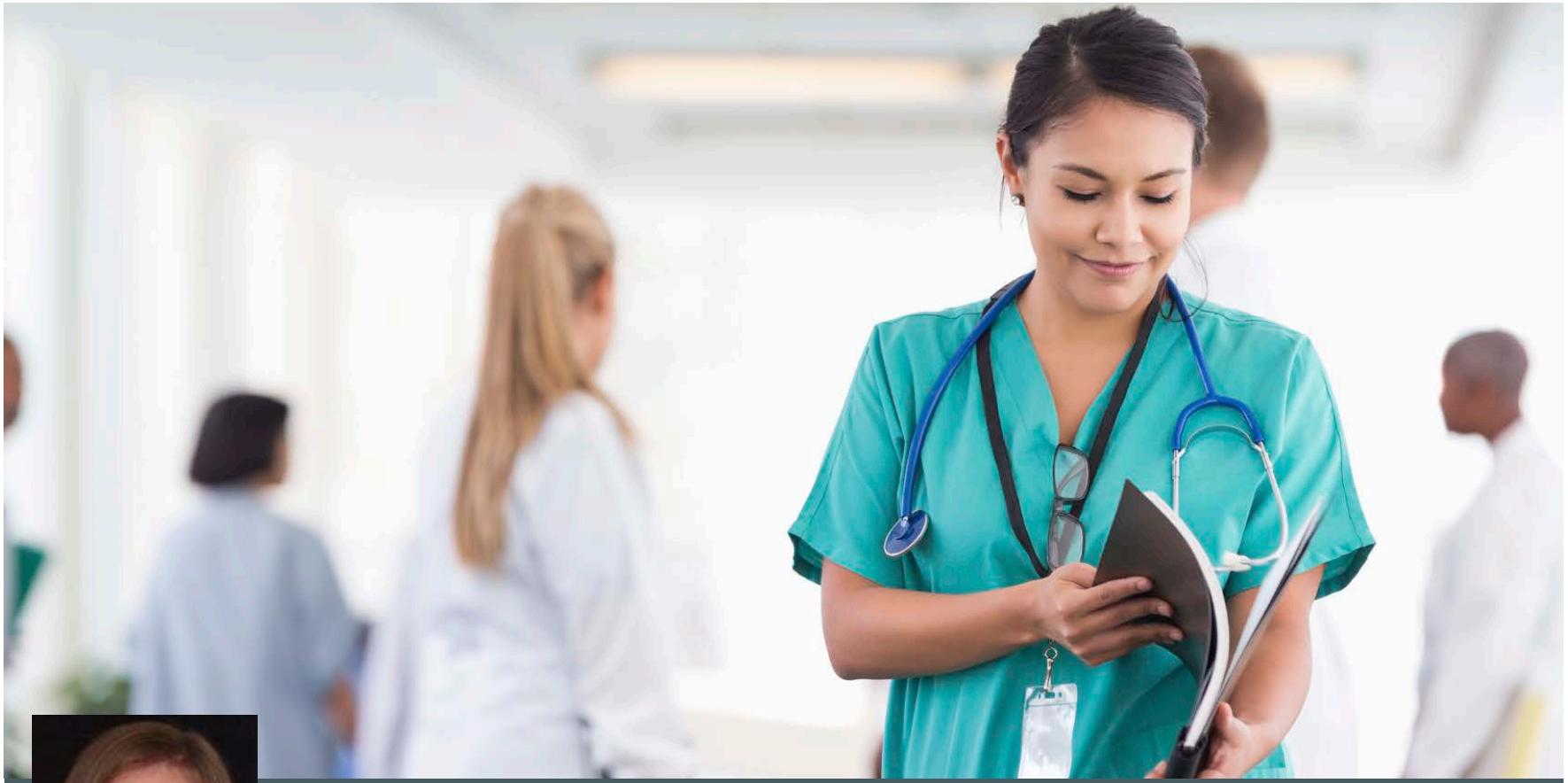
SIGN UP TODAY: READMISSIONS LISTSERV®

- Readmissions Listserv® is available for:
  - Sharing of:
    - HRET Resources
    - Publically Available Resources
    - Best Practices
    - Learnings from Subject Matter Experts
  - Troubleshooting for Data Reporting and Analysis

Sign Up Here



HEN DATA UPDATE

Annette Urganus, MPH, Data Analyst, HRET | 11:05 – 11:10

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HEN DATA UPDATE

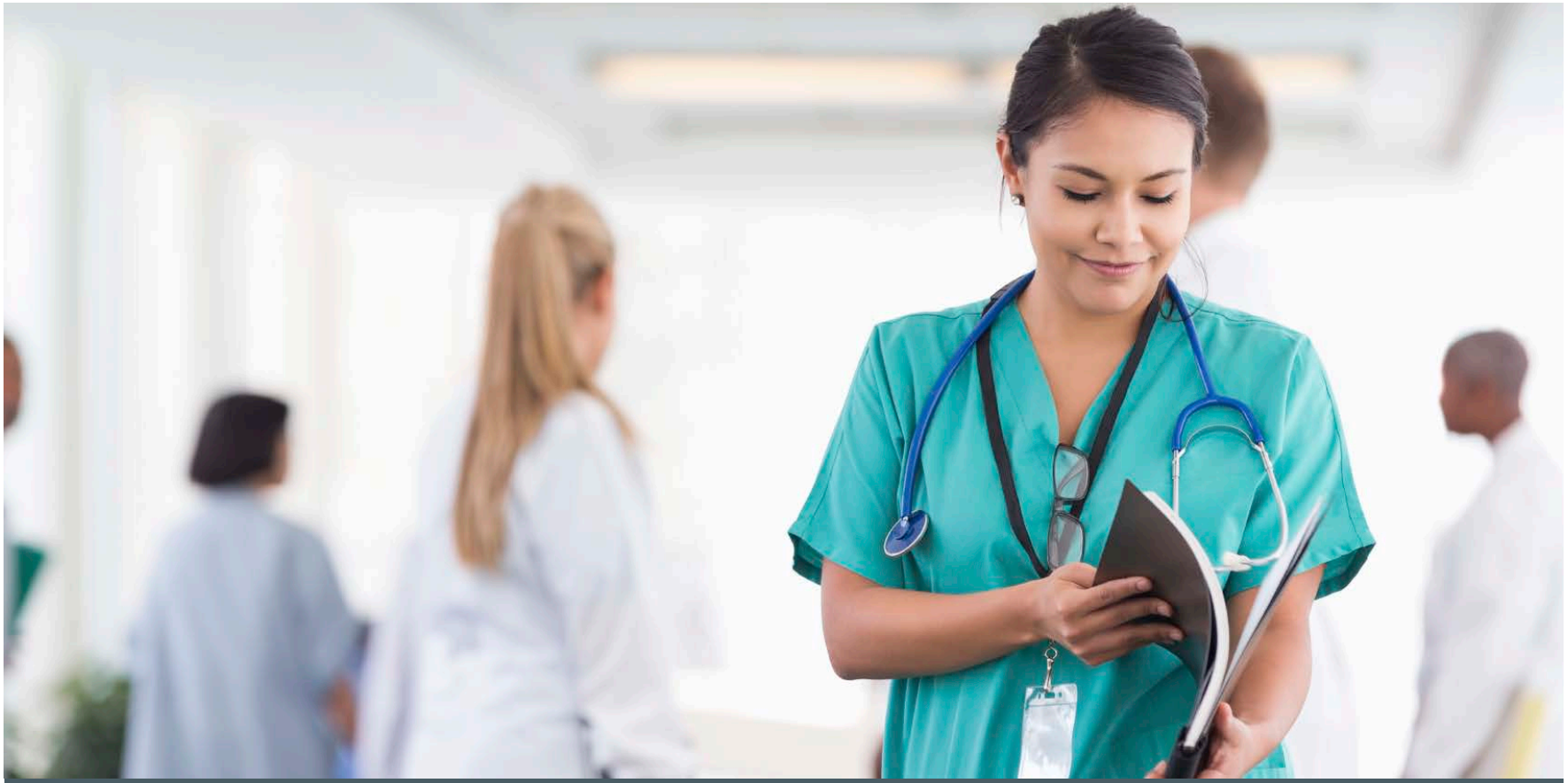
Core Harm Topics / Measures	Baseline Submission Rate	Baseline Rate
Readmissions within 30 Days (All Cause)	**63%**	**8.15**

Readmission: AHA/HRET Evaluation Measure	
Readmission within 30 Days (All Cause)	
Measure type	Outcome
Numerator	Inpatients returning as an acute care inpatient to the same facility within 30 days of date of discharge
Denominator	Total inpatient discharges (excluding discharges due to death)
Rate calculation	$\left(\frac{Numerator}{Denominator}\right) x100$
Specifications/definitions Sources/Recommendations	Facilities should follow the CMS definition of a readmission. This definition is explained in the "Frequently asked questions about readmissions" chapter, available on Quality Net. "Chapter 3 – Readmissions Measures," section "Defining readmissions" beginning on page 7
Data source (s)	Administrative data or billing systems or other tracking systems
NHSN data transfer	No
Baseline period	3Q 2015 (July 1 – Sep 30 2015) Additional baseline data requirements TBD
Monitoring period	Monthly, beginning Oct 2015
CDS Measure ID(s)	HEN2-READ-1
AHA/HRET HEN 1	*EOM-READ-75*[26]

