Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
By November 30th, 2021, we will reduce hospital readmissions by 5% in Iowa communities.	**Adverse Drug Events (ADEs)**	**Medication reconciliation**	Implement Medications at Transitions and Clinical Handoffs (MATCH) Toolkit and distribute the ADE Trigger Tool to at least 5 patients	
		Medication adherence – improve patient communication • **Medication regimens** • **Start dates** • **Frequencies of PRN medications** • **Knowledge deficit for new meds**	Patient education (pharmacy, clinic, hospital) on new meds; drug regimen review Provider education on new meds Evaluate educational tools Medication orders • Develop process regarding cost and insurance coverage/prior authorization, involvement with primary pharmacy, increase education. Encourage facility to dialog with primary care doctor the next working day after getting an order from "on call" doctor	

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
	Opioid Related Misuse	**Pain management (healthcare providers and pharmacies)**	Register for and check your state or jurisdiction's Prescription Drug Monitoring Program (PDMP) Send the DC medication list to the patient's home pharmacy so that they are aware of DC'd meds, new orders, OTC's, etc. Have a pharmacist come in monthly to audit meds, with emphasis on opioids. Provide ongoing education to our nurses; have strict policies and procedures in regard to the dispensing of opioids Any med that is dispensed as a patch is initialed by the nurse, dated, and timed • If the patch is missing when the next dose is scheduled to be administered, an investigation is started immediately to locate the patch	

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
		Long term care facility (LTCF) pain management programs	Send 10 tabs of narcotic home with patients; make a f/u appt with their primary care provider (PCP) who will be in control of patient's narcotic usage once they are home Distribute medication disposal kits; educate patients and families on proper medication disposal • Year-round take back sites: https://odcp.iowa.gov/rxtakebacks Start gradual does reduction (GDR) process and monitor patient's level of pain tolerance Use a variety of pain scales, numbers, pictures etc. to be sure we meet patients where they are, 1 pain scale is not sufficient	MME = Morphine Milliequivalent and pain scale # of dose reductions in a month

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
		Alternative methods for pain control	Use non-opioid options for managing pain; implement "pain menu" • Non-pharmacological therapies • Heat • Ice • Medication-assisted treatment (MAT) • Music therapy • Essential oils • Massage, if appropriate	Example: XX% residents/patients reporting pain after "pain menu" offered
		Support systems	Resource referrals, community resources, reviewing patient's chart to see risk, educating patient on coping mechanisms	
		Patient education • **Increase patient and caregiver education for proper use and awareness of overdose**	Share the GeriatricPain.org FAST FACTS pain assessment information with patients, their families, and caregivers Safe use of opioid handout(s) at discharge, including: • Appropriate use of variety of pain management tools • Instructions for safe dispose of unused opioids following recovery	

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
		Patient education • **Proper disposal of medications no longer needed**	Distribute medication disposal kits; educate patients and families on proper medication disposal • We have the pharmacy deliver the kits or they need to return the meds to the pharmacy • Partnership with local law enforcement for takeback days in addition to the work with pharmacies Engage public health nurses who may make home visits for various reasons to evaluate medication storage and items in the home Promote National Prescription Drug Take Back Day (April 24, 2021) Define pain Give patients realistic expectations of pain and pain control; pain should not persist long-term with acute issues Educate that not every patient will get complete relief from pain goal is comfort not 100%	Percent of patients with an opioid prescription who receive a disposal kit

Telligen QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
	Continuity of Care for Super-Utilizer Patients (Super utilizer defined as small proportion of patients who account for disproportionate amount of utilization and cost)	**Identification and communication of high-risk patients early**	Increase utilization of "Welcome to Medicare" preventive visits, Annual Wellness, and Chronic Care Management visits	
		Increase use self-management programs	Increase screens and referrals to self-management programs (e.g., diabetes prevention program (DPP))	
		Case management	Case management for the super-utilizer patients, including education, monitoring, support, etc. • Engage social workers • Refer to community agencies (e.g., AAA)	
		Social determinants of health (SDOH) • **Limited access to care (rural communities)**	Refer to community agencies Employ community health workers to connect patients with community resources to assist with social determinants, finding a PCP, etc.	
		Undiagnosed cognitive impairment	Ask person receiving discharge instructions if they are the primary caregiver	
		Not the appropriate level of care	Implement post discharge follow-up calls for patient education	

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
	Care Transitions	**Improve communication at points of transition** • **System tracking for admissions, discharges, transfers (ADTs)**	Implement SBAR Tool while communicating during care transitions Better communication with patients and more timeline communication with readmission hospitals Schedule home health visit 1-2 days post-discharge to encourage compliance or provide clarification Order physical therapy consult Ensure that the patient's whole team is communicating with each other (PCP, Pharmacy, Therapy, etc.) Send the DC medication list to the patient's home pharmacy so that they are aware of DC'd meds, new orders, OTC's, etc.	

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

		Increase coordination of care program visits	Improve adoption and utilization of transitional care management and advanced care planning Referral to the Iowa Return to Communities Program, a Grant program from IDA (given to Connections Area Agency on Aging) • Health coach offered for 30 days • Address SDOH (transportation) Link to local care coordination coalition in the community outside of health systems • Connect patients to community-based interventions such as evidence-based programs Post-acute collaborative partnering with area SNFs	Using metrics for technology used in community- (ex. EMR, Signify Community). # of people that connect to coalition (ex. My Care Community) # of times meeting together- how many times the Med List is correct on presentation to the SNF Percent of patients who have a complete medication review

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
			Onward Program • Nutritional meals are provided twice daily for a week • Call at least every other day to check how they are doing • Provide a list of pertinent phone numbers they may need including their physician and pharmacy, along with our number in case they have any questions following discharge	within a certain period of admission to SNF
		Stigma	Engage community groups to help with stigma, taking steps leading up to the ultimate goal of rehab	

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
		SDOH - Social Determinants of Health • **Fixed income – unable to afford medications**	Address social needs at discharge (e.g., food, transportation, COVID restrictions) Ensure patient has Internet access for telehealth Upstream approach in clinics with student volunteers from health colleges addressing patients' SDOH; help them sign up for resources in their own community	Measure the number of people who have been connected to food sources or public transportation Completion of assessments, referrals made, acceptance or referrals, then compare to readmission

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146

AIM	Primary Driver	Secondary Driver	Change Idea *Health Literacy and Health Equity Impact*	Measure of Effectiveness
	What are the main factors that influence our aim?	What factors affect the performance/influence our primary drivers?	What theories can we test? IA-specific contributions	How will we measure our effectiveness?
		Prevent readmissions • **Family member unable to care for patient who returns to the emergency room (ER) for help** • **Family member or patient unable to follow directions as given or didn't understand challenges with care** • **Discharged too soon**		

Telligen
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment.
12SOW-QIN-QIN-06/21/21-4146