St Peter's Health Partners

The latest update on our efforts to provide world class "care coordination" across the SPHP system

The Right Care, Compassion and Support

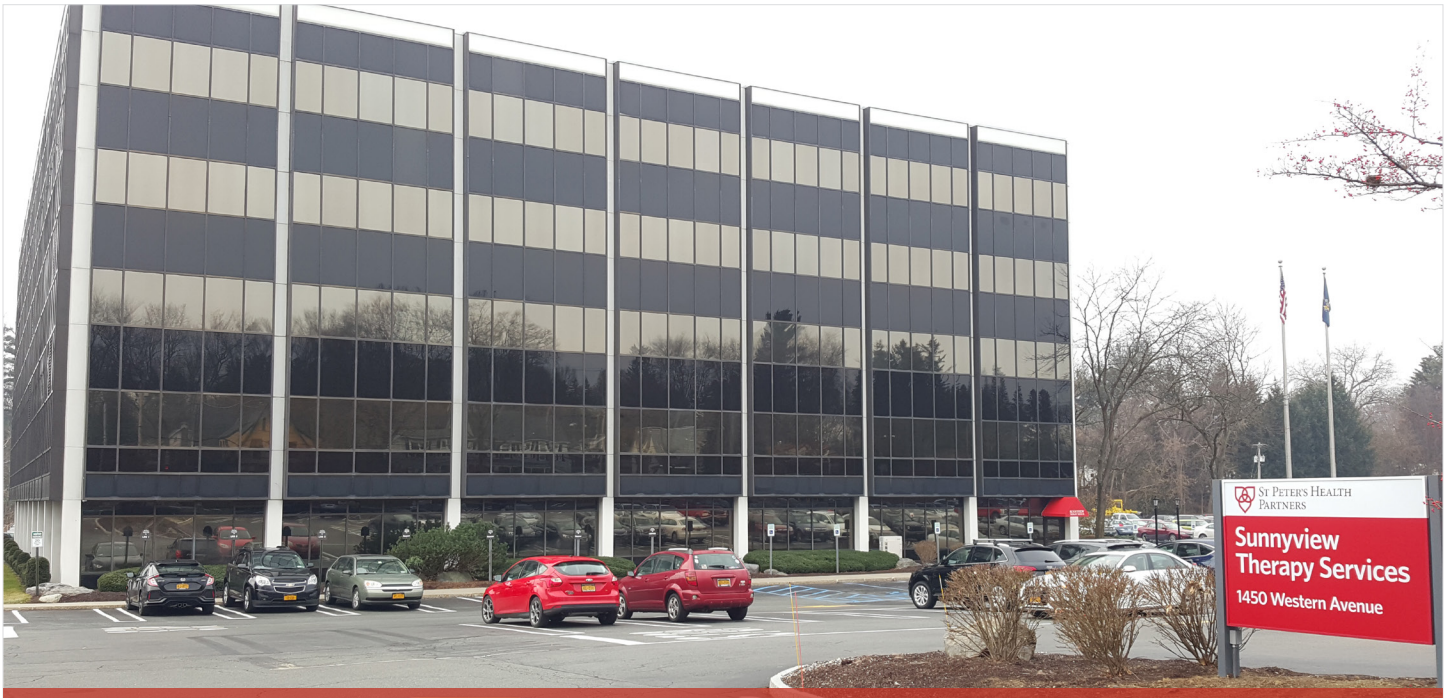
Larry, a patient with end stage kidney disease, often skipped out on his dialysis treatments. He didn't take his medications as prescribed, was unreceptive to support, and could be verbally aggressive to clinical staff. He also had a history of prostate and thyroid cancer, and was living with peripheral vascular disease, COPD, chronic pain, hypertension and diabetes. He had been in and out of emergency rooms 137 times, and was already confined to a wheelchair at age 57.

An IHANY case worker suggested the Rubin Dialysis social worker refer Larry to Capital Region Health Connections (CRHC), a 10-agency network across Albany and Rensselaer counties that focuses on care coordination, connecting the most needy and chronically ill individuals to medical, behavioral and social services. Samaritan Hospital's Inpatient Care Coordination Department collaborated with IHANY, the health home care coordinator and other key treatment providers, and the reinforced support for Larry's care across the continuum led to better health, fewer hospital visits and a better outlook on life. He was connected to a Managed Long Term Care Plan and even got a shower chair he treasured!

"The team was grateful to have the opportunity to provide Larry the right care, compassion and support during the end stages of his life."

-Janelle Shults, CRHC Health Home Manager, Samaritan Hospital

Congratulations to our team of Rock Stars who helped make a difference in the months before Larry's death this past October. Shout outs include: Janelle Shults, health home manager, Capital Region Health Connections, Samaritan Hospital; Cathy DeSeve, IHANY complex care coordinator; Mary LeCoure, social worker, Rubin Dialysis; Kara Grimmick, former health home coordinator; Christina Yerdon, director, care coordination, Acute Care Troy; and Karen Julian, manager, care coordination, Samaritan Hospital.