PROCESS MEASURES

- Compliance in implementing the seven essential elements of the care
  - Transitions bundle
- Percentage of discharge care plans that contain all the elements of the discharge care plan
- Percentage of Project RED patient care plans that contain all the elements of the Project RED patient care plan
- Percentage of risk assessment tool is completed at admission
- Percentage of patients receiving complete discharge education verified by teach-back or other means

http://www.hret-hen.org/audience/data-informatics-teams/EOM-CoreProcess.pdf



No More Non-Compliance

Pat Teske, MHA, RN, Improvement Advisor, Cynosure Health

Matthew Schreiber, MD , VP Hospital Quality and System Safety at Spectrum Health | 11:10 – 11:30

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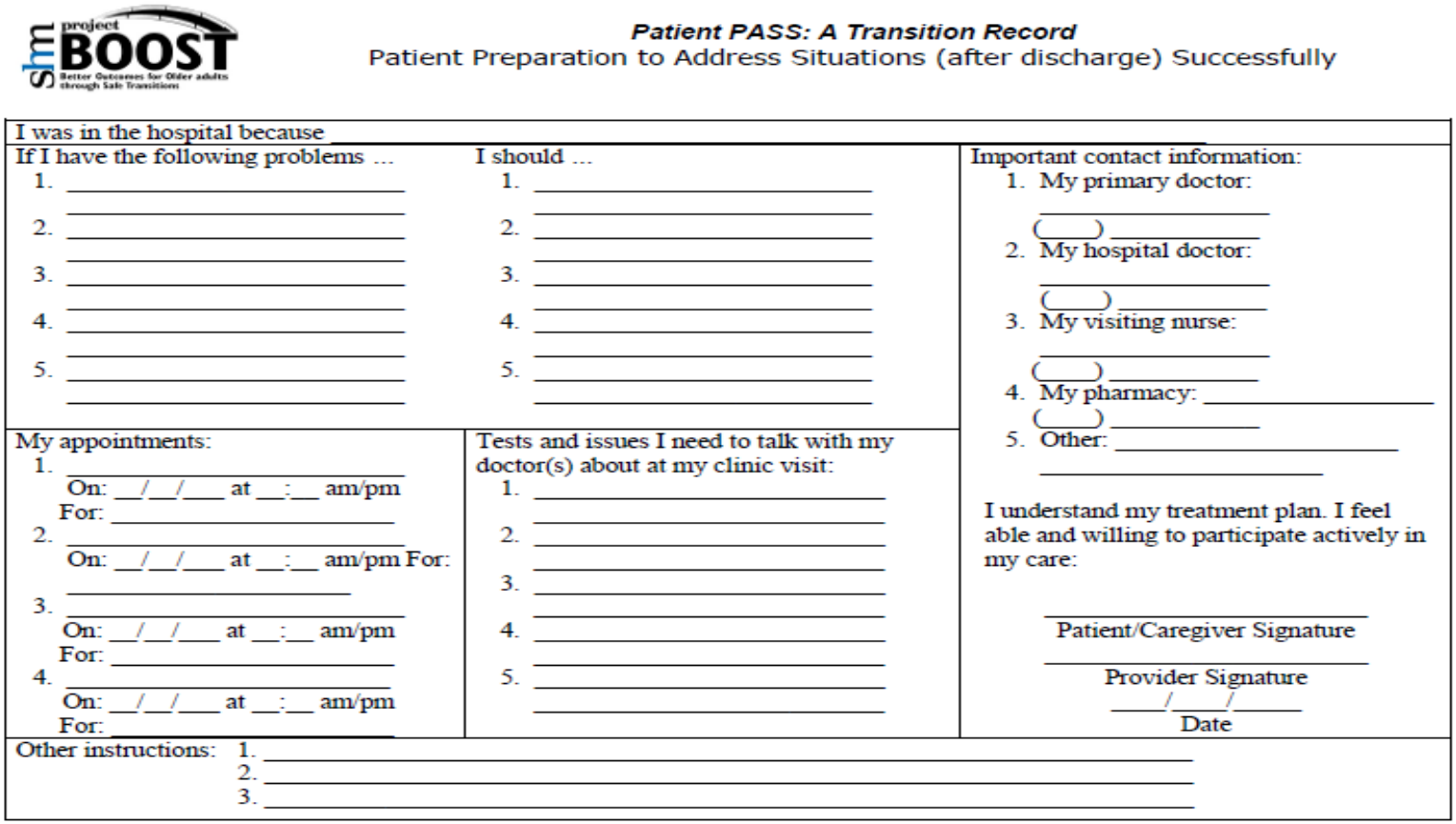
WHAT CAN WE DO DIFFERENTLY?

1. Improve patient engagement
   - Listen more- what are the barriers?
   - What works best for you?
2. Identify patient goals
   - What matters to you? NOT what's the matter *with* you?
3. Modify educational materials and approach
   - Less is often more- what are the vital few?
   - Water pill vs. Lasix
   - Validate understanding through the use of teach-back
4. Build self-reliance skills, for example
   - What to say when calling the doctor's office
   - Setting up systems for medications
5. Motivational interviewing skills
6. Celebrate small successes

PATIENT-FRIENDLY DISCHARGE FORM

- If you want to see what organizational inertia looks like, try changing your hospital discharge form
- This is a good hill to die on if you are committed to reducing readmissions
- Teach-back to patient AND their key contact is mission critical
- Nursing will balk big-time, and only direct observation and talking to patients will tell you if it is happening the way it should

A GOOD EXAMPLE



Patient PASS: A Transition Record

Patient Preparation to Address Situations (after discharge) Successfully

I was in the hospital because _____

If I have the following problems …	I should …	Important contact information:
1. _____	1. _____	1. My primary doctor: _____ (___) _____
2. _____	2. _____	2. My hospital doctor: _____ (___) _____
3. _____	3. _____	3. My visiting nurse: _____ (___) _____
4. _____	4. _____	4. My pharmacy: _____ (___) _____
5. _____	5. _____	5. Other: _____

My appointments:	Tests and issues I need to talk with my doctor(s) about at my clinic visit:	
1. _____ On: __/__/___ at __:__ am/pm For: _____	1. _____	I understand my treatment plan. I feel able and willing to participate actively in my care:
2. _____ On: __/__/___ at __:__ am/pm For: _____	2. _____	_____ Patient/Caregiver Signature
3. _____ On: __/__/___ at __:__ am/pm For: _____	3. _____	_____ Provider Signature
4. _____ On: __/__/___ at __:__ am/pm For: _____	4. _____	____/____/_____ Date
	5. _____	

Other instructions: 1. _____ 2. _____ 3. _____

TEACH-BACK

- **Step 1:** Using simple language, explain the concept/process to the patient/caregiver
- **Step 2:** Ask the patient/caregiver to repeat in his or her own words how s/he understands the concept
- **Step 3:** Identify and correct misunderstandings
- **Step 4:** Ask the patient/caregiver to demonstrate understanding again to ensure the misunderstandings are corrected
- **Step 5:** Repeat steps 4 and 5 until the clinician is convinced of comprehension

