**PROPOSED AGENDA**

<table>
<thead>
<tr>
<th>TIME</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>Review minutes and welcome members</td>
</tr>
<tr>
<td>10:10</td>
<td>Partner Reports and Meetings Highlights</td>
</tr>
<tr>
<td></td>
<td>Data and QI</td>
</tr>
<tr>
<td></td>
<td>Shared Learnings</td>
</tr>
<tr>
<td></td>
<td>CSI Portal update</td>
</tr>
<tr>
<td>10:50</td>
<td>Presentation</td>
</tr>
<tr>
<td></td>
<td>Potential funding for EDs in 2019 and/or 2020</td>
</tr>
<tr>
<td>11:15</td>
<td>Transportation pilot meeting (Eric S)</td>
</tr>
<tr>
<td></td>
<td>Medical Respite Program (Tanya G)</td>
</tr>
<tr>
<td></td>
<td>Next Steps/Other Updates</td>
</tr>
<tr>
<td></td>
<td>Final workgroup member comments</td>
</tr>
</tbody>
</table>

**Locations:**

- **Quincy Clinic - Moses Lake Community Health Center**
  1450 1st Ave SW
  Quincy, WA 98848

**Conference Dial-in Number:**

Join Zoom Meeting: [https://zoom.us/j/5518334075](https://zoom.us/j/5518334075)
Call in Numbers: +1 408 638 0986 or +1 646 876 9923
Meeting ID: 551 833 4075
Find your local number: [https://zoom.us/u/adNIjFwjRo](https://zoom.us/u/adNIjFwjRo)

**Attachments:**

1. 1.24.19 Meeting Minutes
2. Meeting Slide deck
3. Partner Report Highlights
4. TCDI Measurement Guide
5. Samaritan Presentation

**Next Meeting:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Thursday May 23rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>10 AM – 11:30 AM</td>
</tr>
<tr>
<td>Location:</td>
<td>Chelan Douglas Health District</td>
</tr>
<tr>
<td></td>
<td>200 Valley Mall Parkway</td>
</tr>
<tr>
<td></td>
<td>East Wenatchee, WA 98802</td>
</tr>
<tr>
<td></td>
<td>10-11:30AM</td>
</tr>
</tbody>
</table>
WELCOME & INTRODUCTION
- Welcomed members
- Lori Bergman moved to accept the December minutes, Jackie Weber seconded the motion, approved.
- Review updated charter and approved changes – charter was sent out at the last meeting showing the changes to the meeting schedule and the makeup of the meeting structure. Jackie Weber moved to accept the updated charter, Lori Bergman seconded the motion, approved.

Meeting Notes
- Hospital partners plan to join our TCDI meeting every other month (6 total meetings throughout the year). The first 45 minutes – 1 hour will be dedicated to updating partners on the work occurring and encourage regional collaboration/sharing.
- We reviewed the crossover of the projects with partners and the potential training schedule for 2019 (See charts below)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Transitional Care</th>
<th>ED Diversion</th>
<th>CMT Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Chelan Community Hospital</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Mid Valley</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Three Rivers Hospital</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samaritan Healthcare</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Columbia Basin Hospital</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Coulee Medical Center</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>North Valley</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Confluence Health</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
• There was a pretty robust conversation around the TCM model with partners and how they are utilizing either Premanaged, generated lists, etc. to work with outside agencies (e.g. Lake Chelan Community Health and Columbia Valley Community Health) to ensure follow up phone calls are occurring, but also ensuring there is a reduction in duplicity of calling.

• Partners expressed interest in trainings and shared learnings. Confluence Health and Mid Valley both do a transitional care process outside of the ED (Not the TCM Model), that organizations would like to learn more about so they can adapt the processes for ED discharges.

• Reviewed the reporting document and talked about goals of the narrative:
  o Looking for successes, barriers, and where NCACH can help
  o Both Mid Valley and Coulee Medical Center shared their AIM statements and measures in the quality improvement charter.