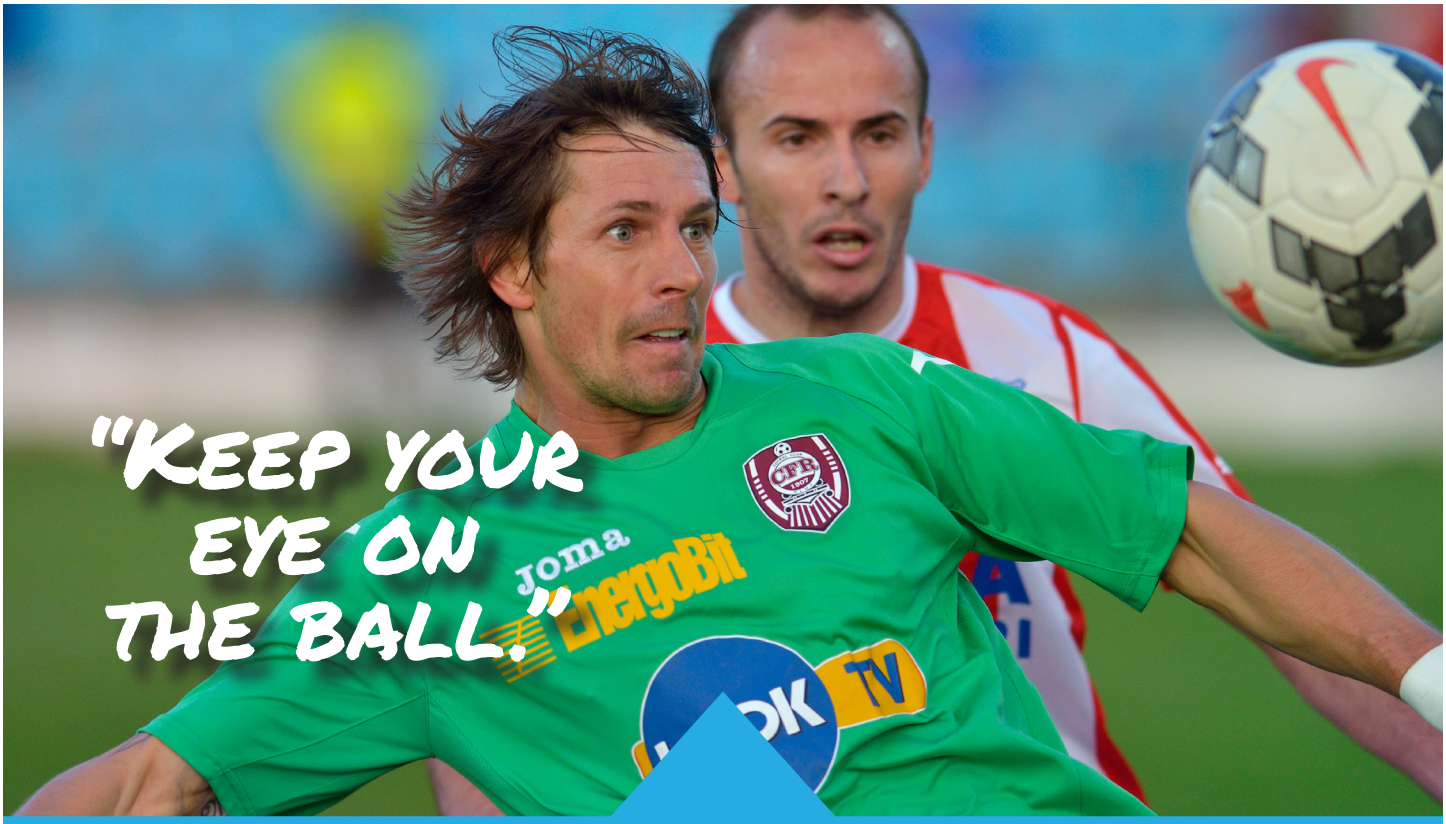
DID YOU KNOW?

Sunnyview Now Offers Outpatient Therapy Services in Albany

You can now refer patients to Sunnyview Rehabilitation Hospital's newest outpatient physical therapy office, located on the first floor of an office building at 1450 Western Ave., just east of Stuyvesant Plaza.

Combined with the convenient outpatient locations Sunnyview already established in Glenville, Guilderland and Latham Farms, as well as at the hospital itself in Schenectady, it's now easier than ever for patients to get high-quality therapy services closer to their homes or where they work.

The new Western Ave. office is open weekdays from 7 a.m. to 7 p.m. Call **(518) 525-5588**, or e-mail Barbara Scheidel (PT), **barbara.scheidel@sphp.com** or Deb Trahan (PTA), **deborah.trahan@sphp.com**.



Focusing on the Patient Experience

In sports we learn to keep your eye on the ball if you want to win the game. Likewise, we're keeping with that strategy at the SPHP Care Coordination Network. The Care Coordination Council has charged our team with "never losing sight of the patient experience" when working on system-wide care coordination. For one of our recent projects, we surveyed a sample of individuals involved in the discharge process.

Interviews with Patients

On Day Two at their "Receiving" Site

Example:

- Their 2nd day at Sunnyview after discharge from Samaritan
- Their 2nd day at home receiving Eddy VNRA's home health services, after discharge from Sunnyview.

Interviews with Clinicians

Heard their perspective on:

- Discharge instructions
- Prescribed medications
- Education provided patients
- Patient goals
- Next steps (including signs/symptoms to look for, who to call in an emergency, importance of visiting primary care provider)

Interviews with Physicians

Heard their perspective on:

- Patient handoffs among
  - Primary care physician
  - Emergency department
  - Hospitalist team

What We Learned

Key areas of opportunity we're incorporating into this year's work plan:

- Focusing on patient goals and empowering patients to take control of their health needs
- Ensuring patient education is simple to understand (health literacy)
- General communication approaches with patients and families
- Communication and alerts on high-risk patients between clinicians across care settings
- Warm handoffs between providers and between case managers (standard and consistent mode of communication and content)
- Standard zone sheet education for patients across care settings
- Standard and consistent discharge summary content
- Medication reconciliation / last dose communication
- Capturing "near misses" and communicating across care settings

By keeping our eyes on the ball and focusing on these key strategies, we know we can have an even more positive impact on the patient and clinician experience in 2018!

QUESTIONS?

If you have questions about care coordination, how it works or what we hope to accomplish, we're here to help. Please contact:

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