



Building a Bridge to Better Health Coalition (BBBHC)

*Enriching Community Transitions & Healthcare
through Communication, Collaboration and Coordination*



Meeting Summary

Thursday, September 24, 2015, 10:00am

John T. O'Connor Senior Citizens Center, Knoxville, TN

ATTENDEES

14 people attended representing 12 different organizations.

WELCOME

Dottie Lyvers, East Tennessee Area Agency on Aging and Disability, welcomed everyone and asked all members and guests to introduce themselves.

MEMBER INFORMATION SHEETS

Member information sheets (for the Membership Directory) were distributed. All members who haven't already completed the form are asked to complete. Dottie shared that the Member Information sheet will be added to the Building a Bridge to Better Health Coalition website. The directory will be sent out to members prior to the next meeting.

SPECIAL PRESENTATION

Data Overview of Readmissions Initiative, Corley Roberts, Qsource/atom Alliance

Corley presented an update on readmission data for the Knoxville region. She shared that by June 2013, the Knoxville region reduced readmissions by 16.1%. In addition, National and TN rates have declined. Observation stays not as high as previously thought. As of 2014, TN was 32nd in nation for readmission rates (13.5%). The Knoxville region save \$6.9 million+

The BBBHC can use this data to identify partners to include at the table. Partner with them to reduce readmissions. Need to strategize on how best to accomplish this task.

Corley suggested the group do a SWOT analysis at a future meeting. This looks at the Strengths, Weaknesses, Opportunities and Threats of the BBBHC.

If you are interested in presenting on an intervention in your setting at a future meeting, please let Dottie know.

Corley is willing to provide quarterly data updates to the BBBHC.

Please see accompanying presentation for more information. Please note that this data is intended for Building a Bridge to Better Health Coalition use only. If you have any questions, please contact Corley Roberts.

UPDATE ON COALITION MEMBER'S INITIATIVES

Karen Crumbley and Sharyn Schettini from Jefferson City Health & Rehab shared that they are opening a Transitional Care Unit. The unit will be for short term patients to transition them from hospital to home while at the skilled nursing facility. A nurse will be assigned to assure that patients follow up with the primary care physician, and will do 1:1 with patients.

Lettie Ailey from HealthStar Physicians shared that they started a Transition Care Program in March 2015. They have physicians in Cocke, Hamblen, and Jefferson counties. Healthstar is using the Coleman model as a template for their program. Healthstar has a system in place with Covenant to receive secured email every morning regarding discharged patients. They are working with other hospitals to try and get daily secured emails. In the meantime, they are working with case managers at the hospitals to get Healthstar patient data. Healthstar schedules a primary care physician visit within 7 days of discharge. Healthstar is also working with nurses to help them understand the importance of the discharge summary so that the Dr. will review. Healthstar is working with insurance companies regarding frequent flyers to be able to notify Dr.'s. They are also working with home health agencies to get high risk patients seen by the Dr.

MEDICATION SAFETY WORKGROUP

Nicole Rosenke was appointed as the new Chair. Nicole's new role involves teaching pharmacist/physicians and working with patients in the home. The group discussed going forward with implementation of an intervention that looks at pharmacy home visits for medication reconciliation, and identifying potential ADEs. The group will begin with establishing a baseline for data, start date, and what exactly will be measured.

POST-ACUTE WORKGROUP

The group discussed the survey that will be going to members before the next meeting. The survey will ask about the top 5 reasons for readmissions from the member's perspective (organization or individual). It will also ask about solutions to the reasons. Kim Dunn has agreed to create survey. Post-Acute members will send Kim their top 5 reasons for readmission. Kim will take that and send link to Dottie to send out to membership.

NEXT BUILDING A BRIDGE TO BETTER HEALTH COALITION MEETING

Thursday, October 22, 2015 – 10:00am – Knoxville – Knox Co CAC, LT Ross Building