• There was a number of questions related to the excel spreadsheet. Ultimately each partner is going to tweak it to their current reporting structure. NCACH will work with them when reviewing the reports to identify areas they can improve.

• Goal in February is review reports and connect with partners to identify their strengths and where additional supports could be provided.

• Shared the idea of moving resources over to the healthcare communities portal. All partners were on board with moving that direction and are excited about the idea of sharing resources.

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**Medical Respite Programs**

Tanya Gleason gave a presentation on her deeper dive into Medical Respite Programs (see meeting packet for slides)

- It is able to be scaled to your community
- 70 -80 respite programs across the country
- Focused on lower levels of care, harm reductions, short term care
- Length of stay depends on partnerships within the community, program average is around 21 beds.
- Yakima Neighborhood Health Services respite program – 60 patients cost savings of $135,200
- Sites can be: shelters, transitional housing, unused wings of nursing homes, etc.
- Models Freestanding, Shelter based unit
- Hospitals are often the most common funding source as it saves money over a hospital stay.

Next steps:
- Tanya will look into potential sites and possible schedule a visit to the Yakima site.
- Linda noted that there will be a new inter local group starting that may be addressing this issue.
- Eric has been in contact with Confluence will be reaching out to Tanya to present this option.
- CWH has contracts with many in the area to provide care outside of the hospital. Funding is out there, many partners are willing to participate.
- Jill asked about the homeless counts and is there a formula? Tanya will check into this.
- What is the licensure requirement? Tanya will contact Yakima group to find out.

Send additional questions to John or Tanya

<table>
<thead>
<tr>
<th>Future Potential Meeting Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review of reporting document – discussing data shared in February and areas partners need additional supports</td>
</tr>
<tr>
<td>- Sharing the ED Transitional Care processes that both Mid Valley and Confluence utilize in their organizations</td>
</tr>
</tbody>
</table>

**Next Meeting Schedule for 3/28/19**
Quincy Community Health Center
1450 1st Ave SW
Quincy WA 98848
North Central Accountable Community of Health

TCDI Workgroup Meeting

Approve Agenda & Minutes

Eric Skansgaard
**Aim of TCDI Projects:**

1. Improve transitional care services to reduce avoidable hospital utilization
2. Promote appropriate use of emergency care services and person-centered care through increased access to primary care and social services
3. Ensure patients are receiving the right care at the right time
Goals of Today’s Meeting:

1. Highlights from Partner Reports and Meetings
2. Discuss Data for Quality Improvement
3. Discuss Additional Learning Opportunities
4. Present Partner Portal

Partner Reports

Key Highlights:

1. All partners are off to good start
2. Hospitals have formed partnerships with other organizations (e.g. FQHCs, Tribal Partners, etc.)
3. Partners are evaluating internal workflows to identify what steps belong in the inpatient and outpatient setting.

A more detailed report is attached to meeting documents for review
Partner Reports

Areas of Continued Improvement:
1. Quality improvement data development
2. Sharing current work and models across partners
3. Additional coordination across partners/project needed (e.g. WPCC & TCDI)

A more detailed report is attached to meeting documents for review

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

QI and Measurement

Model for Improvement:
• Construct clear AIM
• Choose the right measures
• Identify ideas on how to improve current state
• Test using PDSA cycles
Measurement

- Reporting on quarterly metrics is to support your quality improvement work.
- Measurement tells us whether the changes we are making are actually leading to improvement.
- Core principles of measurement for QI include:
  - Learning and improvement
  - Data should be useful, not perfect
  - Use just enough, good enough data

*For additional details, reference TCDI Measurement Guide

TCDI Measures

<table>
<thead>
<tr>
<th>Transitional Care</th>
<th>Diversion Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients discharged from inpatient</td>
<td>Follow-up after Emergency Department visit (7 days)</td>
</tr>
<tr>
<td>receiving a TCM call</td>
<td></td>
</tr>
<tr>
<td>Follow-up post hospitalization physician/mid-level</td>
<td>Follow-up after Emergency Department visit (30 days)</td>
</tr>
<tr>
<td>visits for all patients (7 days)</td>
<td></td>
</tr>
<tr>
<td>Follow-up post hospitalization physician/mid-level</td>
<td>Patients with 3+ Emergency Department visits in a calendar</td>
</tr>
<tr>
<td>visits for all patients (30 days)</td>
<td>year</td>
</tr>
<tr>
<td>Plan All Cause hospital readmission rate</td>
<td></td>
</tr>
</tbody>
</table>

