

A Blueprint for Success

Implementation Of Community Connections



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COMMUNITY CONNECTIONS: Expanding The Continuum

Definition:

“Community Connections is a Case Management Based Program structured to improve communication and refine systems and processes to impact positively on the quality of service to our patients, the community, and enhance revenue streams”



BUILDING THE FOUNDATION

The Post Acute Continuum

- S Sub-Acute Skilled Nursing Beds
- S Inpatient Comprehensive Rehab. (IRF)
- S Long Term Acute Care (LTAC)
- S Long Term Care
- S Outpatient Rehabilitation Services
- S Home Health Care
- S Adult Congregate Living Facility (ACLF)
- S Wound Care



The Community Connections Program: Concept Through Implementation

- S How can we assure appropriate placement?
- S How can we facilitate DC and decrease LOS?
- S How can we keep patients in our system?
- S How can we better interface with providers?
- S How can we educate our customers?
- S How can we best impact on quality and outcomes?



Community Connections Program Development

- S Case Management/Social Service
- S Post Acute Service Experts
- S Hospital Leadership
- S Physicians
- S Nursing
- S Finance Representative
- S IT Systems Representative
- S Competitive Environment



Community Connections: Program Objectives

1. To impact positively on the quality and provision of healthcare in the community through education and affiliations with external providers
2. To improve the quality and provision of healthcare to the consumer through education relative to available services and healthcare options
3. To enhance internally and externally the coordination of services and communication through systems and operations modification
4. To increase the number of patients remaining in or returning to the providers continuum



Program Objectives

5. To ensure that patients are placed in the most appropriate level of care within the providers continuum
6. If discharge plans dictate utilization of services outside the providers System, ensure that patients are placed in the most appropriate level of care in the community
7. To track discharge dispositions for patients in CC Program and reasons for non utilization of system continuum for development of marketing initiatives
8. To track discharge dispositions for patients in CC program and define opportunities to re-enter patients into system continuum



Program Objectives

9. To gain physician support and cooperation through education, facilitating the discharge process, and improving services for physicians
10. To support the credentialing and monitoring of external provider representatives entering the hospital



Community Connections: Initiatives and Considerations

S Length of Stay

S Readmissions

S Medicare Transfer Rule

S Appropriate Placement

S Payor Dynamics

S Revenue Stream

S ACO's (Reform)

S Provider Affiliation



Community Connections Due Diligence

- S Meet and interview leadership
- S Visit and tour all sites
- S Meet with line staff all facilities/services
- S Review financial performance by service line
- S Identify opportunities for positive financial impact
- S Identify business development strategies



Community Connections

Due Diligence Cont.

- S Assess patient population, needs, demographics
- S Assess community post acute service needs and availability
- S Assess barriers and access issues
- S Assess referral patterns/habits/practices relative to “ most appropriate placement ”
- S Identify educational opportunities



Program Implementation Structure ⁽¹⁾

- S Administrative Support** - Critical for program success
- S Program Champion** - Oversees program, chairs Advisory Group
- S Community Connections Advisory Group** - Representatives across disciplines and service lines



Community Connections Advisory Group

- S Case Management
- S Home Health
- S Nursing
- S Rehabilitation
- S Out Patient Rehab Svcs.
- S Medical Staff
- S Strategy/Planning
- S Physician Liaison
- S Marketing
- S Medical Records
- S Finance
- S Legal Services
- S Information Systems
- S Utilization Review



Program Implementation Structure ⁽²⁾

- S Facilitator** - Facilitates Daily Huddle, tracking, reports
- S Post Acute Service Representatives** - Expertise in service line, admission criteria, educators
- S Daily Huddle** - Admissions/Discharge Screening



Community Connections Daily Huddle

- S Attending: Facilitator, CM/SW, Post Acute Service (PAS) Representative
- S 100% previous 24 hours admissions are reviewed for PAS screening need
- S Previous day's CC patient discharge disposition reviewed/tracked
- S Venue to collaborate on issues, i.e. DC, placement, physicians, payors, bed need



Program Implementation Structure ⁽³⁾

- S Performance/Evaluation/Benchmarks** - Readmissions, volume indicators, revenue enhancement
- S Affiliation Initiatives** - Agreements/Contracts (Program development, readmissions, indigent care, healthcare reform strategy)
- S Resource Center**



