

Care Management Tools Testimonial



Names: Gloria Rose, RN; Marisa Smith, RN, CDOE; Melissa Jesuino, RN; Amanda Fontaine, RN; Vera Whalen, RN, CDOE; Cheryl Cook, RN; Michelle Gamache, RN; Lania Rodgers, RN, CDOE; Jennifer Wagner, RN; Emma Romano, RN; Matt Saraniti, RN

How did things take place before Care Management Services?

As the Nurse Care Management Team at Thundermist Health Center, an important element of our work is to provide support for our patients when they go to the hospital. Particularly for patients who have multiple, chronic illnesses and are at high risk, it is critical that we provide outreach and timely follow-up. In order to do this, we rely on notifications from hospitals throughout our region. When we receive these notifications, the data gets processed by our document management team who then sends notices to our Care Management team using our Electronic Health Record (EHR). Once we have this information, we then need to monitor for discharges so we can take action and engage with our patients to provide care, including education and scheduling follow-up appointments, as needed.

Prior to using the Care Management Dashboard, we were not always notified by the hospitals when our patients were discharged. Also, we would often have to make multiple phone calls to get critical information that we need to provide follow-up on hospital admissions. For some hospitals, we have reliable relationships and contacts with the Care Management Departments, so with these we typically have productive interactions. But, with other hospitals, sometimes we would not have a

contact that we could follow-up with. In these cases, we would maybe get a document *later on* saying the patient had been discharged. We would often end up playing phone tag and we were challenged by the fact that would have a delay in our receipt of the requested data. Overall, the work we were doing to engage in this level of care coordination was time consuming.

How do things take place with Care management Tools?

Now, using the Care Management Dashboard, we have a place we can go to get reliable updates about our patients' admissions and discharges from hospitals all over the state. Typically, each morning we sign in to the Dashboard and filter on the providers we work with to get our specific patient lists. Then we look at the related information that has already been documented in our EHR and update our records to note when patients are still admitted or when they have been discharged. Using the data from the Dashboard in this way, we are better able to track current hospitalizations for our patients.

As we were the first healthcare organization in Rhode Island to pilot the Care Management Dashboard, we started by having specific sites utilize this tool. We found that the sites using the Dashboard developed a much more streamlined process than the old process of making phone calls. When our Director of Community Care Management, Gloria Rose, spread this established Care Management Dashboard workflow, the tool quickly became integral to the work at all sites. As one Nurse Care Manager describes, "when I first started using it, I was like, wow! There are certain patients who are 'frequent fliers.' Once I see them on the Dashboard I reach out right away and call the family. Then I can let the provider know right away, too. I am able to keep mental notes and document in the EHR so I can be ready when they are discharged."

Our teams finds it to be very helpful that we can see where each patient is and even the room they are in when they are admitted to a hospital. For example, when we see they are in a specific room on the fourth floor and we can talk to the nurse in the unit and coordinate care. Also, for special cases, with this information, we can go to the hospital in person or send a member of our community health team to see the patient. When we do this, we typically call the unit ahead of time and let them know that we are going to come in to visit a patient. For our patients receiving Medication Assisted Treatment and those who are high risk, it is great to have this opportunity to engage with patients and make a face to face connection. Particularly for our patients who we know have no family there to support them, being able to provide this outreach for them can be very important.

Our workflow for following patients who are in the Emergency Department (ED) is different from our inpatient admission tracking processes. For these patients, our Nurse Care Managers use the Care Management Dashboard to check for individuals who we are specifically monitoring and who are at risk. For patients who would benefit from outreach, we will often engage our community health team. As it is often harder for us get data regarding ED visits, it's very helpful for us to use the Dashboard to track this utilization. We are also able to follow this data to find if there are any possible hospital admissions that may occur *following* the ED visit. Being alerted to this information can really be beneficial for the care we are able to provide. For example, recently, a patient who was being tested for memory issues went to the ED. When we saw this individual on our Dashboard, we were able to call the hospital to coordinate care and make sure they did specific tests based on this individual's status. This type of engagement among clinical teams can lead to significantly better outcomes for our patients.

How does that impact your life/work?

Having the Care Management Dashboard makes things a lot easier and a lot more organized for our Care Management Team at Thundermist. Prior to using this tool, our days involved significantly more phone calls and last minute scrambling to provide outreach. In the past, patients often wouldn't call us post-discharge. Given this, sometimes it would be more than a week before we would know that they had been hospitalized. Now, our processes are more efficient. We have a heads-up right away and are able to proactively check their medications etc. and outreach to them, as needed.

By starting out the day by checking the Dashboard, it sets the tone as far as what we need get done during that shift. Generally, we avoid booking anything in the first slot of the day so we are able to use this time to check the Dashboard and assess what follow-up efforts to expect. If a patient gets booked during that time, it really changes the cadence of the day when we are not able to have this time to get organized. Throughout the day, whenever we have extra time we will pop back on the Dashboard to check the status of certain patients and monitor for new admissions.

We have many examples of how having this tool has made a significant impact in our practice. In one case, a patient that had been incarcerated overdosed. We knew this individual was homeless and we were able to make arrangements and get him placement right into a sober house as soon as he was discharged. In another example, when a patient expired at the hospital, we were able to see this information on the Dashboard. It was very helpful that we were able to avoid calling this person's home to book a post-hospital follow-up appointment. Having this information can avoid an awkward conversation with family members. Overall, by having the Care Management Dashboard, we are more organized and able to provide better care for our patients.