Strategic Quality
Aim for Excellence Webinar
Your clinical quality, process improvement resource.

Toi Wilde, Program Manager
January 3, 2018
January 2018 Agenda

- Emergency Department Utilization
- Strategic Quality Initiatives Updates
- Resources and Upcoming Events
Emergency Department Utilization

Alison Williams, Vice President of Clinical Quality Improvement
Emergency Departments – The Ultimate Health Care Safety Net

From true health care emergencies to medical homes for a growing percentage of the population.
Quiz: Where do medically underserved people receive care?
Answer: The ED!
The Stats

• Stable admission rates — 16-18 percent — approximately two-thirds of all inpatient admissions

• EDs contribute to an average of 47.7 percent of the medical care delivered in the U.S.
## ED Trends

<table>
<thead>
<tr>
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<th>National Trends, 2014</th>
<th>Missouri Trends, 2016$^{ii}$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of visits</strong></td>
<td>141.4 million</td>
<td>3.2 million</td>
</tr>
<tr>
<td><strong>Number of visits per 100 persons</strong></td>
<td>45.1</td>
<td>52.6</td>
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<tr>
<td><strong>Number of emergency department visits resulting in hospital admission</strong></td>
<td>11.2 million</td>
<td>380,498</td>
</tr>
<tr>
<td><strong>Percent of visits with patient seen in fewer than 15 minutes</strong></td>
<td>32.2%</td>
<td>No data available</td>
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<tr>
<td><strong>Percent of visits resulting in hospital admission</strong></td>
<td>7.9%</td>
<td>11.9%</td>
</tr>
<tr>
<td><strong>Percent of visits resulting in transfer to a different (psychiatric or other) hospital</strong></td>
<td>1.9%</td>
<td>3.4%</td>
</tr>
</tbody>
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Source: National Hospital Ambulatory Medical Care Survey: 2014 Emergency Department Summary Tables: 1, 4, 15, 25, 26; Hospital Industry Data Institute
The “safety net” does not “catch” all ... it is more of a “catch, release and return” net.
Common Causal and Contributing Factors

- Lack of insurance coverage (adequate or none)
- Lack of PCP — typically either a personal decision or access issues
- Lack of specialty providers and treatments
- Lack of social support services and networks
- Lack of internal motivation and/or knowledge to best manage their care by the patient
- “I want to be seen now” society point-of-view
- Lack of dental care insurance/providers
- The health care system itself — patient communications
Barriers and Challenges

- Increasing regulatory pressures — patient experience, stroke/STEMI, EMTALA
- Workplace violence management
- Fee-for-service meets the value proposition
- EHRs — help and hindrance
- Staffing — the right skill sets
- Contract management
- Department size, layout and geography
- Engaging ancillary departments, community services
- Throughput/patient flow
The Quest

- Patients who receive the right care at the right place at the right time
- Improved ED resources and management
- Safer patients and staff
- Improved options to address “social sickness” issues
- Improved health care delivery and expenditure

“Lucky for you there was a safety net.”
Four Key Strategies
Address and Modify EMTALA

- Seen as a significant barrier by ED providers
- Became the “de facto” national health care policy for the uninsured
- Congress strengthened its stance by initiating severe financial penalties starting in 2000 for violations
- The results have not been improved patient outcomes — instead, has placed a burden on ED providers, shunting care to an inappropriate place, increasing wait times and promoting uncoordinated care
Address and Modify EMTALA

• Re-model EMTALA
  ➢ Keep initial triage with disposition options designed to meet medical necessity
    – Trauma/critically ill
    – Acutely ill requiring medical work-up
    – Urgent care management
    – Acute mental health/SA/OD/detoxification management
  ➢ Allows for appropriate and efficient resource use, improved patient experience and less ED wait times with secondary benefit of more resilient staff
Engage Community Stakeholders

- Community provider and partner protocols
  - Allow EMS and law enforcement increased options to route patients
  - Increase EMS field management with tele-ED services
  - First-line placement of behavioral health patients
    - Mental health focused ED setting
    - Community behavioral health clinics
    - Sobriety/triage centers
    - Use of peer counselors to connect to social support

- Housing needs
- Transportation
The Bottleneck — Patient Throughput

- ED ancillary services
  - ED Case Management
  - ED Social Work
  - Guest Services
  - Child Life Specialist
  - Physical Therapist
  - Pharmacist
- ED Psychiatric Observation
- Clinical Decision Units
- Observation Units
- Inpatient and OR flow management
- Improving treatment and discharge times for ED discharges
- Community stakeholder partnerships — EMS, dental clinics, SA treatment networks
- Tele-EDs
- Streamlined patient protocols — chronic conditions particularly
- Tracking time ... and patient outcomes

