



Improving Advance Care Planning for Assisted Living Dwelling Seniors

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Provider

Allina Health Senior Health

Contact

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Challenge

Advance care planning (ACP) allows patients to convey goals and wishes to their medical team. Despite recommendations for all adults over 60 to have a documented health care directive, only 65 percent of nursing home residents in the U.S. have completed ACP. Even though 65-76 percent of patients had completed an ACP document, we were not aware that they had been completed. Eighty percent of patients state they would like to die at home but less than 20 percent actually do. Successful ACP programs initiate these conversations between providers, patients, and families as well as ensure documentation is easily accessible in the electronic medical record (EMR) for healthcare teams to use in the time of crisis. Having ACP documentation in the chart improves quality of life and helps providers honor patients' wishes.

Innovation

Allina Health Senior Health implemented ACP as a practice-wide quality metric for our assisted living patients. To complete the metric, patients need to have ACP listed on their problem list and a scanned document in the EMR. The problem list contains documentation about ACP conversations as well as power of attorney for medical decision making. It lists the documents and when it was scanned into the chart for easy review.

Improving health

- 89% of patients have an ACP scanned into EMR and easily accessible.
- 76% of patients died at home.
- >80% of patients died on hospice (77% with Allina Hospice).

Enhancing patient experience

- Created a standardized way to discuss ACP with patients and families.
- ACP conversations and documentation in the EMR improved from 43% in 2015 to 89% in 2019.
- Increase in patients dying in their home versus in the hospital.

Taking aim at affordability

- Increase in timely hospice referrals increased hospice length of stay in the population to 119 days compared to 23 days.
- Avoidance of unwanted hospital transfers. Hospice patients have lowest potentially preventable readmission rate of 0.15 A/E ratio.





Connecting our communities to healthy food

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Provider

Essentia Health

Contact

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Challenge

Across Essentia Health's service area, food insecurity remains a problem with some counties seeing rates as high as 18% of its population compared to the state average of 10%. Essentia Health's campus in Duluth is located in the Hillside neighborhood, where 41.6% of residents reported food insecurity (Bridge to Health Survey, 2015). Patients and families with food insecurity may be forced to choose between necessary healthcare and purchasing healthy food. While there are some resources in the area, ensuring that patients and families are connected to resources remains a key issue.

Innovation

Essentia Health launched a new intervention to identify and connect patients and family members with food insecurity with community resources. The target population for this pilot intervention was patients seen in Essentia pediatric clinics in Duluth, Baxter, and Fargo. Patients were screened for social needs including food insecurity, transportation and financial strain through the electronic medical record (EMR). A community health worker followed up with each patient and made electronic referrals to community partner organizations. Additionally, Essentia Health supported local food access capacity by starting a farmer's market in the Hillside neighborhood, donating food from the cafeteria, financial and volunteer contributions to local food banks resulting in 241,000 meals.

Improving health

Research shows that these households often face difficult decisions such as choosing food over medication, postponing preventive or needed medical care, or forgoing the foods needed for healthy lifestyles.

Enhancing patient experience

- We intervene and connect struggling patients to needed resources outside the health care system.
- It makes it easier for patients to get connected to resources by the aid of a community health worker than navigating the system on their own.

Taking aim at affordability

We are broadening the health care focus from downstream care delivery to upstream disease prevention and addressing social determinants of health.





E-Consults - A New Pathway for Specialty Care

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Provider

HealthPartners Medical Group
& Park Nicollet Health Services

Contact

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Challenge

Previously, there were two ways of seeking specialty advice on patient situations: quickly, not formally documented and not typically compensated (a "curbside consult" such as paging, calling, or emailing a colleague); or more delayed but documented and billed (a face-to-face visit, for which the first available appointment is often 2+ weeks).

Innovation

We envisioned a pathway in which referring clinicians and patients could access specialty advice in a timely manner that would be documented and billable, but at a rate less than what would be paid for a face-to-face visit. We felt it was important to position e-consults as an option rather than a requirement for all involved; patients, referring clinicians, and specialists would all have the opportunity at their point in the process to determine whether the question was in fact a good fit to be addressed in this way.