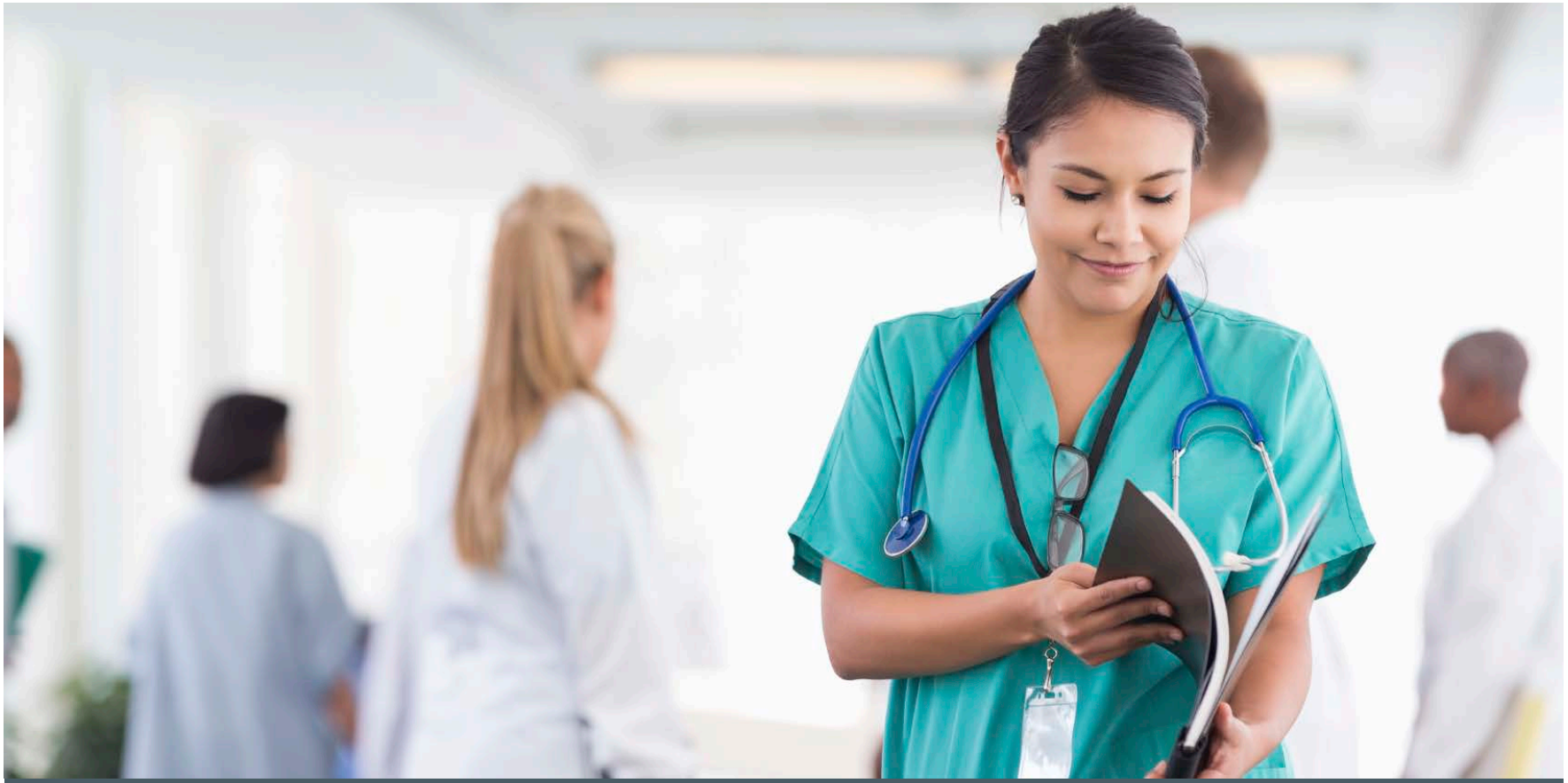
Dean Schillinger, MD

Associate Professor of Clinical Medicine

University of California, San Francisco

BENEFITS OF BEDSIDE DELIVERY

- Ensures patients are actually able to receive their medications
    - Prior authorization
    - Exorbitant co-pays
    - Unusual drug not routinely on shelf-stock
- Provides opportunities to reduce cost to patient
    - Can ensure most preferred tier in class of drug selected
    - Can access prescription savings/co-pay assistance from vendor/partners
    - $6,389 prescription savings with co-pay assistance and coupons. For 369 patients that received a total of 921 prescriptions through Walgreen's bedside delivery in July 2011
- Patient Satisfier/High Touch Experience

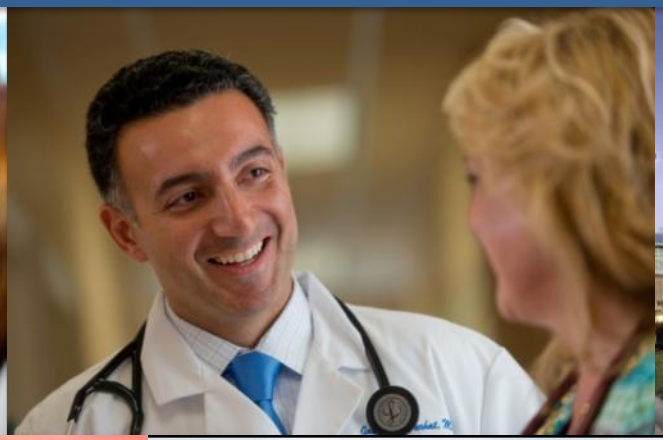


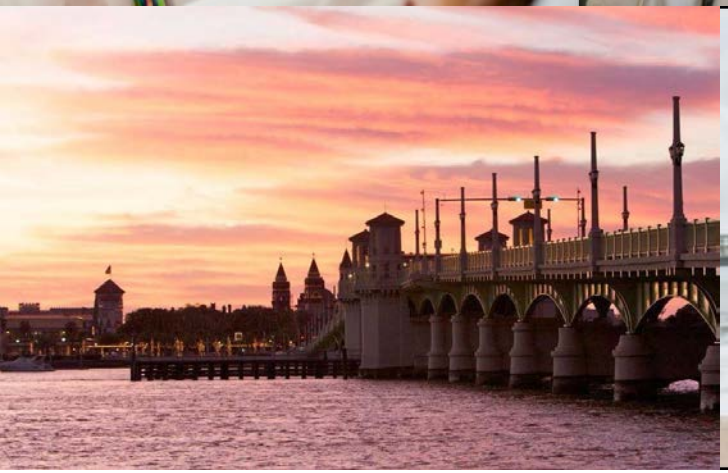
CASE STUDY: Flagler Hospital in St. Augustine, FL

Gina Mangus, VP of Patient Engagement| 11:30 – 11:50

ABOUT US

FLAGLER HOSPITAL
ST. AUGUSTINE





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What does Patient Engagement Mean to Us?

Building meaningful relationships with our patients and their families in a way that supports their ability to effectively use the knowledge, tools and motivation we provide to achieve their best possible health.





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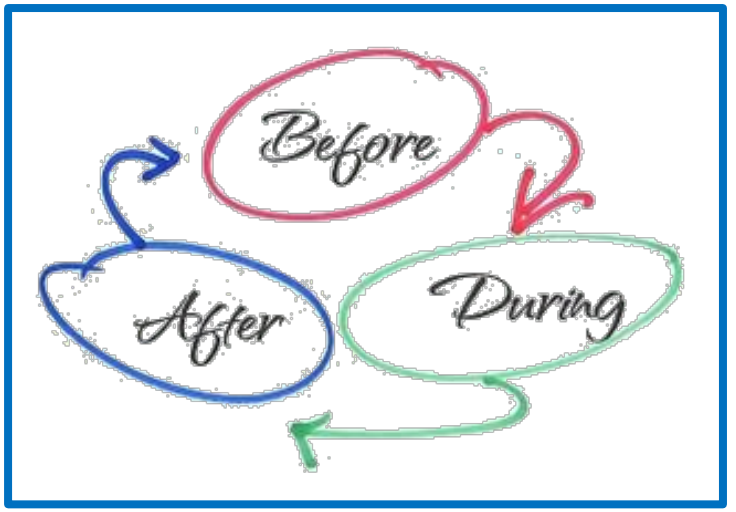
Before, During & After

Our patient engagement team is here to build a framework that supports engagement before, during and after a patient's hospital stay.



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Before

- Traditional Marketing
- Community Outreach
- Patient Education
- Concierge Services

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Traditional Marketing: Patient Portal

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Traditional Marketing: Patient Portal

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Traditional Marketing: Patient Portal

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Traditional Marketing: Patient Portal

- 4,008 patients registered since inception
- 4,784 logins
- Patients added 1,306 clinical items to their personal health record
- Patients accessed their health records 4,784 times

7.49% Meaningful Use Measure 2

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Community Outreach

Mall Walkers

A Community Program of Flagler Hospital

Weekly monitoring of blood pressure, weight & blood sugar

Free smoking cessation classes

Disease-specific education classes

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Patient Education – Setting Expectations

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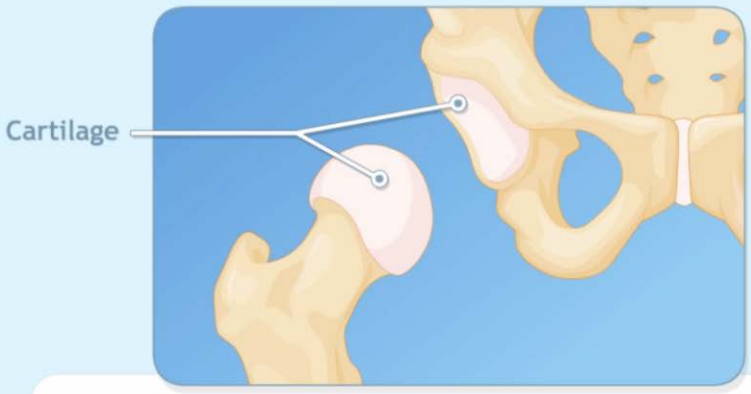
Example: Hip Replacement



The ends of the ball and socket are both covered in a smooth material called "cartilage" (articular cartilage).