Source: ACEP Now, Nov. 2015
Use LEAN Principles

Source: Stanford Medicine
Delta Vertical 3.0

Process
1. Vertical pts identified at Triage
2. Place in Delta 9/10/15
3. Assessed by physician/resident/RN
4. Move to Delta vertical chair

Process
5. When results complete, pull patient to discharge area for discharge, if admitted move to Boarding area when space is available
Address the Social Issues

Dr. Manchanda and his colleagues did a different kind of diagnostic work-up and proposed a different kind of treatment plan. With little probing, Veronica, still in pain and by now exasperated, allowed that she lived in an apartment that was damp, infested by roaches, and full of mold; she couldn’t afford to move and the landlord wasn’t about to repair the leaky plumbing of her small, ground-floor apartment. The diagnosis was migraine headache, triggered by chronic allergies and complicated by sinus congestion. Allergens in the damp apartment probably also accounted for her son’s frightening asthma flares, another source of anxiety for Veronica.
The Difference in Approach

- Medical treatment with appropriate medications as needed
- Connected with a CHW to visit her at home and help make sure she was able to obtain and take the medications likely to give her short-term relief from her symptoms
- Connected to a tenant’s rights organization who addressed the landlord’s legal obligations to fix the housing situation through use of a physician’s note
- Veronica got better, as did her son. She also stopped using the emergency room for primary care; from then on, most of her care occurred right in her home or in a nearby clinic termed a “patient-centered home.”

Right Care, Right Place, Right Time

- Because almost half of the health care in the U.S. occurs within the ED setting, improving patient management and work flow is a critical lynch pin for improving health care delivery overall
  - EMTALA revision
  - Stakeholder engagement
  - LEAN processes, use of data and predictive analytics
  - Address the upstream/social issues
  - Contracts tied to value (difficult in a FFS world!)
  - Improved PCP assignment and access
  - Improved reimbursement and funding mechanisms
Where to Start (or Keep Going)?

- Educate staff and providers
  - LEAN processes
  - Vulnerable populations — reduce stigma!
  - Disposition opportunities
- Leverage partnerships — the ED can’t do it alone
- Assess staff skill sets to meet patient population medical needs
- Track times and outcomes — know your gaps (populations, disease/clinical conditions, services, skills)
Still Broader Policy Issues

- Working with vulnerable populations — the cycle
- Why is there a need for a “safety net?”
- The Medicaid debacle
- Recognition that medicine is as much a social enterprise as a medical one
Questions
Contact Information

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Speaker

- Evan Schwarz, M.D., Washington University School of Medicine
Treating Addiction in the ED

Evan Schwarz MD, FACEP, FACMT
Assistant Professor of Emergency Medicine
Section Chief Medical Toxicology
Washington University School of Medicine
No Disclosures

aside from background…
Board Certification in Medical Toxicology
Board Certification in Addiction Medicine

NOT NECESSARY
Historical Approach

Didn’t Work...Left Everyone Frustrated
So We Went About Making a Change

Addiction
There is a way out
Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence:
A Randomized Clinical Trial

Gail D’Onofrio, MD, MS,
Department of Emergency Medicine, Yale School of Medicine, New Haven, Connecticut
PROOF OF CONCEPT MODEL

• Patient was identified by ED team
• Called me for a consult
• I evaluated patient and went over MAT options
• If appropriate for buprenorphine/naloxone, induction in ED
• Follow up in my clinic or in the community
• Given bridge prescription for buprenorphine/naloxone
What I Learned

• Could be successfully set up
• Most patients would follow up (If coordinated correctly)
• Perceived issues were not a problem (we’ll get to this)
• Other EM physicians actually were excited about this and wanted to help

• Issues:
  • Needed more physicians
  • Needed to better solidify follow up
How It Works Now

• SW or ED Team Identify a Patient
• BHN and EPICC are Activated
  • Counselor Arrives in ED
  • Naloxone Given to Patient
  • Follow up appointment made
• Contact a Waivered Provider
  • Patient evaluated
  • Buprenorphine initiated
  • Bridge Prescription Given
• Counselor Helps Obtain Medication
ED Initiated Opioid Addiction Treatment Process

1. Identify potentially eligible patients that meet all of these criteria:
   - Presents for opioid overdose or at risk of opioid overdose (anyone with an opioid use issue)
   - Missouri resident
   - Are going to be discharged. There is another process for inpatients.