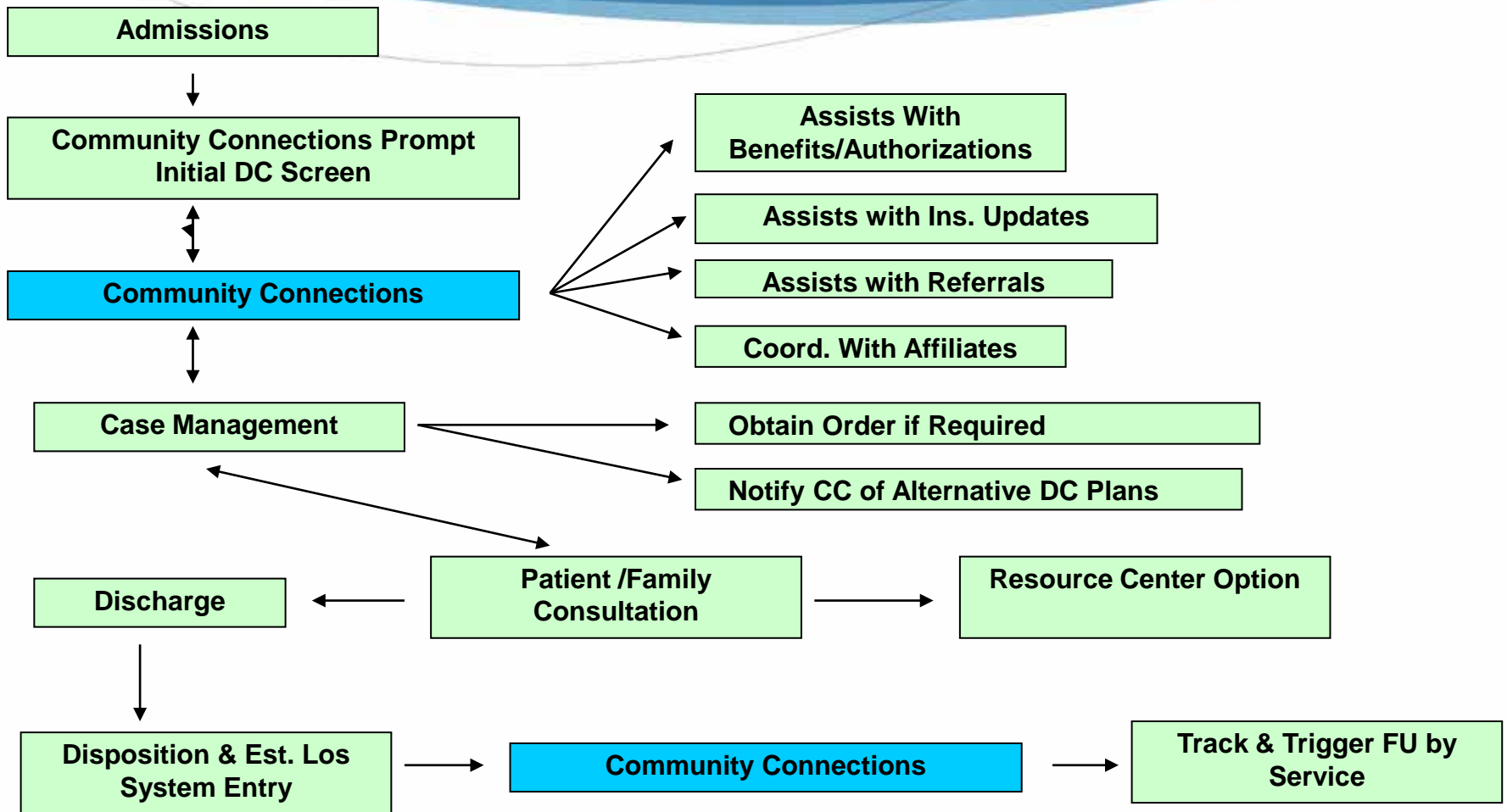
Community Connections Resource Center

- S Provides patient family education to make informed choices about providers
- S Provides available outcome/quality measures of providers
- S Provides information to support CM/SW
- S Supports affiliation initiatives
- S May utilize all forms audio, visual, and interactive communication



COMMUNITY CONNECTIONS

Flow Chart



Available Health Data/Discharge Management Software

- S Allscripts/ECIN (Chicago IL)
- S Curaspan–eDischarge (Newton MA)
- S Total Living Choices (TLC) (Seattle WA)



Community Connections Impact: Hospital in West Central FL

S Medicare Home Health Admissions:
Increase of 39% FY 2010

S SNF Readmissions to Acute Care:
Decrease of 50% for first 90 day period at
first test site



Community Connections Impact: Post Acute Service Lines

Impact First Quarter

Home Health (Medicare Episodes)	\$32,639
Rehab Hospital (Patient Days)	\$473,203
SNF (Medicare Patient Days)	\$74,279
TOTAL	<u>\$580,121</u>

Hospital System in Southwest Florida



Community Connections

Value/Benefits ⁽¹⁾

- S Informed consumers – educated healthcare decisions
- S Place patients in the most appropriate post acute level of care
- S Improve patient outcomes
- S Exceed operational benchmarks/targets
- S Program development with affiliates
- S Preparation for healthcare reform



Community Connections Value/Benefits ⁽²⁾

Increase Customer Satisfaction

- S Patients and families
- S Physicians
- S Payors
- S Affiliates
- S Referral sources
- S Internal operations



Community Connections

Value/Benefits ⁽³⁾

- S Interdisciplinary Team Building
- S Patient focused
- S System focused
- S System synergy



Community Connections

“Community Connections facilitates coordination, communication, and process to provide optimal support and service to our patients, families, affiliated providers, and the community”



Community Connections

**Questions
Discussion**