TCDI Partner Discussions: When do we track 100% and when do we track a sample?
Potential Next Steps

1. Technical Assistance to partners:
   - Quality Improvement training/coaching sessions
   - Technical assistance for billing of TCM Model

2. Improve coordination of follow up across partners:
   - How are organizations combining processes for follow up out of Inpatient and ED care (e.g. TCM, patient navigators, Medical Assistants, etc.)
   - Increased need to better understand how to coordinate TCM calls between agencies (e.g. referral tools between partners)

3. Shared Learning Activities:
   - Between TCDI partners and with other workgroups (e.g. WPCC)

Shared Learning - 2019

Types of Shared Learning Activities

1. Posting Items to the Portal (e.g. report quotes, data, policies, educational handouts, SDOH Screening tools)
2. Partners providing organization specific updates at each workgroup meeting (10 minutes each)
3. Identified Trainings/Webinars for partners (e.g. TCDI/WPCC joint training)
## Upcoming Dates

<table>
<thead>
<tr>
<th>Dates</th>
<th>Topic/Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 15th</td>
<td>Quarter 1 data reports due</td>
</tr>
<tr>
<td>April 24th</td>
<td>CMT webinar on scheduled reports for providers</td>
</tr>
<tr>
<td>May 2019</td>
<td>CMT doing site visits for hospital partners</td>
</tr>
<tr>
<td>May 23rd</td>
<td>TCDI Workgroup Meeting</td>
</tr>
</tbody>
</table>

## Healthcare Communities Portal

Portal will be used for:

1. Posting shared learning
2. Webinars (upcoming and recorded)
3. Quarterly reports (TBD)

Link to Portal Login: [https://www.healthcarecommunities.org/HCLogin?returnurl=%2f](https://www.healthcarecommunities.org/HCLogin?returnurl=%2f)
Recap/Partner Comments

Any Final Comments or Questions?

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

North Central Accountable Community of Health

TCDI Business Section

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
Samaritan Healthcare Narcan Take Home Program

Richard Donaldson
(See attached slides)

Workgroup Questions:
1. Are hospital partners interested in implementing a policies/procedures for Narcan Take Home Kits?
2. If so, do Hospital partners feel this is something they would like to focus on the 2nd half of 2019 or early 2020?
3. Does TCDI members want to support and fund hospital partners to complete in 2019 or 2020?
   • Funding estimate: $5,000 per organization (up to $50,000 total)
# Meeting Recap/Roundtable

**Eric Skansgaard**

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## 2019 Workgroup Outline

<table>
<thead>
<tr>
<th>Month</th>
<th>Location</th>
<th>Tasks</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| January | Wenatchee | • Review Hospital and EMS Partner Updates  
• Discuss reporting and tracking metrics for funded partners  
• Review TCDI objectives in 2019 (Including funds distribution) | • Initiate meetings with funded hospital partners  
• Recommend additional objectives for TCDI in 2019 |
| March   | Moses Lake | • Review Hospital and EMS Partner Updates  
• Discuss additional funds distribution strategies to partners in 2019 (if applicable) | • Discuss additional funding strategies based on meeting discussion |
| May     | Wenatchee | • Review Hospital and EMS Partner Updates  
• Initiate discussion for 2020 funds distribution | • Start outlining key workgroup objectives for 2020 (NCACH scope of work) |
| July    | Wenatchee | • Review Hospital and EMS Partner Updates  
• Review and provide recommendations for 2020 work | • Provide draft recommendations for TCDI funds distribution in 2020. |
| September | Omak | • Review Hospital and EMS Partner Updates  
• Approve Plan for 2020 Funding/Work  
• Discuss goals of workgroup in 2020 | • Provide recommendation to the Governing Board for 2020  
• Outline workgroup plan for 2020 |
| November | Wenatchee | • Review Hospital and EMS Partner Updates  
• Outline goals of workgroup in 2020 | • Develop initial scope of work for workgroup in 2020 |
**TCDI Workgroup Meeting**