2. Consult with SW (see below) who will call EPICCC, let them know if you are waived. The earlier you consult, the better.

3. EPICCC (Engaging Patients in Care Coordination) Counselor provides counseling, follow up arrangements, and demos/hands out intranasal naloxone kits, and they may be able to assist in getting buprenorphine/naloxone scripts filled.

4. SW identifies a prescribing provider
   - If no waived prescribers are available, alternate plan may need to be created depending on ED resources (eg, ED obs until an ex)
Results?

60-70% Follow Up at 1 Month

- Plus ED physicians, nursing, patients, family much more satisfied
- 15-20 physicians obtained waivers
Barriers

• This was outside of the scope of Emergency Medicine
• The ED was already too busy
• Patients wouldn’t accept care or follow up
• **You would be overrun by drug addicts!**
• They would just sell the medication for drugs
• Pharmacy issues
• What if no waivered physicians were there?

This one was a real issue
What Do You Need to Do This?

• ED Champion
• Administrative Buy In
• Work with community to establish follow up
  • MO Opioid STR
• Logistic issues with pharmacy
• Protocol (no reason to reinvent the wheel)
Questions?

Email: schwarze@wustl.edu

Website information: http://emed.wustl.edu/larry-lewis-symposium/Speakers
References

• Title page: https://thewire.in/1887/revealed-most-antidepressant-drug-combos-in-india-are-unapproved/
• Cartoon of woman: https://www.wikihow.com/Help-Someone-Overcome-a-Heroin-Addiction
• Im worried: https://www.wikihow.com/Help-Someone-Overcome-a-Heroin-Addiction
• Monkey see monkey do: https://www.geocaching.com/geocache/GC4W340_monkey-see-monkey-do?guid=fa819dbb-16a0-4aed-95f8-be5f0f3d8ae4
• Get waivered: https://twitter.com/getwaivered
2018 Key Strategies and Initiatives Update
Readmissions Reduction/Care Transitions Immersion Project – Cohort 2

- Project timeline — August 15, 2017 to September 7, 2018
- Hospitals committed — 12
- Phase 2 of project starts February 1, 2018

Cooper County Memorial Hospital
Golden Valley Memorial Healthcare
Hannibal Regional Hospital
Mercy Hospital Washington
Poplar Bluff Regional Medical Center
Samaritan Hospital
Southeast Hospital
Scotland County Hospital
Mercy Hospital St. Louis
Citizens Memorial Hospital
CoxHealth
Perry County Memorial Hospital
Sepsis Immersion Project – Cohort 2

- Project timeline — November 29, 2017 to September 18, 2018
- Hospitals committed — 11
- Focus on three- and six-hour bundles (EMS, Emergency and Inpatient)

- Citizens Memorial Hospital
- Liberty Hospital
- Mercy Hospital St. Louis
- Missouri Delta
- Mosaic Life Care
- Nevada Regional Medical Center
- Ozarks Medical Center
- Poplar Bluff Regional Medical Center
- Saint Francis Healthcare System
- Southeast Health Center of Ripley County
- Southeast Hospital
LEAN Six Sigma Green Belt Project

- Available exclusively to HIIN-participating hospitals
  - Application process — November 1, 2017 through January 12, 2018
  - The application review process will begin January 15, 2018. Applicants will be notified no later than January 31, 2018, if they are selected to participate in the project.
  - Project timeline — March 2018 through September 2018
- Two cohorts are being offered, one in the St. Louis metro area and one in the Kansas City metro area — each region is limited to 23 participants
  - Application and Flyer
  - Informational Webinar Slides
  - Informational Webinar Recording
  - FAQ
LEAN Six Sigma Green Belt Project

• Topic-focused
  ➢ Patient throughput
  ➢ ICU harm reduction
  ➢ Errors in medication reconciliation
  ➢ Unused medical supplies/eliminating waste
Qualaris Audit Tool Projects

- Hand Hygiene
- Culture of Safety Rounding
- Sepsis
- Readmissions/Care Transitions
Qualaris — New Tools

- Qualaris has new tools to assist users with coordinating successful improvement projects
  - Tracking project outcomes alongside process measures
  - Real-time dashboards inclusive of both outcomes and process measures
  - Documenting PDSAs
- Click [here](#) to view the Qualaris improvement projects and outcomes demo.
- These tools require a short setup webinar session with Qualaris.
- Readmission immersion project participants should contact [support@qualaris.com](mailto:support@qualaris.com) or use the Qualaris virtual chat support to take next steps.
Qualaris — New Tools