Total Hip Replacement v1.0
©2011 Emmi Solutions, LLC

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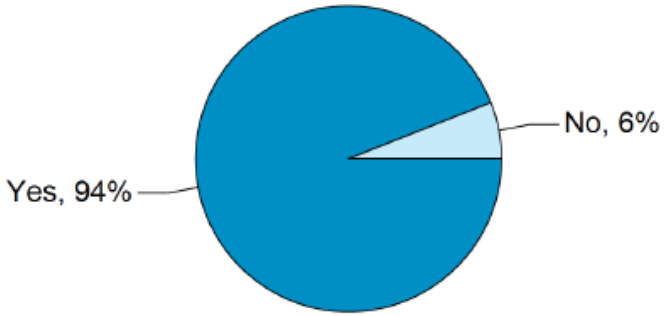
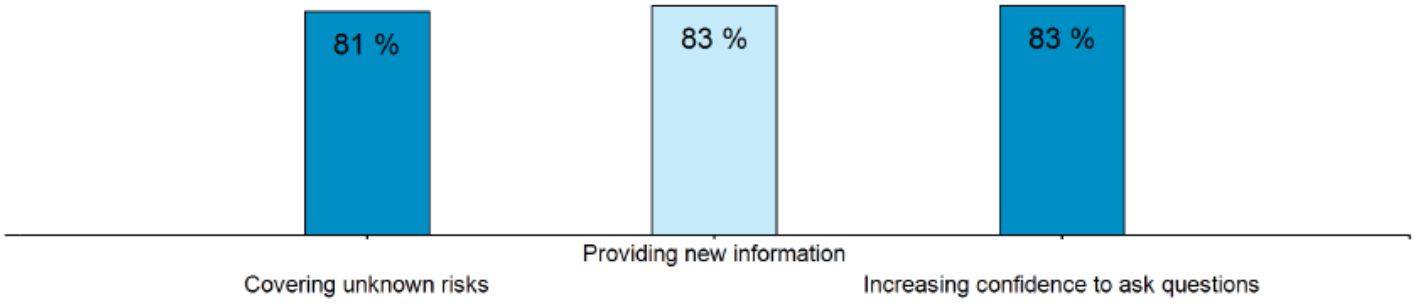
What our patients are telling us…

Did the Emmi program answer questions you would have normally called to discuss with your healthcare provider (doctor, nurse, etc)?



How useful was the Emmi program in:



(% of viewers who answered Useful or Very Useful)

264 responses (Flagler Patients)

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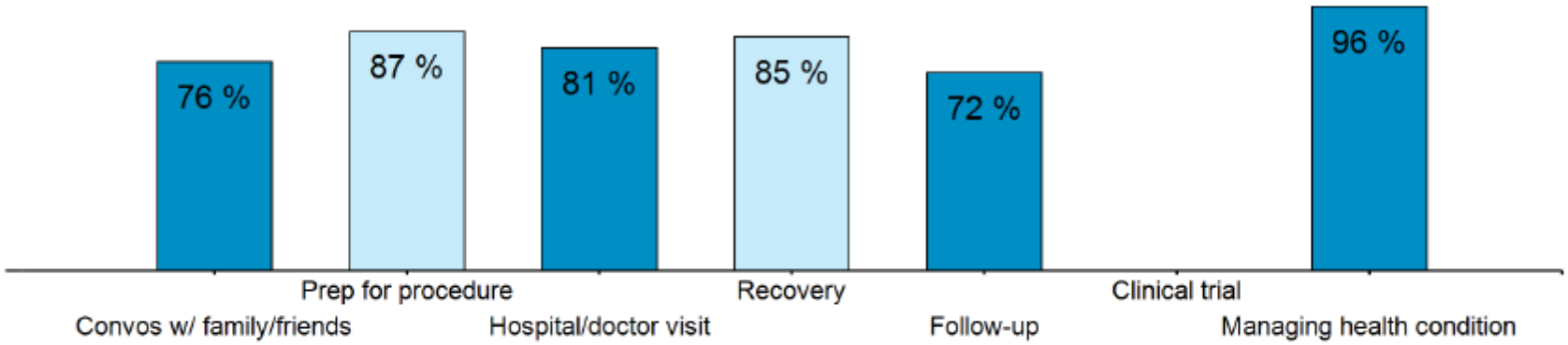
How well did the Emmi program prepare you (and your child) for:



(% of viewers who answered Prepared or Very Well Prepared)

222 Responses Flagler patients

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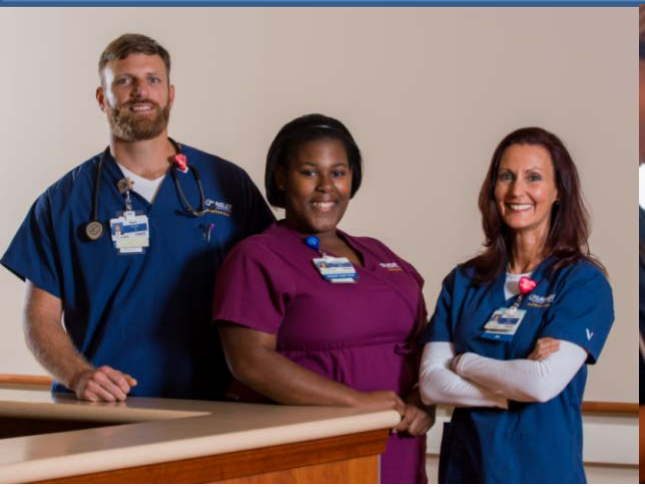
During

- Evidence-based Communications
- Condition-Specific Education
- Transition Call Education
- Spiritual Care



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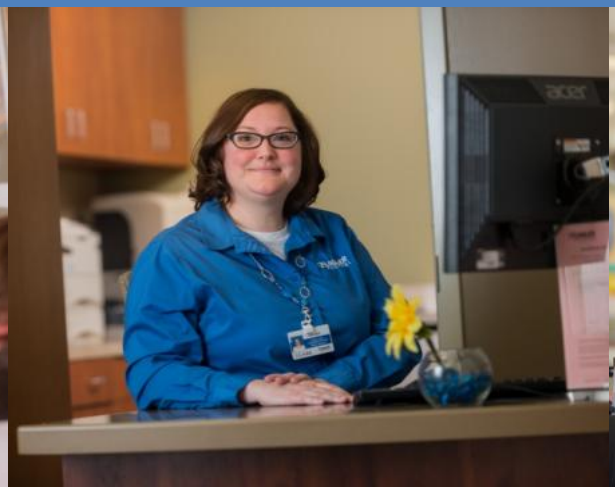
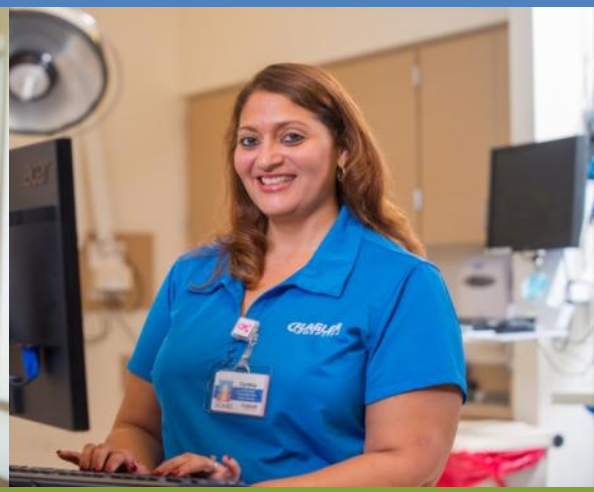
Why Communications Training?

Using evidence-based techniques to communicate improves a patient's:

- Trust and confidence
- Sharing of concerns, information and preferences
- Adherence to recommendations
- Self monitoring, self-care and personal ownership
- Adoption of preventive and healthy behaviors
- Knowledge of their own condition and ability to use it
- Ability to make informed health care decisions



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Patient's VOICE®

- All of us learning and sharing together
- In a series of one-hour workshops
- That are experiential, fun, and interactive
- Led by our managers and directors
- Practicing proven service & collaboration skills

Fulfilling our passion for healthcare
and for patient satisfaction, teamwork, and quality

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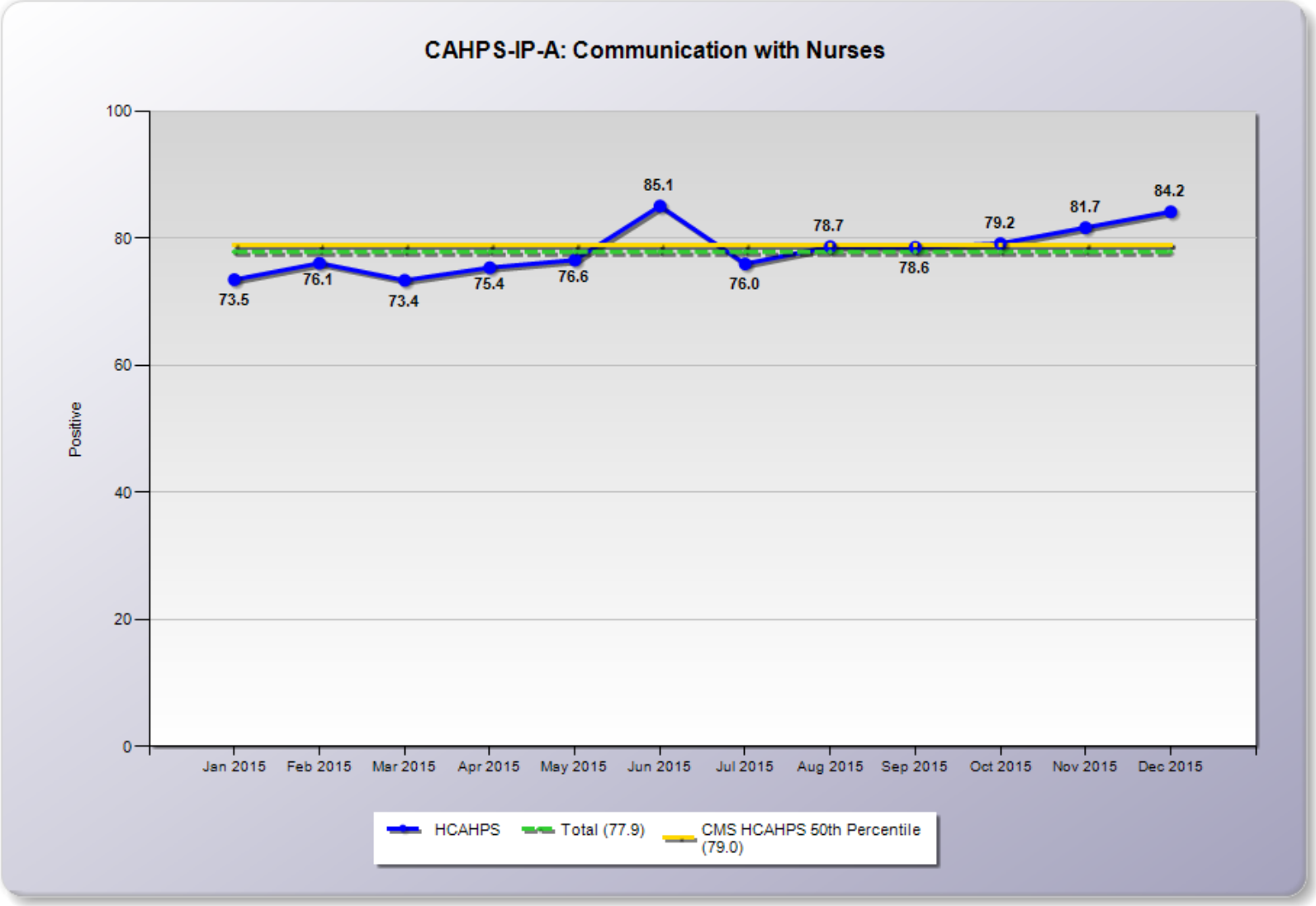
Patient's VOICE®