**TCDI Future Work - Expansion**

**What future work could support current TCDI efforts?:**

1. Encouraging Clinical – Community Linkages in Care Transitions
   1. (e.g. Medical Respite Programs)
   2. Other needs in community related to TCDI?
2. Mapping care coordination across region (Identified as a need)
3. Advanced Care Planning

---

**North Central Accountable Community of Health Upcoming Events**

**Annual Summit**  
April 12, 2019  
Moses Lake, WA

**Evidence-based Dental Pain Care:**  
New Opioid Prescribing Guideline and Rules from Washington State

**Registration for this training session is FREE but REQUIRED.**

**Date:** May 3, 2019  
**Time:** Registration: 8:30am to 9:00am  
Conference: 9:00am to 1:30pm  
**Location:** Confluence Technology Center  
285 Technology Center Way  
Wenatchee, WA 98801


At the Evidence-based Dental Pain Care Training Session you will learn about the latest recommendations for acute dental pain care, best practices for managing acute dental pain in patients with substance use disorder, emerging federal and state policies on opioids, newly adopted dental rules, clinical pearls in opioid prescribing from your peers and much more!
Thank you – Meeting Adjourned
NCACH Hospital Partner Reporting and Meeting Recap
Transitional Care and Diversion Intervention Projects
March 28th, 2019

**Overall Summary:**

Hospital partners submitted their first quarterly report on February 1st, 2019. After reports were submitted, NCACH held follow up phone calls with each organization to get a better understanding of their current progress on project implementation. Every organization did a good job getting the project underway and all reports were complete. It is evident that each organization is in a different stage of their project due to a variety of reasons (waiting for staff to be trained, EMR upgrades in 2019) and that each organization has a slight variation in how they are implementing the model. Those variations have led to partners finding creative ways to tailor their process improvement efforts to work for their patient population.

**Partner Highlights:**

NCACH is excited in 2019 to highlight the work of various partners and encourage partners to share best practices across the region. Some examples of those highlights include:

- Hospitals have formed partnerships between their hospital and outpatient clinics (FQHCs, Tribal partners, Other rural clinics)
- Organizations have taken the TCM model from Confluence and adapted it to their clinics. In some instances partners have utilized the training to streamline organization’s transitional care management workflow
- Most partners refined the process within their own organization between inpatient and outpatient services by identifying which department was responsible for specific steps in the TCM workflow.

**Partner Barriers:**

Though NCACH found organizational highlights, we did see partners identify very similar barriers and concerns as part of implementation. Examples of those barriers included:

- There are still a number of partners who would benefit from better connection with outpatient clinics outside of their own organization. This includes collecting data that relies on outside organizations to confirm follow up appointments occurred.
- Partners are struggling with the multiple initiatives occurring in their organization (e.g. WPCC, TCDI, and WHRAP), and how to balance the reporting requirements of those initiatives.
- Follow up from the Emergency Department is more variable between partners, and it could benefit from additional shared learnings.
- Partners are finding some patients are getting follow up calls from more than one organization.
Quality Improvement and Data Collection:

NCACH feels that partners are off to a good start on the quality improvement and data collection efforts. Most partners have been able to identify processes to collect measures within their report. Some key findings and recommendations based on the meetings with partners are as follows:

1. Many partners are collecting data manually and therefore will be reporting on a quarterly basis starting quarter 4 of 2018
2. NCACH removed measures that partners found confusing or hard to track
3. For those hard to reach measures, NCACH has discussed with partners sampling a certain section of the organization’s patient population
4. NCACH encourages partners to choose measures that directly affect their internal quality improvement efforts. Where able, NCACH will work with partners to align measures so that regional comparisons will be made.

