

**The Children's Readmissions Collaborative
Kick-Off Conference
April 28, 2014**

Project Tools

Kate M. Sherman
Manager, Readmissions Quality Collaborative
New York State Psychiatric Institute/ State Office of Mental Health



Project Tools

- Types of Project Tools
 - Clinical Tools
 - After Hospital Care Plan (required project intervention)
 - Others as needed
 - Project Management Tools, e.g.:
 - Action Plan
 - Root Cause Analysis (in development)
 - Tools that support both, e.g.: Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)
- Benefit of participation in the Collaborative
 - Sharing tools
 - Developing common tools

Developing and Teaching the After Hospital Care Plan

Project RED

(Re-Engineered Discharge)

- Background
 - Developed at Boston University, 2003 to present
 - Recognized/utilized by numerous quality improvement (QI) organizations
 - Agency for Healthcare Research and Quality (AHRQ)
 - Institute for Healthcare Improvement (IHI)
- Evidence-based practice in Medical/Surgical settings; highly applicable to Psychiatry
- 12 Mutually reinforcing practices – Keys:
 - After Hospital Care Plan (AHCP)
 - Patient/caregiver education (teach-back)
 - Follow-up phone call

AHCP Cover Page

Includes contact information

**** Bring this Plan to ALL Appointments****



After Hospital Care Plan for:

John Doe

Discharge Date: October 20, 2006



Question or Problem about this Packet? Call your Discharge Advocate: (617) 414-6822

Serious health problem? Call Dr. Brian Jack: (617) 414-2080



AHCP Medication Page

EACH DAY follow this schedule:



MEDICINES

What time of day do I take this medicine?	Why am I taking this medicine?	Medication name Amount	How much do I take?	How do I take this medicine?
 Morning	blood pressure	PROCARDIA XL NIFEDIPINE 90 mg	1 pill	By mouth
	blood pressure	HYDROCHLOROTHIAZIDE 25 mg	1 pill	By mouth
	blood pressure	CLONIDINE HCl 0.1 mg	3 pills	By mouth
 Noon	Blood pressure	ATENOLOL 75 mg	1 pill	By mouth
	Blood pressure	LISINOPRIL 40 mg	1 pill	By mouth
	Infection in eye	VIGAMOX MOXIFLOXACIN HCl 0.5 % soln	1 drop	In your left eye

AHCP Appointment Page

**** Bring this Plan to ALL Appointments****

John Doe



What is my main medical problem?

Chest Pain

When are my appointments?

Tuesday, October 24 th at 11:30 am	Thursday, October 26 th at 3:20 pm	Wednesday November 1 st at 9:00 am
Dr. Brian Jack Primary Care Physician (Doctor)	Dr. Jones Rheumatologist	Dr. Smith Cardiologist
at Boston Medical Center ACC – 2 nd floor	at Boston Medical Center Doctor's Office Building 4 th floor	at Boston Medical Center Doctor's Office Building 4 th floor
For a Follow-up appointment	For your arthritis	to check your heart
Office Phone #: (617) 414-2080	Office Phone #: (617) 638-7460	Office Phone #: (617) 555-1234

AHCP Appointment Calendar

October 2006



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 Left hospital	21
22	23 Pharmacist will call today or tomorrow	24 Dr. Jack at 11:30 am at Boston Medical Center ACC – 2 nd floor	25	26 Dr. Jones at 3:20 pm at Boston Medical Center Doctor's Office Building – 4 th floor	27	28
29	30	31				

AHCP Patient Activation Page



**Questions for
Dr. Jack**
For my appointment on
Tuesday, October 24th at 11:30 am



Check the box and write notes to remember what to talk about with Dr. Jack

I have questions about:

- my medicines _____
- my pain _____
- feeling stressed _____

What other questions do you have? _____

Dr. Jack: These tests were outstanding at discharge:
Stress Test done on October 24th and Blood Cultures done on October 20th.



AHCP Primary Diagnosis Page

Includes self-care, allergies, pharmacy number

Congestive Heart Failure.

Heart failure, also called Congestive Heart Failure is a serious condition in which the heart can no longer pump enough blood to the rest of the body.

Things you need to do:

Fill all of your medicine prescriptions, finish your medicine and take as directed.

Rest as needed.

Weigh yourself daily and write it down.

