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? OK specific contributions	How will we measure our effectiveness?
By November 30th, 2021, we will reduce hospital readmissions by 5% in Oklahoma 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 Engage community pharmacists through collaborative practice agreements to provide chronic care management and transitions of care services. Community pharmacists work with patients on medication reconciliation, medication adherence issues. and education on medications	
		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 Educate on risks associated with polypharmacy Prescription Assistance programs - More awareness on how to find these resources for patients with financial needs. Work with coalitions and add key community members to brainstorm ideas	

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	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. Educate on risks associated with polypharmacy Work with coalitions and add key community members to brainstorm ideas Prescription Assistance programs - More awareness on how to find these resources for patients with financial needs.	

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		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 Community Health Worker to work directly with patients on education of prescription usage. Provide Narcan and/or lockboxes to key community organizations to give to patients. https://www.samhsa.gov/ (has great resources) Start gradual does reduction (GDR) process and monitor patient's level of pain tolerance	

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		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 • Comfort Cart for patients (e.g., music, coloring books); Comfort Cart items: word search books, adult coloring books, warm blankets, music, white noise machine, visual imagery, meditation, breathing techniques, among many others. • Stimulators for pain Have open line of communications for questions	reporting pain after "pain menu" offered

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		Support systems	Resource referrals, community resources, reviewing patient's chart to see risk, educating patient on coping mechanisms Support system : We are a rural area and resources are very few, area home health's often offer community education related to pain management or disease specific management at our nutrition centers	
		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	

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		Patient education • **Proper disposal of medications no longer needed**	Distribute medication disposal kits; educate patients and families on proper medication disposal Community drug take back events and provide handouts for education. Syringe exchange with community drug takeback • Syringe and Medication Take Back, Tulsa OK on Saturday at 6505 E. 71st St Promote National Prescription Drug Take Back Day (April 24, 2021) Social media campaigns, educating PCP on opioid misuse, provide educational materials to the community.	Percent of patients with an opioid prescription who receive a disposal kit
	Continuity of Care for Super-Utilizer Patients (Super utilizer defined as small proportion of patients who account for disproportionate	**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))	

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	amount of utilization and cost)	**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)**	Employ community health workers to connect patients with community resources to assist with social determinants, finding a PCP, etc. In rural areas, we could continue to utilize FQHC's. Many of the ones in our area are expanding to be in walking distance of patients, they are getting cars to get patients to appts. But patients often don't know about those programs or new clinics	
		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	

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	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 For care transitions and continuity, being able to contact patient is critical. The state HIE or the hospital EMR may have more current phone numbers and addresses for active contact points. Since EMR's from different health systems do not communicate, keeping current meds up in different systems is challenging. also, patient understanding of their chronic disease- and the PCP's honesty in the chance of improvement (ie: Parkinson's- there is no cure, and maintenance is the goal) is critical MyHealth use of Provider Portal helps filter patient information. Closing the referral loop; I found out about a resource to help with this- Unite Us (www.UniteUs.com - free resource for community organizations for referrals), contact Kathy.gooding@uniteus.com • Push out data once it is generated to those who need it • Auditing processes and workflows	When referral occurs and what are the results; results received by PCP

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			Reminder notification in EMR	
		Increase coordination of care program visits	Improve adoption and utilization of transitional care management and advanced care planning Implement Clinic Care Coordination teams- RN's embedded in primary care clinics focused high risk patients to provide care planning, education, help set goals, and coordinate community based services, such as behavioral health, etc. Connect vulnerable patients to community resources at discharge Follow-up appointment scheduled before patients leave; communication and follow-through with patients after discharge Connect patients to community-based interventions such as evidence-based programs Post-acute collaborative partnering with area SNFs	Decrease no show/cancellation rates Using metrics for technology used in community- (ex. EMR,)

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		Stigma	Engage community groups to help with stigma, taking steps leading up to the ultimate goal of rehab	
		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 and/or smart phone for telehealth	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
		Family member unable to: • **care for patient who returns to the emergency room (ER) for help** • **follow directions as given or didn't understand challenges with care** • **Discharged too soon**		

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