Best practices from D.C. specialty hospitals and the health care community

QUALITY SHOWCASE
SPECIALTY HOSPITALS EDITION

DCHA
District of Columbia Hospital Association
D.C. Specialty Hospitals Strive Toward Better Care, Better Experiences and Better Outcomes

D.C. hospitals adopted a resolution of commitment to foster a culture of quality and patient safety that drives positive health outcomes for patients, staff and the community. We at DCHA are proud to be involved in facilitating collaborative actions and convening community stakeholders to drive improvement across the District of Columbia and the region.

We celebrate the work of our members, in this edition specifically showcasing D.C. specialty hospitals in improving patient safety and health care quality through innovative practices that disrupt the status quo. The works and successes presented in this publication represent the dedication of D.C. health care leaders to continuously strive toward better care, better experiences, and better outcomes for those we serve.

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IN October 2018, Keith Barbour was admitted to BridgePoint Hospital Capitol Hill (BPCH) following an extensive acute hospitalization of almost two months due to complex medical conditions, including, congestive heart failure, cardiogenic shock, acute kidney injury, respiratory failure and cardiomyopathy that required a pacemaker and a Left Ventricular Assist Device (LVAD), a surgically implanted mechanical pump.

On admission to BPCH, Mr. Barbour was unable to communicate or eat and was fully dependent. He was on ventilator assist through tracheostomy and was on a feeding tube. He required 100% total assistance with rolling in bed and was not able to stand or sit on the edge of the bed without near total dependence. He required minimum assistance with bedside commode transfers, supervision during all dressing activities, and minimal assistance with the safety of his

**Functional Outcomes Measures—PT/OT**

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**Functional Scores**

7.0 - Complete Independent - No assist, no equipment
6.0 - Modified Independent - No Assist, but equipment or extra time
5.0 - SBA - No physical assist other than set-up; supervision for safety/technique; and/or single cue to initiate
4.5 - CGA - Contact Guard Assist
4.0 - Min - Occasional assist (25% or less time or effort to complete)
3.5 - MinM - Min-Mod - Periodic assist (25-40% of the time or effort involved to complete task)
3.0 - Mod - Frequent assist (40-50% of the time or effort involved to complete task)
2.5 - MdM - Mod-Max - Extensive assist (50-75% of the time or effort involved to complete task)
2.0 - Max - Constant assist (75-90% of the time or effort involved to complete task)
1.7 - NTD - Near total dependence: Total assist w/only partial task completion
1.0 - CD - Complete Dependence: No contribution from pt; task done by others or not assessed
0 - NA Not Addressed - Will not be addressed during the course of care
vital lines/tubes. Due to medical complications, Mr. Barbour had to be sent back to a higher level of care before returning to BPCH in November 2018.

The entire rehab team which included speech, occupational and physical therapy, worked diligently with Mr. Barbour, drawing on his own self-motivation for improvement and encouraging him every step of the way. He quickly hit milestone after milestone, requiring less assistance for sitting up on the edge of the bed, transferring to a chair, then ambulating. The first few times Mr. Barbour walked, he was still on the ventilator and used a walker. As his strength, endurance, and balance improved, he progressed to requiring less respiratory support from the ventilator and was upgraded to a trach collar. Mr. Barbour was able to start tolerating a speaking valve that enabled him to functionally communicate throughout the setting. This improved his communication with other therapy disciplines and with nursing. The rehab team was lucky to have experienced his humor once he began tolerating his speaking valve.

After two months, Mr. Barbour was discharged home with significant improvement in his activity tolerance, regaining his independence in providing his self-care, including, walking more than 500 feet without an assistive device, walking up and down 12 stairs without assistance, being independent with all bed mobility and transfers, and was able to obtain a modified independent (Activities of Daily Living) ADL status. He also improved his overall activity tolerance, while displaying modified independence with his safety awareness during all out of bed activities and was able to speak using the speaking valve. Mr. Barbour was well on his way to eating solids and liquids.

Mr. Barbour’s success was not only measured by his functional capacity, but his success was best expressed when at one point during his treatment, the rehab team took him outside and with gratitude, he said, “I haven’t seen the sun in 7 months!”

The Care Team at BPCH and the staff at DCHA would like to thank Mr. Barbour for his willingness to share his care journey with DC hospital and healthcare community. We applaud his commitment to his health goals and we greatly appreciate the facility leadership for promoting this patient success story.

For more information, contact Josie Eswagen at jeswagen@bridgepointhealthcare.com
Addressing a patient’s cultural, language, and literacy needs can be challenging, especially when the patient is transitioning to home with a complex medication regimen. A collaborative program between the MedStar National Rehabilitation Hospital (MedStar NRH) and The University of Maryland (UMB) School of Pharmacy created an innovative medication education program that helps better prepare the patient to self-administer medications once they reach home.

In early February 2018, the MedStar NRH and the UMB School of Pharmacy collaborated with the goal of improving the medication education experience for the patients transitioning home from their hospital stay. With significant cultural, language, and health literacy barriers, it was determined that a specialized medication education program at discharge would benefit the patients at MedStar NRH.