Call your doctor right away if you have:

- Weight change by ___ pounds for ___ days
- Sudden weakness
- Trouble breathing
- Serious cough

Do not smoke. Avoid other's smoke.

Keep all of your follow-up appointments.



AHCP Key Principles: Developing/Documenting the Plan

- **Simple language**
 - No medical terms / jargon / abbreviations
- **Provides contact information**
- “Just right” amount of information
- Visual aids
- Includes purpose of medications, appointments
- Gives both brand and generic names

How does your current format compare?

AHCP Key Principles: Teaching the Plan

- ****Identify the learner****
- ****Use “teach-back” method****
 - More than reading the plan to client/family
 - Ask them to say it back (e.g., “I want to make sure I explained that clearly,” or “how will you explain this to your husband when you get home?”)
 - Assess understanding
 - Teach throughout the inpatient stay (and after)

**PSYCKES:
Readmissions Indicators**

PSYCKES Background

- PSYCKES is a web-based platform for sharing Medicaid claims data
 - Behavioral health population, 4.6 million individuals
- Resources
 - Training webinars offered regularly
 - Public website: www.psyckes.org
 - Print materials and recorded webinars available
 - [PSYCKES Help](#)

Uses of PSYCKES to Support Readmissions Project

- Clinical Summary: use in all settings to identify those at risk of readmission; see flags:
 - Readmission
 - High utilization
 - Med adherence
- Readmissions Indicators
 - Inpatient: Track performance on readmissions after discharges from your hospital
 - Outpatient: Track overall readmission rate for clients served in your program; generate high-risk list

PSYCKES QI Overview

Click on summary indicator to see indicators in the set

Log Off De-Identify Data

[My QI Report](#)
[Statewide Reports](#)
[Recipient Search](#)
[Provider Search](#)
[Registrar Menu](#)
[Usage Report](#)

[Provider Details](#)
[Find Provider](#)

Quality Indicator Overview As Of 03/01/2014

Provider: MAIN STREET HOSPITAL CENTER

[Export](#)
[PDF](#)
[Excel](#)

[Modify Filter](#)
Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %
BH Care Coordination	All	16,365	3,040	18.58	5.10	4.71
Cardiometabolic	All	1,018	507	49.80	46.08	46.20
Dose	All	3,785	232	6.13	5.59	5.62
Health Promotion and Coordination	All	16,365	6,504	39.74	26.29	26.93
High Utilization - Inpt/ER	All	16,365	5,648	34.51	13.52	13.00
Polypharmacy	All	2,171	240	11.05	14.19	14.73
Preventable Hospitalization	Adult	13,830	434	3.14	2.52	2.03
Readmission	All	4,113	2,040	49.60	27.72	22.85
Youth Indicator	Child	456	108	23.68	22.94	25.99