In June 2019, we implemented a new functionality and process across our care group to leverage our electronic medical record (EMR) and provide "E-Consults." Once an e-consult is submitted via the EMR, specialty teams provide a response within two business days.

Improving health

- Timely answers lead to quicker treatment plans.
- Documented advice provides a fuller picture of patient care in the medical record.

Enhancing patient experience

- Patients appreciate the opportunity to receive timely answers without traveling.
- Care plans can be developed and executed by clinicians with whom patients have an existing relationship.

Taking aim at affordability

- The cost of an e-consult is less than half that of a face-to-face visit in a specialty department.
- When we utilize e-consults, the days spent waiting for specialty advice decrease by over 80%.





Provider

Park Nicollet Melrose Center

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Challenge

A 2017 Joint Commission Survey identified the absence of standardized suicide risk assessment and documentation as an area for improvement. Research into this topic revealed a lack of organizational and community standards regarding suicide risk assessment. While treatment providers routinely assess for and document suicide concerns, chart review indicated a lack of standardization surrounding screening tools, documentation components, and follow-up procedures.

This is of particular concern at Melrose Center due to the fact that compared to age matched comparisons, individuals with anorexia nervosa are 18 times more likely to die by suicide and individuals with bulimia nervosa are 7 times more likely to die by suicide (1).

1. Smith A, Zuromski K, Dodd D. Eating disorders and suicidality: what we know, what we don't know, and suggestions for future research. Current Opinion in Psychiatry. 2018; 22:63-67.

Innovation

Developed and implemented a standard suicide risk assessment protocol. Patients are screened for suicide risk, whereafter providers follow standard procedures for follow-up and documentation. In light of the fact that patients with eating disorders are at a heightened risk for suicide, additional assessment components were developed to ensure that the patient's individual and diagnosis specific risk and protective factors would be considered in the overall assessment.

Improving health

We improved patient safety by creating a standard protocol for assessment and follow-up. By standardizing the process, we were also able to guide follow-up and utilization of appropriate resources.

Enhancing patient experience

Patients receive a higher standard of care given that assessment, resources, documentation and follow-up looks the same across all providers and levels of care. Support staff have a better understanding of protocols and resources, which reduces uncertainty and anxiety.

Taking aim at affordability

Streamlined decision making reduces unnecessary transfers and psychiatric holds, while still matching patients in need with the most appropriate care.

Suicide Risk Assessment Protocol

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Multidisciplinary Assessment Team

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Provider

St. David's Center for Child & Family Development

Contact

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Challenge

Challenges to children's emotional wellbeing and development are common, affecting 1 in every 5 young people. In Minnesota, 9% of school-age children and 5% of preschool children have a mental health problem which interferes significantly with the child's functioning at home and in school. Many of these children come from families that lack resources, and losing childcare, which is a common occurrence with this population of children served, further destabilizes family systems, threatens parents' job security, and exacerbates stress. The complexities of developmental and behavioral issues in children often defy traditional approaches to assessment, which provide one isolated view of the child and do not always identify the root cause of their challenges, leading to misdiagnoses and ineffective treatment plans.

Innovation

We designed, implemented and evaluated a pediatric multidisciplinary assessment to accurately diagnose developmental and behavioral health needs, bringing three specialists together in one 3-5 hour assessment on one day in one location. This model answers the high demand for evaluation of young children with an innovative service design that provides a strong level of expertise and experience with a one-stop shop approach: parents bring their child to one place, the multidisciplinary evaluation provides a full picture of the child without going to multiple locations and appointments, and families leave with a comprehensive evaluation of their child and early intervention plan, often with direct referrals to appropriate services. The result is more effective treatment plans and faster results.

Improving health

Improved functioning in 93% of dysregulated children within three months of enrollment of services.

Enhancing patient experience

- Reduced time spent in assessments for children with behavioral health needs.
- Increased parental understanding of diagnosis.
- Reduced incidence of misdiagnoses.

Taking aim at affordability

- Reduced time spent in treatment by 64%.
- Reduced average treatment cost by 66%, saving the healthcare system an average of \$11,043 per child.