- Ten clinics teach 100 VOICE Standards
- Approximately 60 sessions are held every month
- All disciplines
- Three year program
- Approximately 1,200 employees targeted to complete in year 1

Initial Results



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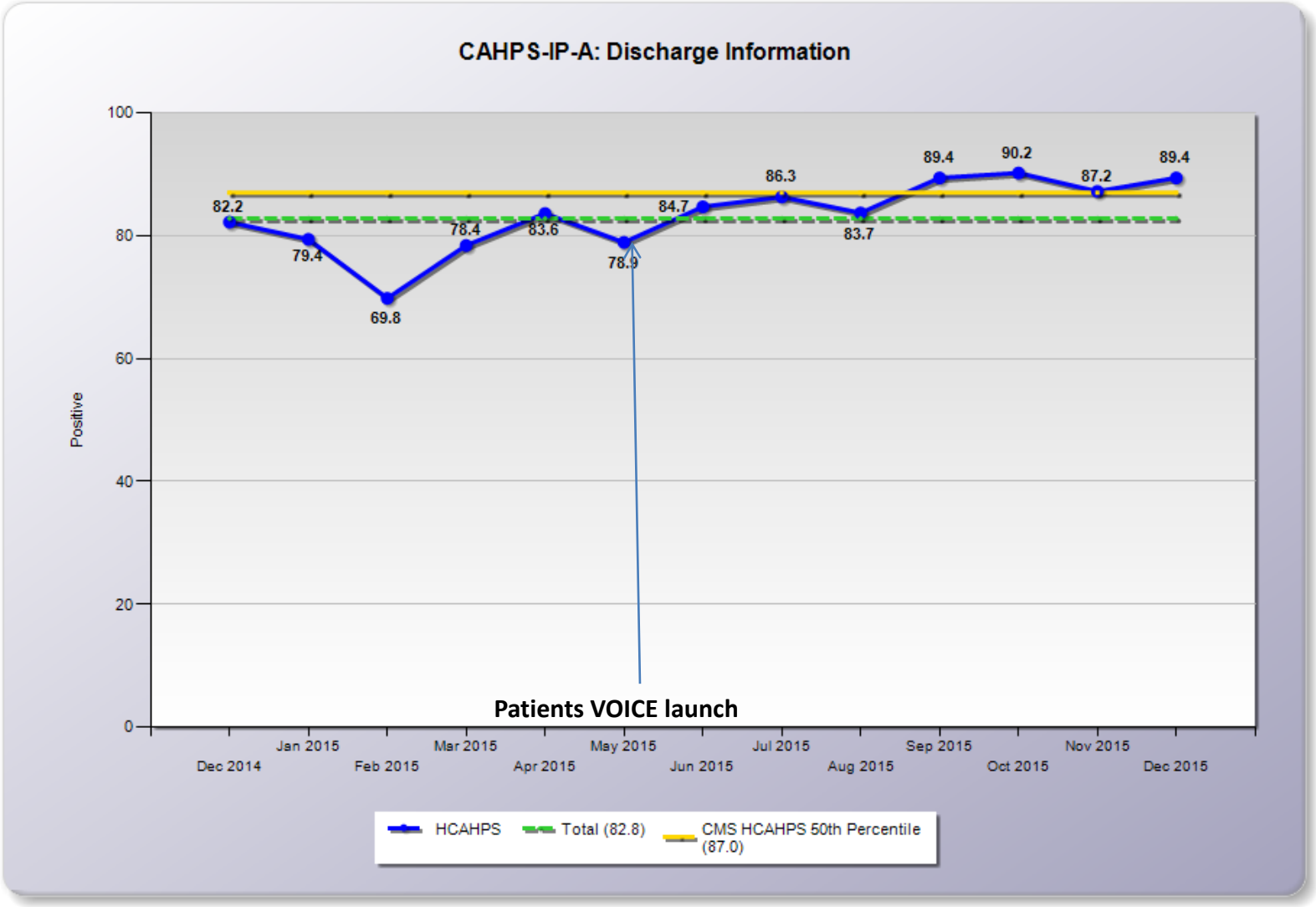
Initial Results



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Disease-specific education

Patient liaison provides disease-specific education to patients and family members

Focus on: Newly diagnosed or poorly managed CHF, COPD, Stroke

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Example: COPD

DON'T use aerosols and sprays

- No hairspray
- No cleaners that you spray
- Use solid or roll-on deodorant

What you can do for your COPD v2.0
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04:52 07:12

Example: COPD

Start small

There's a sheet where you can choose 1 or 2 things you want to start doing over the next couple of weeks.

Patient liaison also emails program to home.

What you can do for your COPD v2.0

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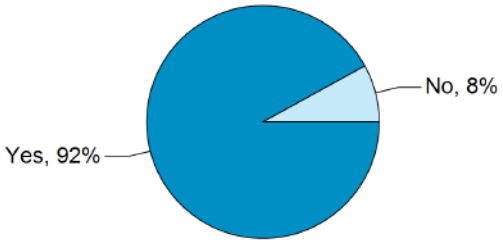
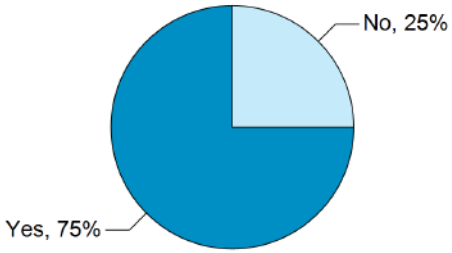
What are patients telling us?

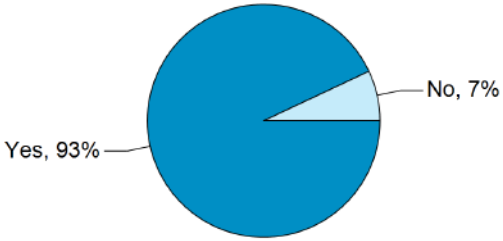
After watching, will you take new action in managing your health?



Are you more motivated to take your medications?



Are you more aware of how your lifestyle impacts your health?



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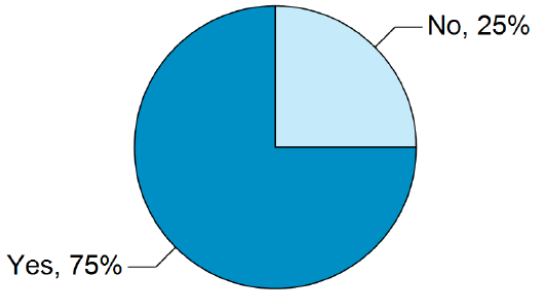
After watching, will you take new action in managing your health?



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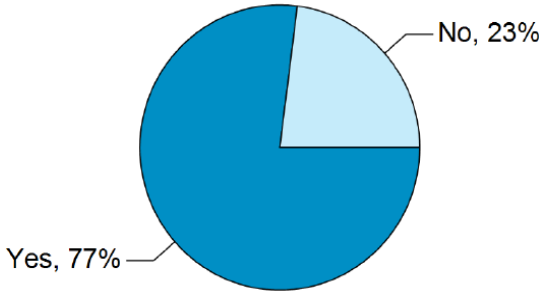
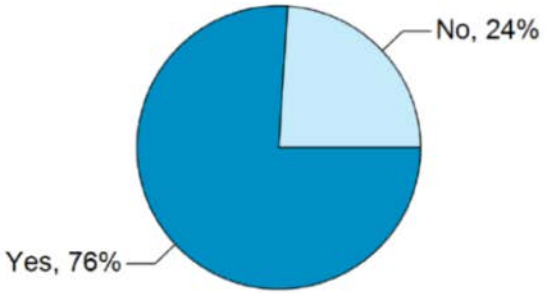


Are you motivated to change your lifestyle?



