

The Trek

CIMRO of Nebraska's Care Transitions Project newsletter

Issue 1
April 2009

Caring Outside Our Boundaries

CareTrek™ is cutting-edge work to make healthcare transitions safer for Medicare beneficiaries. As one of 14 pilot sites across the country, the Centers for Medicare and Medicaid Services (CMS) will be evaluating the performance of the Douglas and Sarpy county initiative. Evaluation criteria will include the use of evidence-based interventions, transitional management of heart failure, pneumonia and acute myocardial infarction; and use of the CARE Tool, an electronic version of handover management information exchange.

Each participating provider or caregiver will need to focus on the progress and safety of the individual receiving care - whether that person is viewed as a patient, client, beneficiary or relative. For CareTrek to be successful, each provider or caregiver will need to consider not only what happens within the four walls of their own environment, but also what happens when that individual leaves the safety of those four walls.

Our goal is for each Medicare beneficiary to experience a safe transition. Therefore, CareTrek will work to ensure each beneficiary has:

- an accurate medication list at all times
- important medical history stored electronically, for as-needed access
- a planned discharge, with the next site of care adequately prepared for their arrival
- a care plan and how to know if they are deviating from that plan
- knowledge on how to get additional information, if needed

If you are a healthcare provider or community partner in Douglas or Sarpy county, we welcome and encourage you to join CareTrek. Together, we can improve processes linking the sender and receiver of the patient and necessary information about that patient to reduce unnecessary hospital readmissions.

We are starting projects that will focus on interventions selected by healthcare providers within the two-county area. We will be contacting intervention teams in the community to begin the process within the next several weeks.



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The Trek ...

Welcome to the first issue of *The Trek*. The purpose of this newsletter is to keep you informed of the progress of CareTrek and topics relating to improving transitions of care.

Visit www.cimronebraska.org/caretrek.aspx for additional information on CareTrek, including resources, tools and links.

If you wish to be added to the distribution list, visit www.cimronebraska.org and click on "Join our E-mail List". Select "CareTrek News" on the CIMRO of Nebraska News Sign-up Form.

For questions regarding this publication, contact Keri McDermott, CIMRO of Nebraska Communications Director, at 800-458-4262 or via e-mail at kmcdermott@neqio.sdps.org.



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Transitional care: a set of actions designed to ensure the coordination and continuity of healthcare as patients transfer between different locations and/or levels of care in the same location.

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CareTrek Update

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When the transitional care process is not coordinated properly, the patient is left in a vulnerable state and at an increased risk of re-hospitalization. In addition, the costs to Medicare for these potentially avoidable re-hospitalizations are significant.

Through a competitive procurement, CIMRO of Nebraska was awarded one of 14 contracts by Medicare to improve care transitions between healthcare settings. CareTrek is being implemented in the Omaha metropolitan community.

CareTrek provides an opportunity to significantly impact the healthcare experience for Nebraska residents and will focus on the following: 1) hospital and community system-wide interventions; 2) interventions that target specific diseases or conditions; and 3) interventions that target specific reasons for readmission.

With hospitals as the drivers of change, the goal of CareTrek is to implement sustainable care models to reduce unnecessary hospital readmissions by addressing patient medication management, patient self-management, post-discharge follow-up and plans of care for patients who move across healthcare settings.

Project Launch

CareTrek was introduced on January 27, 2009. Approximately 100 healthcare providers and community stakeholders attended the event on the University of Nebraska Omaha campus. Lieutenant Governor Rick Sheehy provided opening comments, shared the importance of improving care transitions and thanked providers for continuing to improve the care provided in our state. Governor Dave Heineman issued a proclamation declaring January 27, 2009, as Nebraska Safe Care Transitions Day. CIMRO of Nebraska staff shared project goals and opportunities for community involvement.

Education Session

The first education session was held in early March. Healthcare organizations and community partners in Douglas and Sarpy counties were invited to participate. Thirty-six organizations were in attendance. CIMRO of Nebraska staff provided education on interventions to improve care transitions and reduce avoidable hospitalizations. Attendees provided feedback on interventions currently in place, as well as opportunities for continued improvement.

Mapping the Discharge Process

CIMRO of Nebraska has contracted with Creighton Health Services Research Program (CHRP) to perform a workflow and barrier analysis of the discharge process with the seven Prospective Payment System (PPS) hospitals in the Omaha metropolitan area. This analysis will identify unique situations and potential solutions for reducing avoidable hospital readmissions.

Next Steps

CIMRO of Nebraska is processing feedback on care transition interventions received from participating organizations, the mapping process and individual providers to establish the next steps of the CareTrek journey. As coordinators of CareTrek, CIMRO of Nebraska will provide training on evidenced-based interventions, along with a framework to move the community forward.

Making a Difference

The long-term impact of CareTrek and similar projects across the country is the potential to significantly improve healthcare, including lives and dollars saved. CIMRO of Nebraska will share CareTrek successes and lessons learned with Nebraska healthcare professionals to spread change and best practices for continued quality improvement.

How Can My Organization Participate?

If you are a healthcare provider or community support organization in Douglas and Sarpy counties and are interested in participating, contact Paula Sitzman, RN, BSN, Quality Improvement Advisor, CIMRO of Nebraska at 800-458-4262 or via e-mail at psitzman@neqio.sdps.org.