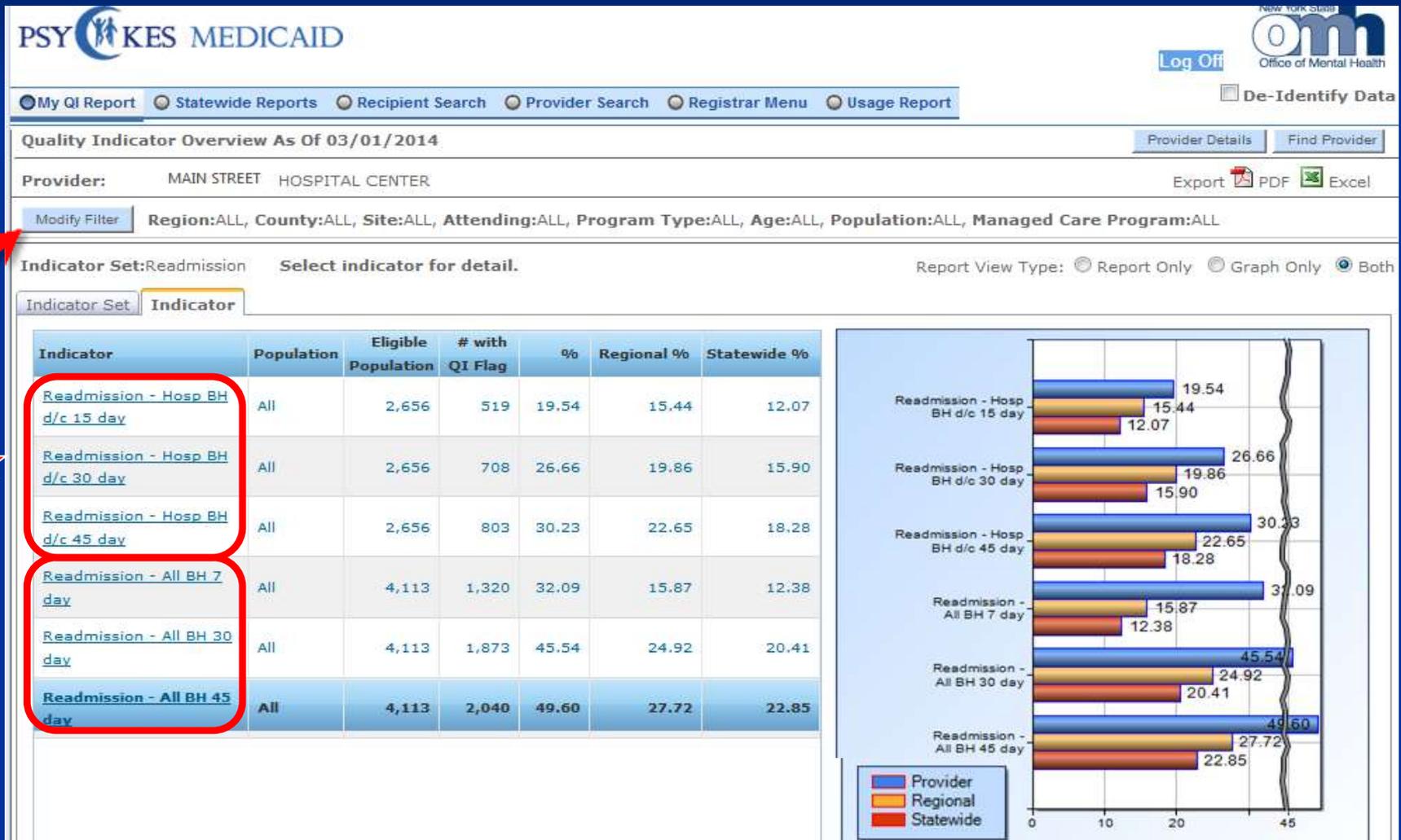
Indicator Set	Provider (%)	Regional (%)	Statewide (%)
BH Care Coordination	18.58	5.10	4.71
Cardiometabolic	49.80	46.08	46.20
Dose	6.13	5.59	5.62
Health Promotion and Coordination	39.74	26.29	26.93
High Utilization - Inpt/ER	34.51	13.52	13.00
Polypharmacy	11.05	14.19	14.73
Preventable Hospitalization	3.14	2.52	2.03
Readmission	49.60	27.72	22.85
Youth Indicator	23.68	22.94	25.99

Readmission Indicators in PSYCKES

- “Readmissions – Hospital-Specific” Indicator:
Individuals whose discharges from your hospital’s behavioral health inpatient were followed by readmission to the same service type at any institution
 - Within 15, 30 or 45 days
- “Readmissions – All Behavioral Health” Indicator:
Individuals served at your program who were discharged from behavioral health inpatient at any institution and readmitted to any institution
 - Within 7, 30 or 45 days

QI Indicators within the Set

All behavioral health versus hospital-specific; various time frames



Modify Filters

Click “Modify Filter” to define universe of clients
Filter by age range

PSYCHES MEDICAID New York State
om
Office of Mental Health

[Log Off](#) [De-Identify Data](#)

[My QI Report](#) [Statewide Reports](#) [Recipient Search](#) [Provider Search](#) [Registrar Menu](#) [Usage Report](#)

Quality Indicator Overview As Of 03/01/2014 [Provider Details](#) [Find Provider](#)

