

## TCDI Hospital Partner Midyear Status Update

The following summary and recommendations are based on information shared by hospital partners in mid-year narrative reports and surveys, as well as follow-up calls NCACH scheduled to gain additional insight on how best to support partners for the remainder of 2019 and during 2020.

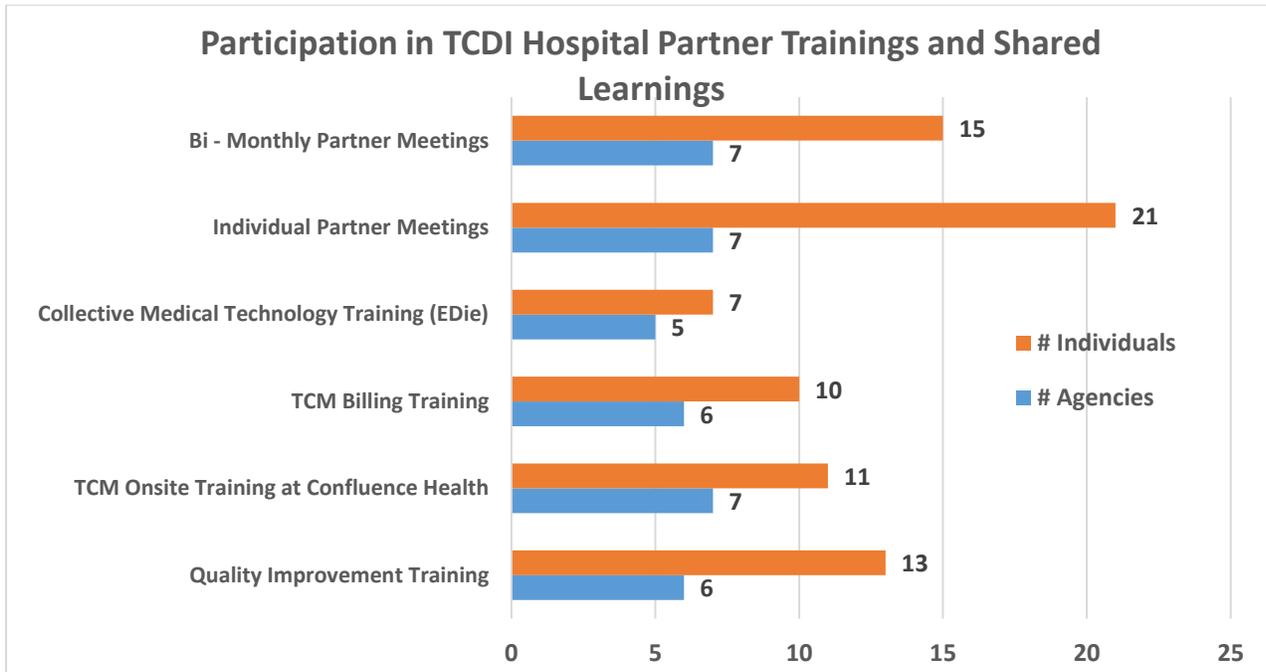
### Key Takeaways

- Partners are starting to settle into their project workflows, now that they are 6 months into initial project implementation. Due to the Plan-Do-Study-Act (PDSA) cycles that partners completed on both workflows and data collection, partners feel they will need additional time (past 2019) to demonstrate a measureable difference in project work.
- Partners participated in 6 shared learning and training options in the first 2 quarters of 2019. Partners find value in shared learning and best practices across the region and believe it is a good way to reduce duplication. Going forward, there is less interest in regional trainings and more interest in individualized training and technical assistance.
- Partners have a smooth transitional care process from inpatient to their own primary care clinics. Transitional care processes and workflows involving primary care clinics outside of their organizations are inconsistent.
- Partners felt there was a greater emphasis on transitional care from inpatient services in 2019. Most partners recommend that our region spends additional time focusing on workflows out of the Emergency Department in 2020 (both internally and as organizations connect with external partners).
- Partners highlighted key Social Determinant of Health issues (e.g. transportation to appointments and pharmacy) that would help reduce the utilization of acute care facilities.
- Partners are supportive of focusing on improving connections with outpatient providers and non-clinical partners in 2020.

Survey Category	Main Comments
Most Beneficial part of engaging in TCDI work	<ul style="list-style-type: none"> <li>• <b>Networking and Collaboration</b></li> <li>• Trainings: CMT, education (QI, TCM Training)</li> <li>• <b>Shared Learnings</b></li> </ul>
Least Beneficial part of engaging in TCDI work	<ul style="list-style-type: none"> <li>• Training specifics – Ensure they are applicable to organization</li> </ul>
Partners to Engage	<ul style="list-style-type: none"> <li>• Primary Care and Behavioral Health</li> <li>• Additional Community Partners</li> </ul>
How to approach Funding/Work	<ul style="list-style-type: none"> <li>• 4 responses - <b>NCACH regional project focus</b></li> <li>• 2 responses - County specific project focus</li> <li>• 1 response - Organization specific project focus</li> </ul>
Future Process Improvement Effort Focus (Ranked from 1 to 4)	<ul style="list-style-type: none"> <li>• <b>1 – Connection with non-Clinical Partners</b></li> <li>• <b>2 – Connection with PCP and BH</b></li> <li>• 3/4 –CMT and QI Trainings</li> </ul>

*The table above highlights key comments from partners as part of the mid-year surveys*

### Trainings and Technical Assistance



*The chart above demonstrates the kinds of trainings and share learning opportunities available. Opportunities ranged from a 1 time webinar to multiple meetings.*

- Most partners enjoyed the trainings provided, but many individuals felt they would *not* benefit from additional group trainings (e.g. Quality Improvement, Collective Medical Technology).
- There were a number of individual TA requests (e.g. Motivational Interviewing, TA in building electronic health record reports). Partners recommend that we focus on individual technical assistance specific to the partners' needs when we develop future trainings.

### Data Collection

- Partners feel that they are finally getting a good understanding on how to complete data collection. It is hard to compare the data collected by partners from the first 3 quarters due to changes partners have made in the collection process (due to internal PDSA processes). There are a few partners that feel they could benefit from individual technical assistance (e.g. report building) in the future.

### **Social Determinants of Health**

- A number of partners have been engaging patients in the social determinants of health during discharge/transitional care. Partners have found the following key issues arise as part of that engagement:
  - *Transportation*: 3 of the 7 hospitals (very rural) have issues with transportation to appointments and to pick up medication post discharge. This is especially true for those individuals who are low income but do not currently qualify for Medicaid (either a person is not poor enough to access Medicaid or unable to obtain the appropriate documentation to get on Medicaid)
  - *Housing*: Emergency departments will sometimes act as temporary shelters if there is no shelter services available in the area.

### **Recommendations**

1. Continue base funding for hospitals partners to complete both ED Diversion and Transitional Care processes in 2020.
2. Focus on Regional workflow development between primary care, behavioral health, and acute care (inpatient and Emergency Department) providers.
3. Offer trainings or individual technical assistance that meet partner needs.
4. Support partners as they develop clinical-community linkages within their local regions

*Note: Funding models for 2020 will be shared with the Transitional care and Diversion Intervention Workgroup at the September meeting for approval by the workgroup.*