- Track and view outcomes data in application

Record and view outcomes data

See outcomes side by side with process data
Qualaris — New Tools

Streamline, Supercharge, and Document PDSA
2017 Top Hospitals — The Leapfrog Group

- Three Missouri hospitals received recognition from The Leapfrog Group
- Top General Hospital — Mercy Hospital Joplin
- Top Teaching Hospital
  - Freeman Health System
  - Mercy Hospital St. Louis
Resources and Upcoming Events
Monthly Newsletter

Quality News

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In This Issue
MHA Hospital Improvement Innovation Network
Announcements
Resources
Quality Reporting News

Spotlight
The December 2017 issue of Trajectories focuses on emergency department utilization. A hallmark of emergency medicine is its basis in treating acute, emergent needs with focused treatments over a relatively short timeframe, followed by transfer to the next level of care. Over the past 15 years, a significant shift in the type of care provided in an ED has been observed. EDs of today are providing increased care for patients with non-acute, chronic and psychiatric-based issues, which are typically better served through ambulatory and outpatient treatment facilities.

Save The Date!
Fourth Annual Missouri Telehealth Summit
Jan. 31 - Feb. 1
Capital Plaza Hotel & Convention Center
Jefferson City, Mo.
Click here to register.

Virtual Events
Promoting Safe Environments of Care
Thursday, Dec. 14
1:30 p.m.
Click here to register.

Click here for past issues.
MHA Trajectories

“ED Utilization — Right Care. Right Place. Right Time.”

A hallmark of emergency medicine is its basis in treating acute, emergent needs with focused treatments over a relatively short timeframe, followed by transfer to the next level of care. Over the past 15 years, a significant shift in the type of care provided in an emergency department has been observed. Unlike an episode of the long revered television series "ER," real-life EDs of today are providing increased care for patients with non-acute, chronic and psychiatric-based issues, which are typically better served through ambulatory and outpatient treatment facilities.

ED Utilization Highlights

Studies across EDs note common trends for ED visits that include the following.

- Super-utilizers account for a disproportionate share of ED visits, with an average of four to five times as many ED visits per year, compared with other patients.
- Non-emergent, non-acute issues
  - Common infections, such as upper respiratory infections and otitis media infections with URI being the most prevalent diagnosis in Missouri hospitals.
- Behavioral health issues, specifically acute psychiatric conditions.
The Opioid Crisis

Interactive Toolkit

Understanding the Issue

- BACKGROUND
- RESEARCH

Strategies to Reduce Opioid Misuse

- PREVENTION
  - Missouri Prevention Resources
  - Prescribing Guidelines: Emergency Department
  - Managing Pain

- ASSESSMENT & TREATMENT
  - Assessment
  - Treatment

- PATIENT EDUCATION
  - Addiction
  - Pain Management
  - Understanding Use and Disposal of Narcotics

- POLICY CHANGES
  - Prescription Drug Monitoring Database
  - Payers
  - Access to Treatment

Website resources
Additional Opioid Resources

- **Unemployment and Opioids, an Unexpected Connection**
- **Overdose Deaths, Hospital Visits and Unfilled Jobs: The Opioid Crisis in Missouri and Kansas**
Additional Opioid Resources

- Opioid Patient Education Flyer #1: Disposal (View Spanish Version)
- Opioid Patient Education Flyer #2: Prescribing (View Spanish Version)
- Opioid Patient Education Flyer #3: Pain Management (View Spanish Version)
Flu Season Resource

- CDC’s guidance for the 2017-2018 influenza season
NEW GUIDE! Improving Care for High-Need, High-Cost Patients

- As a new generation of payment and delivery system reform emerges, much focus has been on a subset of the population referred to as high-need, high-cost patients. Hospital and health systems are leading interventions to address the needs of these patients, who account for a disproportionate share of the nation’s disease and health care spending.

- The American Hospital Association is committed to developing and identifying team-based approaches to engage these patients across the continuum of care and addressing underlying behavioral and social risk factors. AHA’s issue brief provides resources and strategies to improve care for high-need, high-cost patients.

- Access the resource here.
AHA, HRET and ACHI released the third report of the Social Determinants of Health series, "Transportation and the Role of Hospitals."