35,000 responses – All Emmi Clients 2015

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- Patients often forget the username and password they selected.
- Provide a card with their username and password.
- Patients are hesitant to provide an email address. We included specific language for registration staff: “Flagler Hospital does not sell or distribute any patient email address information. Email addresses obtained will solely be used for our FollowMyHealth Patient Portal and clinical education programs.”
- Proxy forms are key. Many family members of elderly patients are most interested in using the portal.

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Transition Call Education

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After

- Follow-up Education
- Transition Calls
- Continuous Improvement

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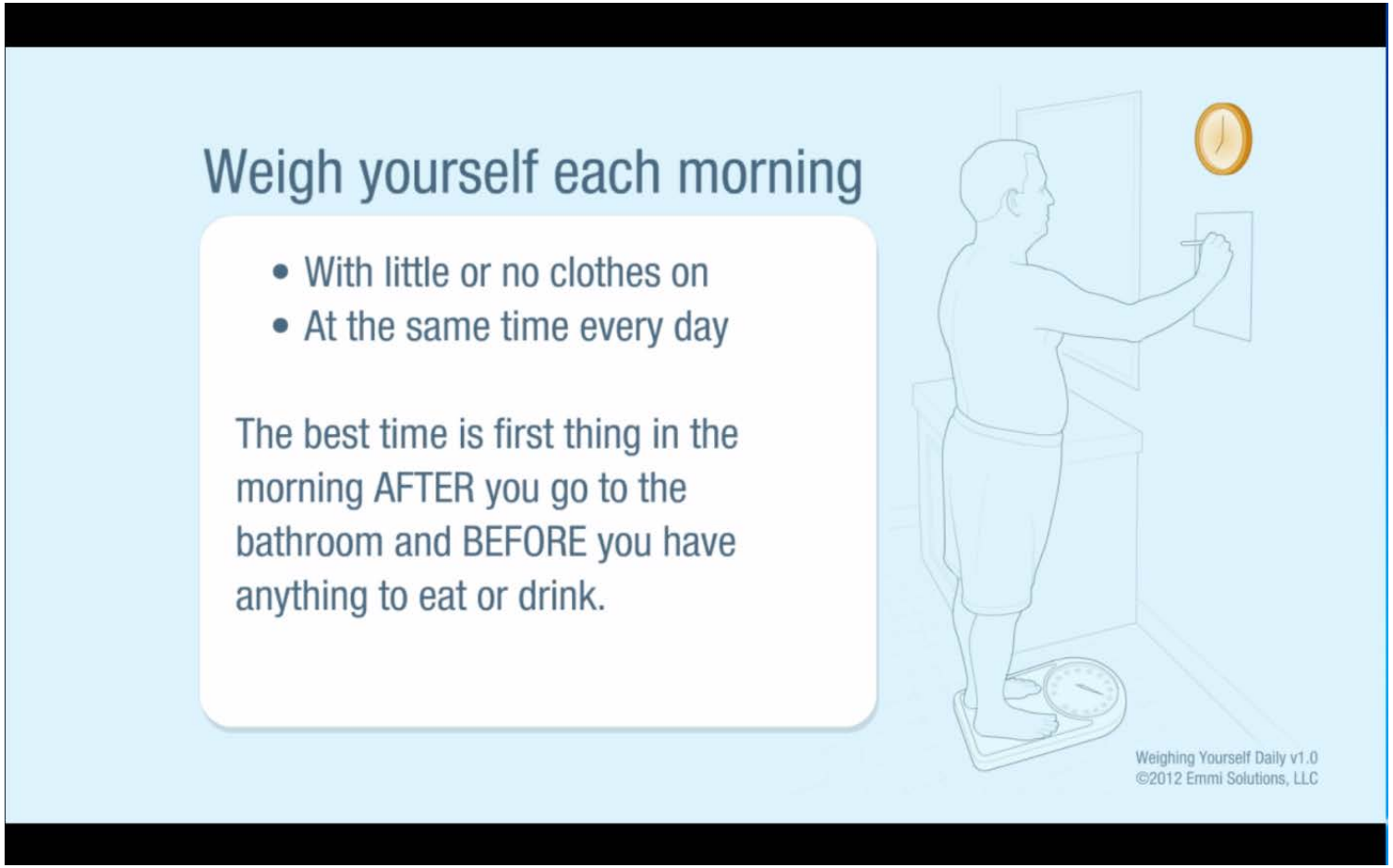
Follow-up Education
Emailed to Home



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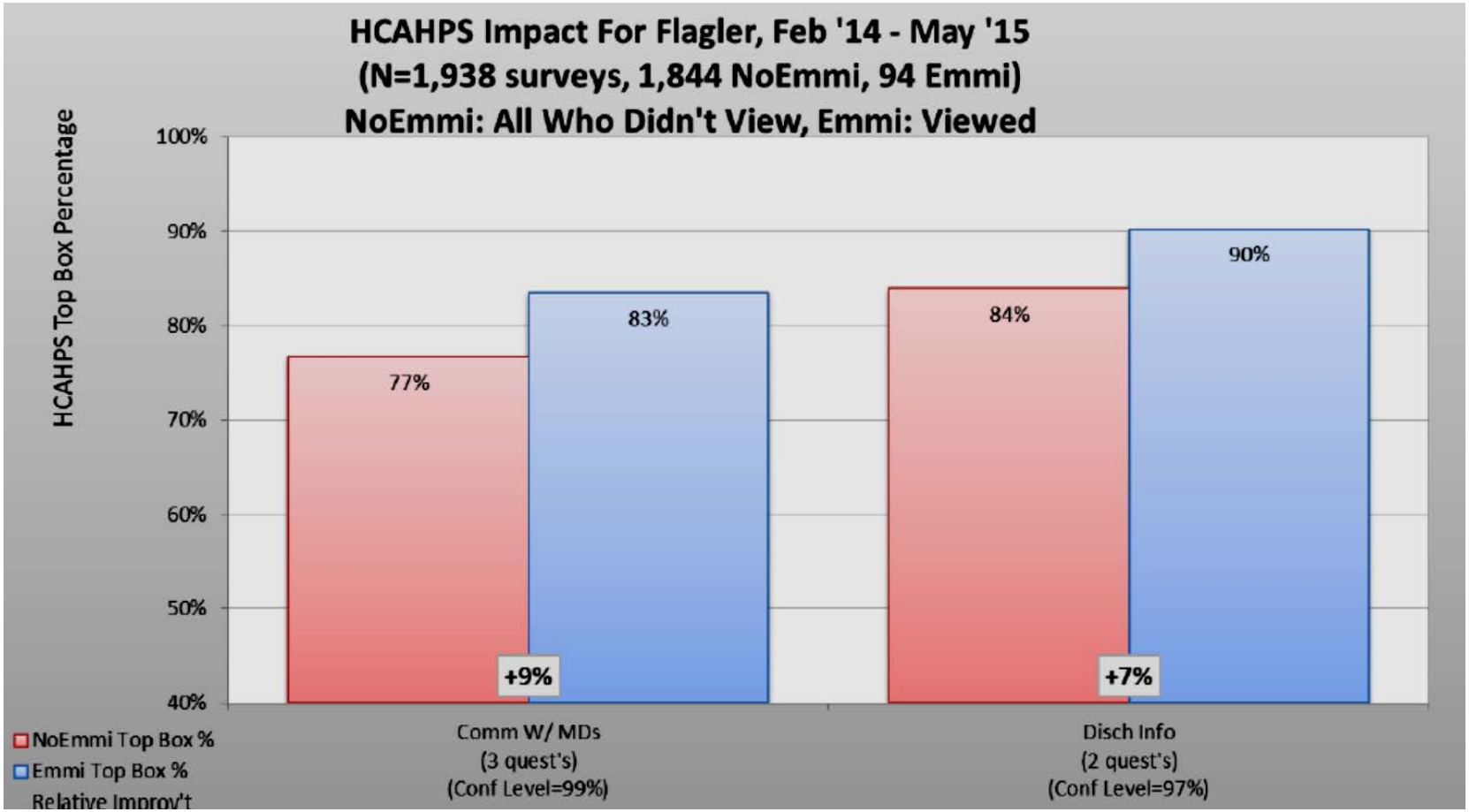

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Transition Call

1. Do you have any questions regarding your discharge instructions?
2. Do you need help obtaining your prescription medications?
3. Do you have any questions about your medications and their side effects?
4. Do you have a follow-up appointment scheduled with your doctor?
5. Do you need help scheduling a follow-up appointment?
6. Was our staff attentive to your needs?
7. After a hospital stay, it's common to experience some discomfort. Do you have any issues with pain that you would like to discuss with one of our staff members?