NCACH recognizes that quality improvement and data collection will be a continued journey for partners and will work with them in 2019 to refine their processes.

Lessons Learned:

Based on the reports, NCACH sees a number of opportunities for collaboration between partners this next year. These include:

1. Technical Assistance to partners:
   - Quality Improvement training/coaching sessions
   - Technical assistance for billing of TCM Model
2. Improve coordination of follow up across partners:
   - How are organizations combining processes for follow up out of Inpatient and ED care (e.g. TCM, patient navigators, Medical Assistants, etc.)
   - Increased need to better understand how to coordinate TCM calls between agencies (e.g. referral tools between partners)
3. Shared Learning Activities:
   - Between TCDI partners and with other workgroups (e.g. WPCC)
4. Identifying additional sources of data (HCA, MCOs, etc.) that NCACH can collect to reduce the burden of partner reporting and enhance their QI efforts.

Final Summary:

Though there will likely be small changes throughout the year to partners Improvement Charters and data measures, NCACH feels partners are off to a good start. The focus in 2019 will be to encourage partners to participate in additional trainings as appropriate and share their best practices across the region with other hospital partners.
NCACH is asking you to track measures as part of your Improvement Plan. Our expectation is that you track no more than 5 metrics per project (TCM and ED Diversion projects). This includes project-related metrics that NCACH pre-identified and measures that you identify.

**This guide is designed to clarify the intent behind measurement and the type of support NCACH is planning on providing to strengthen your measurement capacity.**

After reading through this document, refer to this measurement checklist to help you with next steps!

**Measurement Checklist**

1. Identify a measurement captain on your improvement team
2. Identify all measures that correspond to your improvement project (Table 2)
3. Create operational definitions for each measure in your measurement tracker spreadsheet (include a numerator and denominator)
4. Confirm how you will collect your measure (a plan for how you will retrieve and process the data each reporting cycle)
5. Report measures every quarter to NCACH, though we encourage you to track your measures on a monthly basis internally to provide relevant information to your improvement team

**RESOURCE TIP:** Use the measures template in *Appendix A* to help you confirm how you will define and collect each measure. This should help you define very specifically what you are measuring and how it will be measured.
Background on HCA Metrics

The Health Care Authority (HCA) has identified measures specific to the Transitional Care and Diversion Intervention projects that they are holding ACH that selected these projects accountable for. NCACH’s goal is to align the work of our funded partners with those outcome measures as much as possible, while also ensuring that our partners focus on measures that are meaningful for them and aligned with the specific interventions we selected for our region.

As noted in the funding application, HCA is holding NCACH accountable for the following performance metrics:

**Table 1**

<table>
<thead>
<tr>
<th>Transitional Care</th>
<th>Diversion Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cause Emergency Department (ED) Visits per 1000 Member Months</td>
<td>All Cause Emergency Department (ED) Visits per 1000 Member Months</td>
</tr>
<tr>
<td>Acute Hospital Utilization</td>
<td>Percent Arrested</td>
</tr>
<tr>
<td>Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</td>
<td>Percent Homeless (Narrow Definition)</td>
</tr>
<tr>
<td>Follow-up after Emergency Department Visit for Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Follow-up after Hospitalization for Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Percent Homeless (Narrow Definition)</td>
<td></td>
</tr>
<tr>
<td>Plan All-Cause Readmission Rate (30 days)</td>
<td></td>
</tr>
</tbody>
</table>

Some of you probably noticed that the HCA measures are multiple steps removed from what you are specifically working on and/or seem really challenging for you to measure. **Note that we are not asking you to report directly on these measures.**

Measurement Intent

The purpose of NCACH asking you to submit an improvement charter and report on quarterly metrics is to **support your quality improvement work.** Measurement tells us whether the changes we are making are actually leading to improvement.