Provider: MAIN STREET HOSPITAL CENTER Export PDF Excel

Sites: ALL Attending: ALL

Program Type: ALL Age: ALL

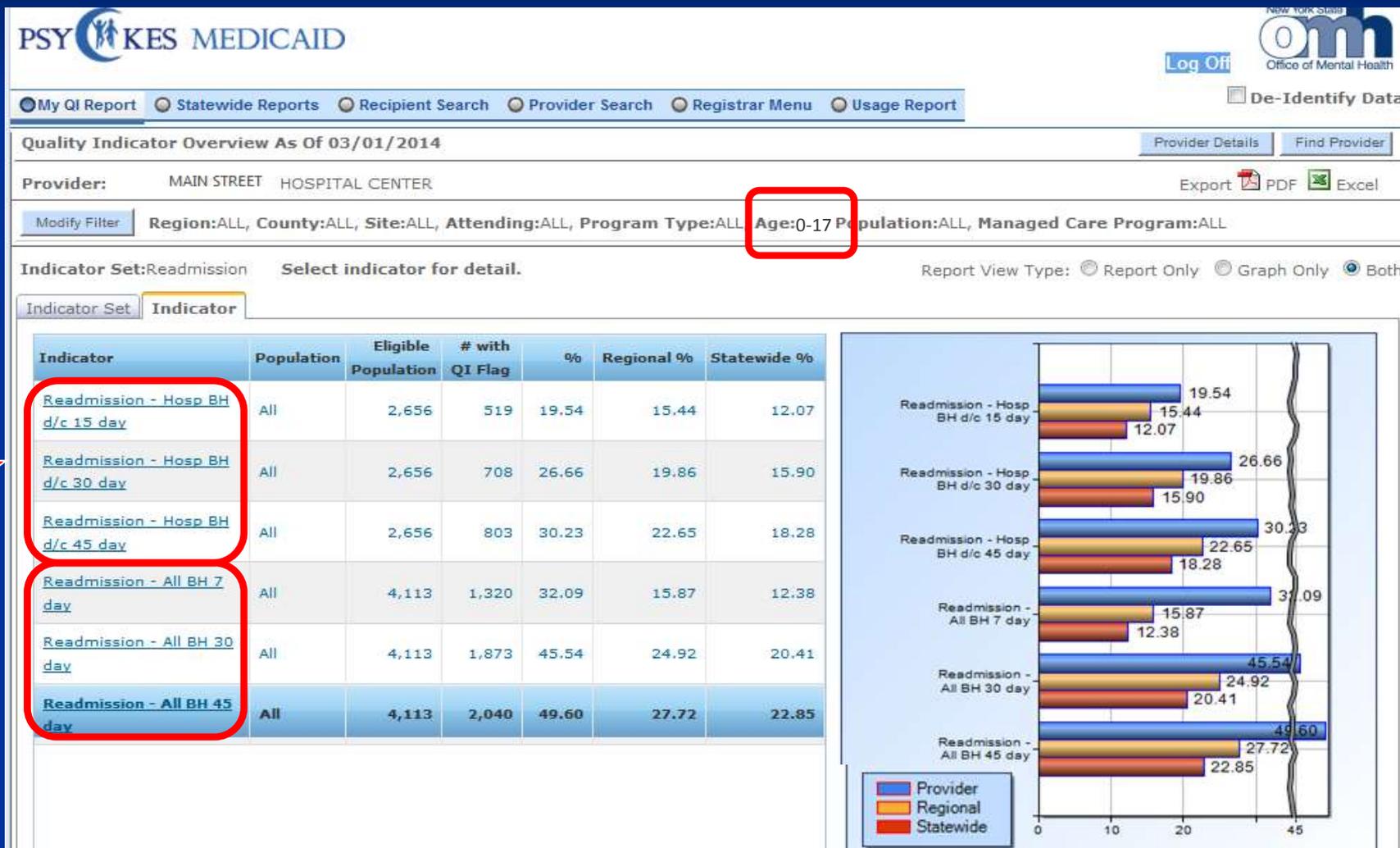
- Comprehensive Emergency Program (CPEP)
- Day Treatment (DT)
- ER BH
- ER Medical
- Hospital- Psychiatric Unit
- Inpatient BH

Population: ALL Region: ALL

Managed Care Program: ALL County: ALL

Release: 4.8.6

Data filtered by age



Clinical Summary Header

Includes: client demographics, quality flags, diagnoses, graph

Clinical Summary

[Return to Quality Indicator Results](#)

Export to [PDF](#) [Excel](#) [CCD](#)

OMH PHI **Please choose summary period**

Last 3 months
Last 6 months
Last Year
Last 2 Years
All Available (up to 5 years)

Clinical Report Date: 4/25/2014 (This report contains all available clinical data.) Enhanced PHI Show Hide