FLAGLER HOSPITAL ST. AUGUSTINE

Executive Summary Report

CipherHealth voice

Key Metrics for Voice Call Programs based on Calls that were made

Unit	Voice Calls Made	Patients Reached	Patients Requiring Intervention	Median Time to Intervene in Hours	Patients with Improvement Areas Recorded
8 East Voice Call 1	9	78% (7)	14% (1)	6.0	100% (1)
8 West Voice Call 1	11	82% (9)	22% (2)	2.0	50% (1)
Grand Total	**20**	**80% (16)**	**19% (3)**	**4**	**67% (2)**

Key Metrics for Voice Call Programs based on Calls that were made

Unit	Voice Calls Made	Patients Reached	Patients Requiring Intervention	Median Time to Intervene in Hours	Patients with Improvement Areas Recorded
8 East Voice Call 1	11	82% (9)	33% (3)	22.0	67% (2)
8 West Voice Call 1	10	90% (9)	33% (3)	20.0	33% (1)
Grand Total	**21**	**86% (18)**	**33% (6)**	**21**	**50% (3)**

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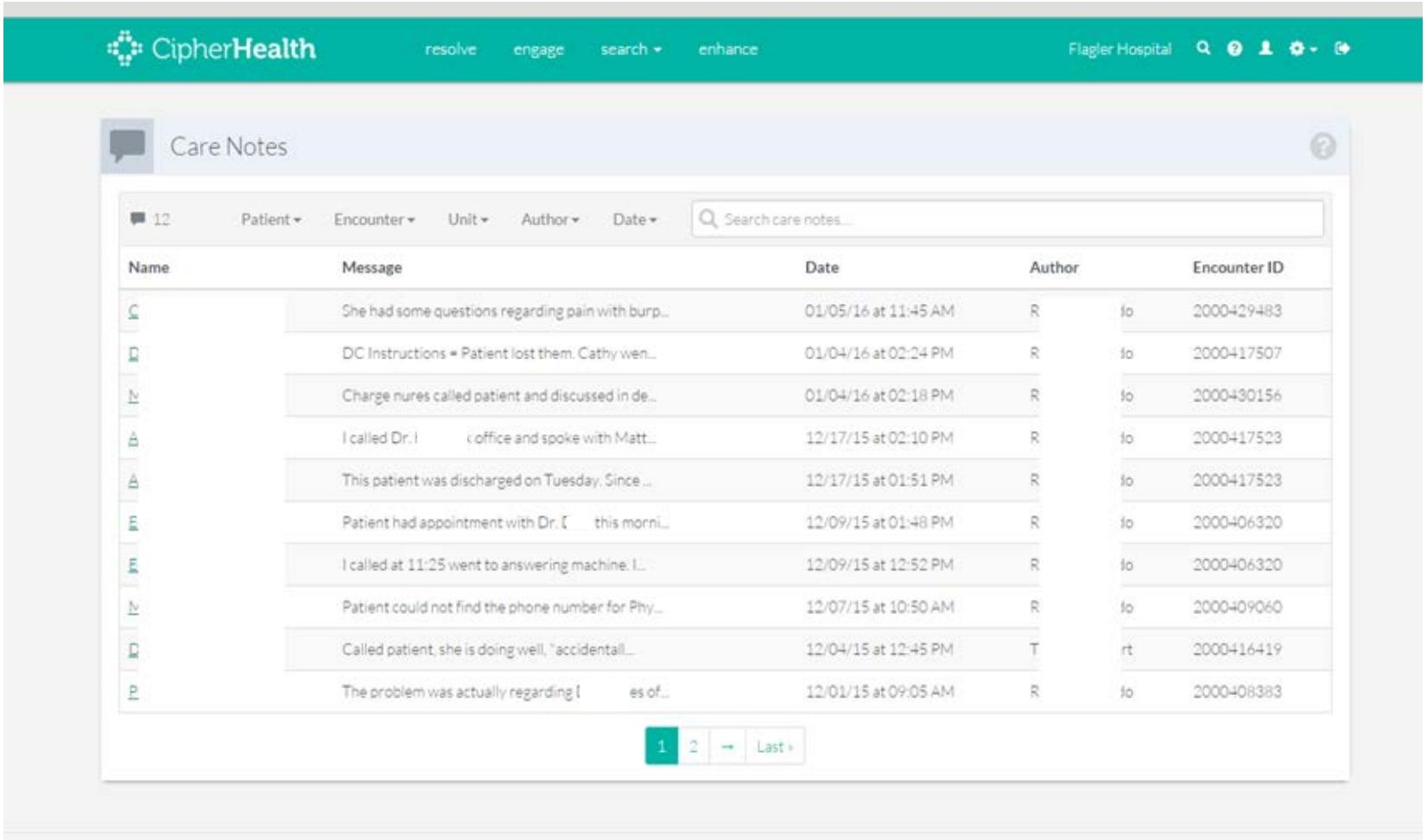

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Patient & Family Focus Groups

- Facilitated by an internal moderator
- Groups of 8-15
- Addressing specific topics of interest – Most recently, discharge instructions

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Physician Performance Dashboard Example – Understanding of Medications

Category	Factor	Negative Responses	Total Responses
Physician	Physician Name	100% (1)	1
Physician		56% (5)	9
Physician		50% (1)	2
Physician		24% (7)	29
Physician		20% (1)	5
Physician		15% (3)	20
Physician		14% (2)	14
Physician		14% (2)	14
Grand Totals		**23% (22)**	**94**

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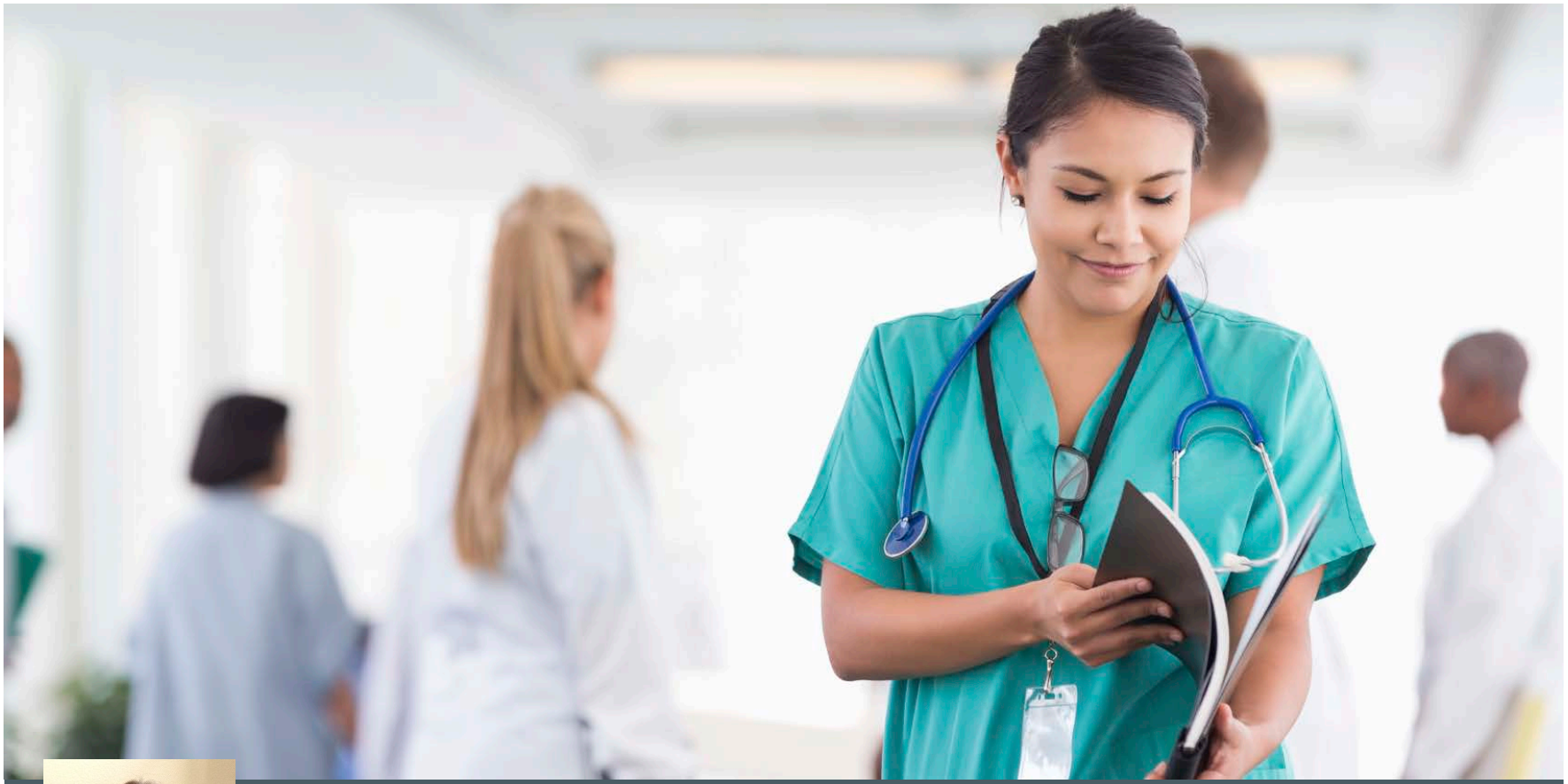
THANK YOU!



IMPROVING HEALTH LITERACY

Kim Werkmeister, RN, CPHQ, Improvement Advisor, Cynosure Health | 11:50 – 12:10

BARRIERS TO COMMUNICATION

Do you understand what I am saying?

