

CARE CONNECT

Issue 10

PATIENT SUCCESS STORY



Michael Connolly at Sweet Brook Nursing Home in Williamstown, MA.

Complex-needs patient needed higher level of care

Even though he was suffering from advanced COPD, 66-year-old Michael Connolly was unable to stop smoking. That raised safety concerns, since he needed oxygen tanks which are highly flammable. Sometimes he would forgo oxygen and overuse his nebulizer instead...but then he would run out before his insurance permitted refills. Each time that occurred, rather than contact his primary care provider for help, Michael would call 911 or Medicab to get to Samaritan Hospital's emergency department.

Homeless, Michael lived at The Lansing Inn, part of Joseph's House and Shelter in Troy. However his needs soon became greater than the shelter could provide.

The situation was becoming urgent: Michael's health was declining, he could no longer stay at The Lansing Inn, and he was starting to visit the ED twice a day. His constant ED visits were complicated by the fact he would often disappear to go have a smoke. Karen Ventura, his RN case manager at Troy Family Health Center,

facilitated communications with Samaritan's ED about Michael and worked on a complex care plan to help reduce his ED and hospital use.

She started working with Chandra Geremick, a community health worker and part of a special St. Peter's grant program in conjunction with the Innovative Health Alliance of New York (IHANY), and the two started the difficult process of trying to place Michael in a nursing home that met his needs. Since New York State facilities don't allow patients on oxygen to smoke, Chandra focused on nursing homes in Massachusetts, where he would be allowed to use oxygen inside the building and smoke outside.

As the need to find Michael a new place to live became more urgent, Karen utilized the escalation process, calling her manager, who then reached out to Deb House, manager of social work at Sunnyview Rehabilitation Hospital, who's very experienced in nursing home placements. Deb recommended a new strategy, and referrals were then sent to nursing homes close to where Michael preferred to live that would allow him to smoke safely away from his oxygen. Luckily, Deb was very familiar with the resources in this area, and within a couple days Sweet Brook Nursing Home in Williamstown offered him a bed. Safe transportation from Samaritan to Sweet Brook was arranged (about a 45 minute drive across Rensselaer County to Massachusetts), and a successful transfer occurred!

"It goes to show you what care coordination and case management can do," says Karen. "We're all about resources to help people manage their conditions and get into better environments."



"OUR ROCK STARS!"

Congratulations to all our rock stars who contributed to getting Michael the care he needed: Karen Ventura, RN case manager, Troy Family Health Center, SPHP Medical Associates; Chandra Geremick, community health worker, IHANY; Deborah House, manager of social work, Sunnyview Rehabilitation Hospital; Olin Callaghan, PA, Troy Family Health Center; Dr. Shobharani Sundaram, pulmonologist, SPHP; Tina Brommer, respiratory therapy specialty case manager, Eddy Visiting Nurse & Rehab Association; Karen Julian, manager of acute care coordination, Samaritan Hospital; Denise McCauley, supervisor of acute care coordination, Samaritan Hospital; Anne Hango Costa, manager of care coordination, SPHP Medical Associates; Michelle Horan, director of ambulatory care coordination, SPHP; Rose Patterson, social worker, Sunnyview Rehabilitation Hospital; and Shane Sprague, operations manager, MedData.

DID YOU KNOW?



Participants in the Eddy DayBreak program in Rensselaer, showing off an art project

Eddy DayBreak Adult Day Services provides older adults who live independently with a safe place to socialize and receive medical support five days a week.

The programs are designed to help stimulate and engage seniors, while giving their spouses and adult sons and daughters time to work or tend to other responsibilities. Eddy DayBreak offers both social and medical service models.

- The social program serves seniors who need more structure than is typically available in a senior center. The program offers lunch, snacks and a wide range of fun activities. It's at 50 Herrick Street in Rensselaer, near the Amtrak station.
- The medical program provides a higher level of care, including skilled nursing, assistance with bathing, rehabilitation therapies, social services and care coordination. Locations include Eddy Memorial Geriatric Center, 2256 Burdett Ave, Troy; Schuyler Ridge Nursing Home, 1 Abele Blvd., Clifton Park; and two programs on the campus of Eddy Village Green, 421 Columbia St., Cohoes: a general medical program and one at Marjorie Doyle Rockwell Center for those experiencing memory loss.

Enrollees in the medical program stay a minimum of five hours daily, but there's no daily minimum stay for social program clients. Eddy DayBreak enrollees can attend programs as many or as few days as they wish, depending on space and availability.

Medical programs can be paid through Medicaid, long-term health care insurance, managed long-term care programs or the participants' own funds; social programs are paid for through some Medicaid waiver programs, managed long-term care programs or private pay as well. Local caregiver grants can also be applied to both programs. For more information on Eddy DayBreak, please contact Jess Flynn, Community Liaison, at **(518) 729-6523**.

UPDATE



A big step closer to being certified!

In October, SPHP experienced our first Joint Commission Integrated Care Certification survey. It was very complex and a learning experience for all involved. The surveyors focused on Samaritan Hospital, Sunnyview Rehabilitation Hospital, Eddy Visiting Nurse & Rehab Association, and the Troy Internal Medicine and Troy Medical Groups. Unlike an accreditation survey where there are clear guidelines and expectations, the standards related to care coordination are somewhat fuzzy and open to interpretation.

There are 11 Integrated Standards with 51 Elements required to earn certification. In spite of all those criteria, and even though it was our first time trying for this relatively new certification, the Joint Commission surveyors—whose focus is very patient-centered—only found four areas where we needed improvement. Our four areas of opportunity are:

- How do we involve the patient and family in their care? What guidelines and expectations do we set of ourselves and them? There is a focus on self-management goals and education – not the “clinical” goals, but rather the key goals/wishes of the patient. We have an opportunity to drill further into what their needs are and how we can help educate them and allow them to meet their goals. There was also a focus on health literacy and the expectation that we utilize a common tool across our system (versus the numerous tools we currently use). Again, we have the opportunity to drill further into health literacy once we know a patient has needs in this area.
- How do we standardize the transitions of care and associated communication? We have some well-organized elements but they are not fully standardized in our EMR nor is the clinician – provider expectation hardwired. The expectation of each transition must be hardwired and explained in the plan of care. This includes work associated with our complex care plans.
- How do we maintain accountability for a patient’s care across care settings? We have done some good work across the Partners but we often fall down when it

comes to health care entities outside of our system. It's important, no matter where a patient goes, that we communicate and collaborate across settings.

- How do we tap into the patient perception to a much higher degree? We performed interviews and surveys over the past two years but it wasn't comprehensive enough to provide a true picture of our patients' needs. We need to collect data on the patient perception of the following:

- Patient access within established time frames
- Patient experience and satisfaction with care, treatment, and services
- Patient satisfaction with communication across the program, including education
- Patient perception of comprehensiveness of care, treatment, and services
- Patient perception of how well their care was coordinated across the program
- Patient perception of the continuity of care, treatment, and services

The surveyors noted at the exit conference that there is nothing standing in our way to achieving certification. We'll soon be submitting a plan of correction related to the four areas, and by the end of the year we hope to become one of the first health systems in the country to be certified for Integrated Care!

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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Please consider submitting patient stories that cross care transitions and/or service lines to be highlighted in the "Did You Know?" section of the newsletter. Your input is welcomed.