- The guide recommends strategies for hospitals and health systems to address transportation issues, including screening and evaluating patients' transportation needs and providing transportation services through community partnerships or programs.
- The guide includes four case studies on hospitals and health systems and their interventions to reduce transportation barriers in their communities.
- Click [here](#) to download the guide.
The National Healthcare Safety Network updated its surveillance protocols in the Patient Safety Component Manual for 2018. Updates include the surveillance protocols for central line-associated bloodstream infection, catheter-associated urinary tract infection, surgical site infection, multidrug resistant organism and Clostridium difficile infection, ventilator-associated event, pneumonia, central line insertion practices, and antimicrobial use and resistance.

A summary is provided of the most significant modifications, many of which represent only clarifications of protocol instructions and not ways in which changes are made to health care-associated infection determinations. This summary document presents the modifications as changes, clarifications, additions or deletions.
Aim for Excellence Conference

- 2018 Opioid Summit: Treating Opioid Misuse and Opioid Use Disorder
  - Marriott St. Louis West
  - Friday, March 2, 2018
  - Register here.
Save the Date

• Spring 2018 FLEX MBQIP Regional Meetings
  ➢ 10 a.m. to 2 p.m., Thursday, March 1 — Hampton Inn, Clinton
  ➢ 10 a.m. to 2 p.m., Thursday, March 8 — Comfort Inn, Chillicothe
  ➢ 10 a.m. to 2 p.m., Wednesday, March 21 — Holiday Inn Express, Festus
Missouri HIIN Conference 2018

• Wednesday, June 6, and Thursday June 7, 2018
• Conference will be held at the Courtyard Columbia Marriott in Columbia, Missouri.
• Complimentary registration for Missouri hospitals. Register on or before Wednesday, May 23.
• Program agenda information coming soon.
Missouri HIIN Conference 2018

SAVE THE DATE!

Missouri HIIN: Seminar 2018


June 6-7, 2018
Courtyard by Marriott
Columbia, Mo.

This is an open event with complimentary registration to all Missouri hospitals.

Join us for this shared learning conference to engage in robust discussions, hear case studies, and share ideas with colleagues from across the state and nation. This interactive workshop will help to co-create a new quality direction for Missouri hospitals and provide you with practical takeaways to implement in your practice.

June 6

Keynote: Maintaining Safety For Suicidal Patients

Breakout Sessions:
- UP Campaign
- care transitions
- antibiotic stewardship
- safety

June 7

Creating a New Direction Workshop Topics:
- patient safety
- high reliability
- patient and family engagement
- physician inclusion
- quality clinical improvement
Upcoming Events

- **15th Annual Health Care Leadership Series 2017-2018**
- The Health Care Leadership Series consists of eight, one-day training sessions that will be held monthly on Fridays, September through May.
- Sessions will be held at the Courtyard Columbia Marriott in Columbia, Missouri.

- **Dates**
  - Session 1 — Sept. 8, 2017
  - Session 2 — Oct. 6, 2017
  - Session 3 — Nov. 10, 2017
  - Session 4 — Jan. 12, 2018
  - Session 5 — Feb. 9, 2018
  - Session 6 — Mar. 9, 2018
  - Session 7 — Apr. 13, 2018
  - Session 8 — May 11, 2018
Community Health Needs Assessment Webinar Series

- Community Health Needs Assessment 101 — 11 a.m. Tuesday, February 6

- Secondary Data Collection and Analysis — 11 a.m. Tuesday, February 20
Upcoming Virtual Events

- **Workplace Violence** — 11:30 a.m. Wednesday, January 24
- **Rethinking the Workforce: Strategies for Establishing a Volunteer Nurse Program** — Noon Wednesday, January 31
- **Federal Regulatory Trends That Will Drive Change in 2018** — 12:30 p.m. Thursday, February 8
- **CMS Nursing Conditions of Participation for Hospitals: 2018 Update** — 9 a.m. Thursday, February 15
Upcoming Virtual Events

- **Aim for Excellence (AFE) Webinar**
  - Missouri Opioid Update: This webinar will cover evidence-based practices for opioid management and resources will be shared.
  - Noon Wednesday, February 7

- **HIIN Huddle** — 2 p.m. Tuesday, January 16
Educational Resources Provided by MHA Health Institute

For additional webinar/seminar opportunities click here.
Thank You for Joining Us!

- Questions?
- See you at noon Wednesday, February 7
  - Missouri Opioid Update, presented by Leslie Porth, Senior Vice President of Strategic Quality Initiatives
  - Click here to register.
Contact Information

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