BARRIERS TO COMMUNICATION WITH PATIENTS

Low Health Literacy

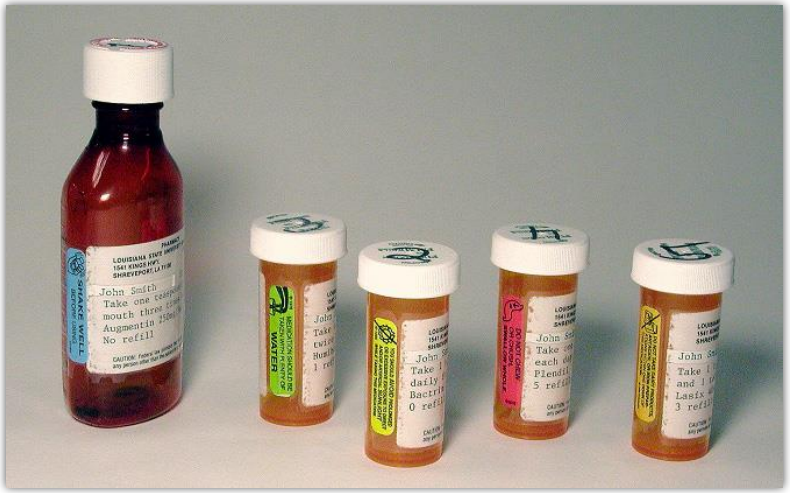
WHAT IS HEALTH LITERACY?

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media and communities.

Healthy People 2020

U.S. Department of Health and Human Services



"How would you take this medicine?"

395 primary care patients in 3 states

- **46%** did not understand instructions ≥ 1 labels
- **38%** with adequate literacy missed at least 1 label

Davis TC , et al. Annals Int Med 2006

HEALTHY PEOPLE 2020 GOALS

- Everyone has the right to health information that helps them make informed decisions, and
- Health services should be delivered in ways that are understandable and beneficial to health, longevity and quality of life.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author.

RED FLAGS TO IDENTIFY PATIENTS AT RISK FOR LOW HEALTH LITERACY

- Frequently missed appointments
- Incomplete registration forms
- Not taking medications or not taking medications as prescribed
- Unable to name medications, explain purpose or dosing
- Identifies pills by looking at them, not reading label
- Unable to give coherent, sequential history
- Ask fewer questions
- Lack of follow-through on tests or referrals

HEALTH LITERACY ASSESSMENTS

Tools from AHRQ:

- Short assessment of health literacy (SAHL-S&E)
- Rapid estimate of adult literacy in medicine (REALM)

HOW CAN WE HELP OUR PATIENTS UNDERSTAND HEALTH INFORMATION?

"Universal Precautions"

- Structuring the delivery of care as if everyone may have limited health literacy
  - You cannot tell by looking
  - Higher literacy skills ≠ understanding
  - Anxiety can reduce ability to manage health information
  - Everyone benefits from clear communications

STRATEGIES TO IMPROVE PATIENT UNDERSTANDING

- Focus on “need-to-know” & “need-to-do”
- Use teach-back method
- Demonstrate/draw pictures
- Use clearly written education materials

TEACH-BACK

- “I want to make sure I explained it correctly. Can you tell me in your words how you understand the plan?”
- “I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?”

PATIENT TEACHING WITH VISUALS

- Pictures/demonstrations most helpful to patient with low literacy and visual learners
- Most health drawings too complicated
- Physician drawings often very good (not too complex)
- Patients say “show me” and “I can do it”
- Use simulation as a form of teaching

MORE PATIENT TEACHING TIPS

- Use plain language
- Limit information (3-5 key points)
- Be specific and concrete, not general
- Demonstrate, draw pictures, use models
- Repeat/summarize
- Teach-back (confirm understanding)
- Be positive, hopeful, empowering

WHAT IS PLAIN LANGUAGE?

Jargon	Plain Language
Annually	Yearly or every year
Arthritis	Pain in joints
Cardiovascular	Having to do with the heart
Dermatologist	Skin doctor
Diabetes	Elevated sugar in the blood
Hypertension	High blood pressure

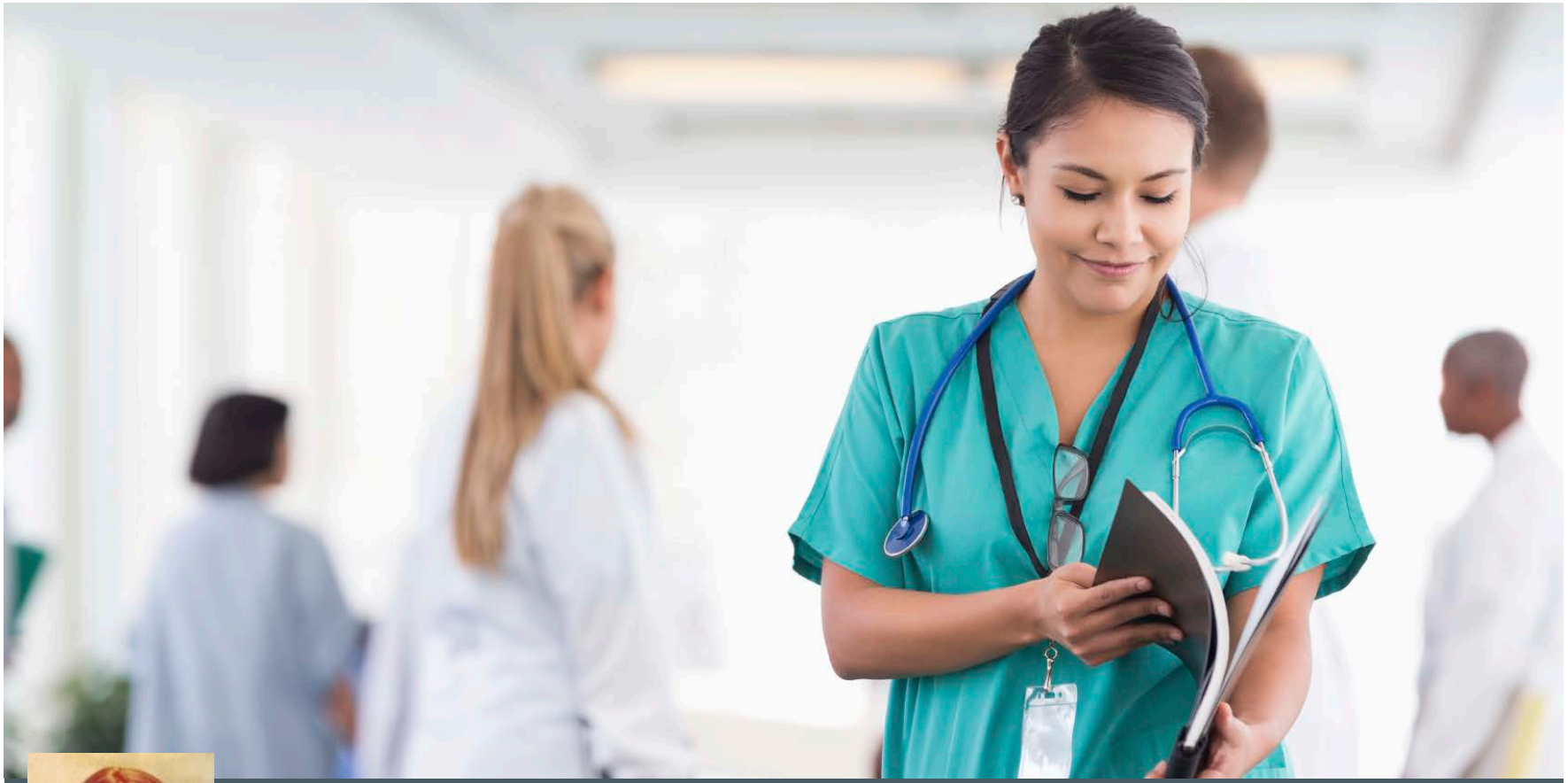
RESOURCES

Health Literacy Assessments:

http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html#rapid

Teach-back Resources:

http://www.teachbacktraining.org/



BRING IT HOME

Emily Koebnick, Program Manager, HRET| 12:10 – 12:25

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PHYSICIAN LEADER ACTION ITEMS

What are you going to do by next Tuesday?

- ❑ Find out if the term non-compliance/non-adherence is used by your fellow MDs to describe challenging patients
- ❑ Challenge the use of this terminology

What are you going to do in the next month?

- ❑ Eliminate this terminology from forms/reason codes
- ❑ Use teach-back to verify patient understanding of discharge instructions

UNIT-BASED TEAM ACTION ITEMS

What are you going to do by next Tuesday?

- ❑ Find out if this terminology is being used on your unit
- ❑ If so, challenge its use

What are you going to do in the next month?

- ❑ Observe the quality of discharge teaching
- ❑ Provide feedback to staff
- ❑ Test a health literacy assessment tool

HOSPITAL LEADERS ACTION ITEMS

What are you going to do by next Tuesday?

- ❑ Make the case that we can do better

What are you going to do in the next month?

- ❑ Reinforce effective strategies
- ❑ Monitor HCAHPs CTM results

PFE LEADS ACTION ITEMS

What are you going to do by next Tuesday?

- ❑ Stand up for no more non-compliance

What are you going to do in the next month?

- ❑ Advocate for a deeper understanding of failed discharge plans

QUESTIONS?

THANK YOU!

Find more information on our website: www.hret-hen.org

Questions/Comments: hen@aha.org