For those of you who have completed our Quality Improvement (QI) workshop, you will recognize these core principles of measurement for QI:

- Purpose is learning and improvement
- Data should be useful, not perfect
- Use just enough, good enough data
Project-related metrics that NCACH pre-identified

The *Improvement Plan Reporting Spreadsheet* you recently submitted includes metrics that we pre-identified, with input from the TCDI workgroup and implementation partners.

### Table 2

<table>
<thead>
<tr>
<th>Transitional Care</th>
<th>Diversion Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients discharged from inpatient receiving a TCM call</td>
<td>Follow-up after Emergency Department visit (7 days)</td>
</tr>
<tr>
<td>Follow-up post hospitalization physician/mid-level visits for all patients (7 days)</td>
<td>Follow-up after Emergency Department visit (30 days)</td>
</tr>
<tr>
<td>Follow-up post hospitalization physician/mid-level visits for all patients (30 days)</td>
<td>Patients with 3+ Emergency Department visits in a calendar year</td>
</tr>
<tr>
<td>Plan All Cause hospital readmission rate</td>
<td></td>
</tr>
</tbody>
</table>

We hope all partners work towards tracking these measures and we are here to support you and help you learn from others. We plan on addressing common challenges around some of these measures by organizing learning activities (online trainings) specifically for TCDI funded partners. **Stay tuned for more information about this.**

In the spreadsheet, we also ask about policies and procedures. These are important. As you test ideas and identify those that actually lead to improvements for your patients, it is important to articulate those improved processes and hard-bake them into your organization. If processes are just verbally communicated or owned by one person doing the work, what happens when those key people are not there, or move on?

### Measures that we are asking you to identify

The *Improvement Plan Reporting Spreadsheet* you recently submitted also includes rows for “organization defined measures”. We expect you to define your own measures for each of the following strategies (based on what you selected in your application):

- TCM
- Referral to primary care and behavioral health

The goal is for these measures to be aligned with your aims (as identified in your charter) so you can track whether the changes you are making are leading to improvement and to assess progress toward your aim.

We hope all partners work towards tracking their own measures and we are here to support you and help you learn from others. We plan on organizing learning activities (online trainings) specifically to define potential measures. **Stay tuned for more information about this.**
Feeling Stuck?

If you have any questions or need assistance as you fine-tune your measurement approach, feel free to contact John Schapman at john.schapman@cdhd.wa.gov or (509) 886-6435.

In addition to offering some Quality Improvement webinars to address the measurement challenges identified by TCDI implementation partners (you), we may also be able to bring in individualized HIT assistance from Qualis Health to help you leverage your EHR data and other data sources for purposes of measurement and improvement.

We are here to help you build your measurement capacity in a way that helps you achieve your aims.
# Measure Setup

## Measure definition

<table>
<thead>
<tr>
<th>Measure name:</th>
<th>What is the numerator?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is the dominator (not always required)</td>
</tr>
<tr>
<td></td>
<td>What is the calculation?</td>
</tr>
<tr>
<td></td>
<td>What is the population of focus?</td>
</tr>
</tbody>
</table>

## Goal Setting

<table>
<thead>
<tr>
<th>What is your numerical goal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for setting this?</td>
</tr>
<tr>
<td>When will it be achieved by?</td>
</tr>
</tbody>
</table>

## Measure process

<table>
<thead>
<tr>
<th>Collect</th>
<th>Is the data available?</th>
<th>Currently available / Available with minor changes / prospective collection needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who is responsible for data collection?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is the process of collection?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Analyze results Calculate measure and</th>
<th>What is the process for presenting results?</th>
<th>Enter into online form / Run chart in excel?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who is responsible for the analysis?</td>
<td>Who is responsible for the analysis?</td>
</tr>
<tr>
<td></td>
<td>How often is the analysis completed?</td>
<td>How often is the analysis completed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review</th>
<th>Where will decisions be made based on results?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who is responsible for taking action?</td>
</tr>
</tbody>
</table>