Medication Reconciliation

There are many opportunities for error when a patient transitions from one care setting to another; from hospital to home, from home to hospital or from one provider to another. One of the most problematic opportunities for error during this transition is sorting out medications.

Medication reconciliation is the process of creating an accurate and complete list of all medications the patient is taking, including over-the-counter medication and herbal supplements.

The potential impact of medication reconciliation is significant.

The goal of medication reconciliation is to have an accurate and complete medication list the patient, caregiver and provider can easily use. Compiling an accurate medication list requires time, effort and often consultation with the pharmacist, the primary physician and other healthcare providers. There is an opportunity for error each time the patient transitions to another care setting or care provider.

The Institute of Safe Medication Practice estimates that 50 percent of medication errors and 20 percent of adverse medical events could be eliminated with proper medication reconciliation.

When interviewing the patient about what medications they are currently taking, consider the following suggestions:

- Use both open-ended (ex. "What do you take for your high cholesterol?") and closed-ended questions (ex. "Do you take medication for your high cholesterol?") during the interview.
- Ask about routes of administration other than oral medications (ex. "Do you put any medications on your skin?"). Patients often forget to mention creams, ointments, lotions, patches, eye drops, ear drops, nebulizers and inhalers.
- Ask about medications they take for their medical condition(s) (ex. "What do you take for your diabetes?").
- Ask about the types of physicians that prescribe medications for them (ex. "Does your arthritis doctor prescribe any medications for you?").
- Ask about when they take their medication (ex. time of day, week, month, as needed, etc.). Patients often forget to mention infrequent dosing regimens, such as monthly.
- Ask if their doctor recently started them on any new medicines, stopped medications they were taking or made any changes to their medications.
- Ask to describe their medication by color, size, shape, etc., which may help to determine the dosage strength and formulation. Calling the patient's caregiver or their community pharmacist may be helpful to determine an exact medication, dosage strength and/or directions.

When inquiring about over-the-counter medications, additional prompts may include:

- What do you take when you get a headache?
- What do you take for allergies?
- Do you take anything to help you fall asleep?
- What do you take when you get a cold?
- Do you take anything for heartburn?

Most often errors are the direct result of failed communication about prescribed medications during vulnerable transition points in the continuum of healthcare: admission, transfers between care settings and discharge.

Medication reconciliation is an ongoing responsibility and cannot be assigned to one specific individual or time point in the healthcare continuum. When providers receive a list of discharge medications from a facility, they must invoke the reconciliation process. Commitment to the process of medication reconciliation at all levels of an organization is essential to success.



Questions regarding medication reconciliation, contact Denise Hyde, PharmD, RP, Quality Improvement Advisor, CIMRO of Nebraska at 800-458-4262 or via e-mail at dhyde@neqio.sdps.org.

Understanding Health Literacy

Misunderstood medical information may compromise the health and well-being of patients.

Health literacy is the ability to obtain, process and understand health information and use that information to make appropriate decisions about one's health and medical care. It is important for patients to understand completely the medical treatment they are receiving, including what medications they are taking and what treatments they are receiving and why.

National surveys conducted by the US Department of Education indicate about one third of the American adult population (90 million) has limited health literacy.

As a provider, understanding a patient's health literacy can help with effective communication to better meet the needs of each individual patient. Learning, developing and implementing new ways to improve health literacy for all patients may lead to greater cooperation with treatment, empower patients to become more involved in their healthcare decisions and may in fact lead to fewer hospitalizations and reduced costs.

Patients with a low health literacy level have limited health knowledge and often misunderstand the reason they take certain medications or what disease their medication treats. Working with patients to help increase health literacy allows them the opportunity to become better partners in managing their chronic healthcare needs and disease process.

Communication experts have reported patients with limited health literacy often provide clues to their literacy skills. The clues fall into three categories:

- 1 Responses to receiving written information (e.g., "I don't have my glasses")
- 2 Responses to questions about medication regimens (e.g., unable to provide medication names or explain what they are for or how to take them); and
- 3 Specific behaviors (e.g., refusing to cooperate with medication regimens or scheduled therapies).

Many times, it's hard to tell. What is known for certain is that misunderstood medical information may compromise the health and well-being of patients. It is important for healthcare professionals to be aware of the varying degrees of healthcare literacy to help reduce unnecessary complications and improve the level of services offered to patients.

Questions regarding health literacy, contact Sandy Kilgore, RN, BSN, Quality Improvement Advisor, CIMRO of Nebraska at 800-458-4262 or via e-mail at skilgore@neqio.sdps.org.

CIMRO of Nebraska offers a health literacy WebEx by Dr. Paul Smith, Wisconsin Research and Education Network, available on the CIMRO of Nebraska Web site at www.cimronebraska.org/trainings.aspx. Select "Addressing Health Literacy" in the list of past trainings. The WebEx has been approved for 1.4 hours of CNE credit. The CIMRO of Nebraska Web site also includes a list of Web site resources on the topic of health literacy.

2009 Nebraska Healthcare Quality Forum ~ Monday, May 4

**Registration Deadline
Friday, April 24th**

The Quality Forum is an excellent opportunity to network with your peers and obtain information on electronic health records, care processes, clinical care models, patient safety and much more!

Cost for attending is \$50.00. Continuing Nursing Education and Nursing Home Administrator credits are being offered for the entire program.

Visit www.cimronebraska.org/qualityforum.aspx for additional details and registration information.