Name: [Abaeacc Befdaec](#)
Medicaid ID: CHAJBID ECADFAH
DOB: 01/01/9999
Age: 999

Indicator Set	Quality Flags (as of monthly QI report 3/1/2014)	Quality Flag Definitions ?
BH Care Coordination	Discontinuation - Antidepressant < 12 weeks (MDE) 3+ Inpatient - BH	
Hospital ER Utilization	4+ Inpatient/ER - All 4+ Inpatient/ER - BH Readmission - All BH 7 day	

Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Attention Deficit Disorder | Bipolar Disorder | Major Depressive Disorder | Organic Mental Disorder Due to Medical Condition | Other Nonpsychotic Mental Disorder | Other Psychotic Disorder

Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)

Cardiometabolic Flag Related Conditions	Hyperlipidemia
Injury And Poisoning	Superficial injury; contusion

Integrated View of Services Over Time

View: Graph Table

The graph displays service utilization over time from 1/1/2010 to 1/1/2014. The y-axis lists services: Medicaid Eligibility, Medication BH, Medication Medical, Inpatient BH, ER BH, ER Medical, Outpatient BH, Child Waiver, and Medical Outpatient Service. The x-axis shows dates: 1/1/2010, 1/1/2012, and 1/1/2014. Medicaid Eligibility is shown as a solid black bar across the entire period. Medication BH is shown as a series of orange dots. Medication Medical has a few purple dots. Inpatient BH has blue vertical bars. ER BH has red dots. ER Medical has red dots. Outpatient BH has yellow horizontal bars. Child Waiver has blue dots starting around 2013. Medical Outpatient Service has orange horizontal bars.

PSYCKES 30-day Readmissions Data

Participating Hospitals, Ages 0-17

Hospital Number	# Discharged (Denominator)	# Readmitted (Numerator)	Prevalence %	Regional %	Statewide %
1*	80	2	2.5	9.1	11.72
2*	143	11	7.7	9.1	11.72
3	209	18	8.6	11.4	11.72
4	317	29	9.1	12.9	11.72
5*	151	15	9.9	9.1	11.72
6*	173	18	10.4	9.1	11.72
7	158	17	10.8	11.4	11.72
8	165	19	11.5	11.4	11.72
9	226	28	12.4	11.4	11.72
10	908	125	13.8	12.9	11.72
11	259	42	16.2	11.4	11.72
12	35	6	17.1	14.0	11.72
13	296	53	17.9	14.0	11.72
14	75	14	18.7	11.4	11.72

* State-Operated Psychiatric Center

The Action Plan

The Action Plan: Purpose and Structure

- Road map for the project
 - Plan project activities
 - Start-up tasks
 - Delivery of project interventions
 - Tracking
 - Anticipate and plan to address barriers
- Aligns with
 - List of project interventions
 - Project reporting

The Action Plan

Children's Readmissions Quality Improvement Project Action Plan

Hospital Name: _____ Date Form Completed: _____

Clinical Service(s) Participating: _____ Date(s) Form Updated: _____

Action/Task	How Will It Be Done?	How Will It Be Tracked?	Individual(s) Responsible	Start Date	Target End Date	Actual End Date
Assemble Readmissions QI Project Team with representation from each participating service or service type.						
Ensure that PSYCKES access is granted to the QI Team and any other relevant staff.						
Conduct a Root Cause Analysis – using hospital and PSYCKES data, and client/family interviews – to understand drivers of children's readmissions at your hospital.						
Brief leadership and staff of all relevant departments on project goals and activities.						
Implement a system for documenting and tracking target population and project activities.						

What? How? Who? When?

The Action Plan

Children's Readmissions Quality Improvement Project Action Plan

Please identify the 2 main barriers you anticipate to successful initiation of the Children's Readmissions CQI project, and two strategies for overcoming each of these barriers:

Barrier #1: _____

Strategy #1a: _____

Strategy #1b: _____

Barrier #2: _____

Strategy #2a: _____

Strategy #2b: _____

The Action Plan: Today's Assignment

- Complete first page: leave here with a “to do” list for implementing the project
- Start thinking about / completing the other pages
 - Phase in interventions over time
 - Each setting starts with one item
- Complete last page: anticipated barriers and how to address them.
- Report out to the group on your plan at the end

Question and Answer