Building Care Transitions Coalitions in a Rural Setting

Members of Buffalo/Pepin County Coalition and Clark County Coalition

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Memorial Medical Center

Ken King, NHA
American Lutheran Homes

Kelly L. Miller, CSW
Western Wisconsin Care

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Sniteman Pharmacy

Janet Evans, MS
Moderator and Coalition Chair

Two rural coalitions...

An initiative of the Aging and Disability Resource Center of Buffalo, Clark, and Pepin Counties
Coalition building in rural areas present unique challenges but also offer unique advantages.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large geographic area</td>
<td>Establish or enhance relationships with organizations out of immediate community</td>
</tr>
<tr>
<td>Lack of available services</td>
<td>Opportunity to network and discover resources</td>
</tr>
<tr>
<td>Inconsistent resources</td>
<td>Bringing entities together demonstrates different roles played in patient care</td>
</tr>
<tr>
<td>Providers located in other counties or states</td>
<td></td>
</tr>
</tbody>
</table>

Who to have at the table?

<table>
<thead>
<tr>
<th>Hospitals / Clinics</th>
<th>Pharmacies</th>
<th>Skilled Nursing Facilities</th>
<th>Home Care</th>
<th>Managed Care Organizations</th>
<th>Hospice</th>
<th>County Services (ADRC, Aging)</th>
<th>Assisted Living/CBRFs</th>
<th>Transportation Providers</th>
<th>Ambulance Service</th>
</tr>
</thead>
</table>

How to get them there

- Contact transition care RN, hospital social worker, pharmacist, SNF administrator or social worker, MCO Service Coor. Director, etc.
- Explain reason for coalition, benefits
- Suggest two or more representatives from each facility
- Set the organizational meeting, keep to the agenda and time frame.
- Contact Metastar early on and have present at first meeting if possible.
Organizational Meeting

- Convenient time and day of week.
- Email agenda ahead of meeting
- Invite Metastar staff to chair or assist first meeting
- Reiterate reason for coalition – Metastar can provide readmission data
- Discuss data sharing agreement and participation agreement

First few meetings

- Welcome, introductions, who else should be at the table
- Encourage discussion
- Don’t rush the process

Determining Readmission Causes - Clark

- Hospital flow charts - admission through discharge
  - Allows all members to see steps in the process
  - Encourage discussion as each step is reviewed
- Brainstorming readmissions causes
  - Group begins to bond as they find common ground
Clark County

Using fishbone diagrams, we determined three causal areas of readmissions:

- medication reconciliation
- miscommunications at all levels
- patient noncompliance

Narrowing down causes of readmissions

Clark Intervention

- Med Reconciliation – Pharmacy Hand-off Tool

Determining Readmission Causes Buffalo/Pepin

- Examined patient readmissions from each hospital and transfers from SNFs using patient chart audit form designed for us by Metastar
Buffalo/Pepin County

Using patient audit chart customized for us by Metastar, we examined readmissions and transfers:

- patient noncompliance
- medication reconciliation
- transitions (discharge issues)

Community Resource Presentations

- Integrated with brainstorming
- Purpose is bringing awareness to resources which can be used pre- and post-discharge and which may help avoid readmissions

- Members of coalition
  - Aging Office
  - ADRC
  - Adult Protective Services
  - Ambulance Service
Community Resource Presentations cont.

- Outside resources
  - Transportation options
  - Volunteer agencies
  - Family resources
  - Elder Benefits Specialist

Current Status

- Interventions being implemented
- 1Q 2016 data can be compared to 3Q 2015 to determine whether readmissions due to our target causes were reduced
- Overall process should run more smoothly

Western Wisconsin Cares – Kelly Miller

- Initial involvement
  - Metasur Training – 2012
  - Invitation to join Clark Co. Coalition – 2013

- Benefits of being on coalition
  - Opportunity to educate other members on the role of Family Care
  - How WWC could assist with member transition from hospital to home
Western Wisconsin Cares – Kelly Miller

- Benefits of brainstorming (NGP) readmission causes
  - Generated good open discussion
  - Allowed people/agency to share what they could do, their limits or barriers, what their expectations were of what others could or should do
- Benefits from community resource presentations
  - Agency roles, capabilities, sharing of best practices

Memorial Medical Center – Rachael Buchholz

- Initial involvement
- Benefits of being on coalition
  - Discussing readmissions with members outside hospital setting assisted in gaining new perspective on reasons for readmissions

Memorial Medical Center – Rachael Buchholz

- Benefits of brainstorming and using flow charts
  - Allowed all members to generate ideas on reasons for readmissions
  - Allowed members in getting to know each other better and the processes of different agencies
Memorial Medical Center Flow Chart

Admission
• d/c planning begins

Diagnostic and treatment
• Post d/c planning
• Patient education

Memorial Medical Center – Flow Chart

d/c
• F/U appointment with primary care provider
• Prescriptions to pharmacy

Post-d/c
• Check-in call from RN to patient after return home

Sniteman Pharmacy – Kristin Weiler-Nytes

• Initial Involvement

• Benefits of being on coalition
* Why having pharmacist involved is key to successful transitions

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**Pharmacist Discharge Hand-off Communication**

**Patient Name:**

**DOB:**

**Admission Date:**

**Insurance/Member ID:**

**Discharge Date**

**Discharging Physician:**

**Primary Care Provider:**

**Primary Care Provider #:**

**Hospital Care Summary**

**Primary problem:**

**Discharge Medication List**

**START taking these medications**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Details</th>
<th>Last Inpatient Dos</th>
</tr>
</thead>
</table>

**CONTINUE these medications which have CHANGED**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Details</th>
<th>Last Inpatient Dos</th>
</tr>
</thead>
</table>

**CONTINUE these medications which have NOT changed**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Details</th>
<th>Last Inpatient Dos</th>
</tr>
</thead>
</table>

**STOP taking these medications**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason Stopped:</th>
</tr>
</thead>
</table>

**Other Information**

**Allergies**

**Height Reading & Date**

**Weight Reading & Date**

**Tobacco Use Status**

**Current Medical Diagnoses**

**Specialty Providers**

**Other notes:**

**Future Appointments and Labs**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Provider</th>
<th>Department</th>
<th>Center</th>
</tr>
</thead>
</table>

**Prescription orders sent to ______________ Pharmacy (Phone: ___________; Fax: ___________) on _____________.

**Note:**

Please send Rx orders to pharmacy one day prior to discharge.

**Signed:** ___________________________________________________  Date: _________________

**Phone Number to be Reached at:** ____________________________

**Labs:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Date&amp;Time</th>
<th>Result Value</th>
<th>Low Level</th>
<th>High Level</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium</td>
<td>3.5 4.8 mmol/L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>0.55 1.05 mg/dL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose</td>
<td>70 99 mg/dL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>4.3 6.0 %</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>2 199 mg/dL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triglyceride</td>
<td>3 149 mg/dL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>40 125 mg/dL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated LDL Cholesterol</td>
<td>0 129 mg/dL</td>
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</table>
American Lutheran Homes – Ken King

• Initial involvement
• Benefits to organization
• Enhance relationships with providers

American Lutheran Homes – Ken King

• Root Causes Analysis Process
  • Strengths
  • Weaknesses

Patient Continuity of Care
Next Steps

- Determine direction of coalition
- ADRC phases out involvement
- Group-decision about future and format

- Transition to new coalition leadership
  - Sometimes a natural emergence
  - Sometimes more work
Buffalo/Pepin Care Transitions Coalition  
Clark County Care Transition Coalition  

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