Addressing the Opioid Crisis

A Partnership Project with Samaritan Healthcare, NCACH and Community Agencies

Priority Approach: Overdose Prevention

Develop protocols and education
Narcan Home Kits
Project Partners

- Grant County Public Health District
- Grant Integrated Services
- Laketown Pharmacy
- Wenatchee Emergency Physicians

Resources

- Harborview Emergency Department Narcan Protocol
- Stopoverdose.org
- University of Washington Alcohol and Drug Abuse Institute
- WSHA, Bree Collaborative
Action Items/Timeline

- Project Approval by the Team May 2018
- NCACH Application completed May 11, 2018
- Protocol under development Aug 2018
- Develop EMR screens for identifying target population Nov 2018
- Stocking Narcan Kits Dec 2018
- Education materials and plan Dec 2018. Timeline moved out to March 2019

Remaining Action Items

- Educate Nursing and Pharmacy staff. Feb/March 2019
- Educate ED providers to order Narcan Kit in the same manner as other take home meds
- Confirm participating local pharmacies with Take Home Narcan Kits. Originally only Laketown but recently Walmart pharmacy.
- Start date March 2019
Finding Narcan in Washington State
stopoverdose.com

The Process

• Nursing-screen patients for Opioid Overdose risk.
• Patients with Opioid OD will receive education and a take home Narcan kit with instructions provided to patient and family.
• Education provided by pharmacy when available and nursing. Includes video and printed material.
• Referral to Social Services for SUD treatment options.
• Patients at risk of overdose will receive a referral to a participating local pharmacy for a Narcan kit. Local pharmacy provides education for patient and family.
Opiate use screening

Opiate Overdose
- ED provides Narcan THK
- Education and treatment options

At Risk for Overdose*
- ED provides Referral to local Narcan THK pharmacy

*At Risk for Overdose:
1. Current or recent heroin use
2. A morphine equivalent dosage of >100mg/day
3. Co-morbid substance abuse and/or psychiatric dx
4. Concomitant prescribing of opioids with benzo
5. Greater than 3 opioid prescribers per WA PMP
6. Patients taking opioids not prescribed to them

Meditech Screenshots
- If answering yes to recreational drugs in the past 12 months, the Narcan Home Kit question is required.
- Recreational Drugs field and Other Drugs field is new. You can choose from multiple drugs and free text those that are not included.
• This screenshot shows the name of the order for reference when placing the order.
When discharging an “at risk” patient, the nurse will do the following:
1. Add referral to discharge instructions.
2. Print discharge instructions and review letter with the patient and/or family.
3. Provide education to the patient and/or family as to how to obtain a kit.

*Please note, the triage RN can add the letter to the discharge instructions when the patient is identified as “at risk”; you do not need to wait until time of discharge.
Social Services and Other Resources

• Social Services can be consulted to see patients requesting chemical dependency resources.
• The training video is available on the interpreter computer located in the ED for the patient and/or family to watch. Simply click on the shortcut on the desktop to access the video.
• The video is also available in Spanish.

Metrics

• Based on data collected from our EMR we anticipate 2-4 patients per month that will meet opioid overdose criteria.
• A report will have to be made to collect data from ED nursing screening for at risk patients
• Local pharmacy will be asked to provide feedback on frequency of Narcan Kit dispensing.
• Monthly report of Take Home Narcan from the ED can be run out of Pyxis
Progress

• 3 kits given out (prior to March 27 start date)
  – 1 life saved with a narcan take home kit
  – Prescribed opiate
  – Heroin
  – Fentanyl

• NCACH application for Narcan Training and Distribution

• Narcan will reduce harm, but not solve the Crisis

Lessons Learned

• Care transformation is a culture shift. Treat the OD in the ED but promoting health and safety in the community. Move focus from “What’s the matter” to “What matters to you”

• Tap into existing processes rather than build new ones. Nursing assessments an example.

• Connect with local agencies working on similar projects (build a net)

• Need to Answer the Why. “It is about saving lives” and “Harm Reduction”

• Implement a good idea rather than waiting for a great one. Team got mired in defining target population.