This collaborative program includes the inpatient clinical pharmacist and students from the UMB pharmacy school. The students and faculty from UMB have created a medication education discharge program that benefits the patients and provides a learning platform for the students. A personalized, pictorial medication sheet was developed and is now used for each patient they see. The use of pictures transcends the language, culture, and health literacy needs of the individual and creates an equitable medication experience for all patients.

During each patient medication education session performed by the students, it was often noted that patients had many questions related to their home medications, compliance, and personal concerns about the medications they were prescribed. The personalized educational document is used as a primary tool to explain questions about the discharge medication regimen. It has pictures and simple graphics of what the medicine looks like, what it’s used for, how to take it and when to take it. With this pictorial document and a corresponding medication counseling session by the clinical pharmacy team, the patients are now able to more fully understand how and why they are taking the discharge medications the provider has prescribed to them without health literacy barriers. With this greater understanding patients report a much greater perceived ability to remain compliant to the prescribed home medication regimen.

The clinical pharmacy student team began to record all the interventions they were making with the patients in the medication education sessions as well as the resolution of other medication issues during a final patient medication reconciliation. It was determined that for a 3-month time period, 853 medication related interventions were performed by
the clinical pharmacy team prior to discharge, averaging 8.8 interventions per patient prior to discharge. This data gives an idea of the scope of the program and how many interventions tend to be performed per patient by the clinical pharmacy student team.

In order to further support the medication safety at the hospital, the team was able to determine from this data several key areas where further medication instruction would benefit the hospital staff. Key areas included improving and maximizing patient insulin dosing at hospital discharge and uncovering anticoagulation interactions with the patient’s medication regimen.

In March 2019, a Grand Rounds facilitated by the clinical pharmacy team focused on the most optimal way to convert the patient’s hospital insulin regimen to an appropriate home formulation and dose and discussed key novel anticoagulation medication interactions and how to avoid them by substituting other medications for the patient. This program was recently invited to present at the American Pharmacist’s Association National Meeting as an example of how interdisciplinary collaboration can strengthen the discharge experience for the patient and improve the transitions of care model at a hospital.

Because of the interventions by the clinical pharmacy team at discharge, patients more fully understand how and why they are taking their discharge medications.

For more information contact Dr. Joanna Lyon at jlyon@rx.umaryland.edu.
As many hospitals with psychiatric units know well, pharmacotherapy can go only so far in treating individuals struggling with severe and persistent mental illness. The Positive Behavior Support (PBS) team was established at Saint Elizabeths Hospital to implement structured behavioral interventions as part of the treatment of those individuals with dangerous or especially challenging behaviors.

SAFETY THROUGH PBS

PBS uses comprehensive assessment and behavioral analysis to determine the function of dangerous or problematic behavior, and then promotes environmental changes, alternate behaviors and skill enhancements to prevent the behavior before it occurs. PBS also helps individuals in care and clinical teams to think and act in different ways to create behavior change and maintain a safe and therapeutic environment for all.

SUCCESS

The PBS team has made a difference in the lives of individuals with long term histories of self-injurious or violent behavior. One individual in care had a 32-year history of
hospitalization with over twenty years of swallowing metal objects that required multiple surgeries. After a behavior plan was developed, the PBS team trained and supported nursing in its implementation. That individual was discharged to the community after two years without a single swallowing episode; the person has not had a readmission since being discharged 7 years ago.

Another individual in care was assaulting the largest male staff. Under the PBS team guidance, staff altered their approach to the individual and physical aggression dropped quickly from a monthly average of 7 incidents of physical aggression to 0 incidents. That individual is now engaged in a supported work program and moving toward discharge.

Since the program’s inception in 2010, the PBS team has developed or supported clinical teams in developing approximately 240 formal individual behavior plans. An early study of the PBS program in 2012 showed that nearly half of the plans were effective in completely stopping the negative target behavior with another 20% of plans effective in significantly reducing the targeted behavior frequencies. Target behaviors have ranged from mild (yelling, cursing at others, threatening others) to moderate (disrobing, property destruction) to more severe (striking others with hands or objects, self-harm).

Additionally, over 150 less formal “best practices guides” have been developed based on the knowledge that nursing staff (RNs and psych techs) have in working with certain patients; these best practices guides are easy-to-understand 1-page references for working with these individuals, and have been useful in disseminating the knowledge throughout the hospital or as training guides for staff when the individual in care is transferred or discharged.

SHARING THE PBS MODEL
Positive behavior support works best as a systems-wide model. In addition to providing initial training to each and every nursing and clinical staff in the principles and practices of positive behavior support, the PBS team has trained staff in collaborative problem-solving to help them therapeutically interact with individuals in care and reduce the likelihood of violence. Because each behavioral plan includes training on that plan with all nursing staff involved in the care of that individual, each plan serves as a mini-refresher course in the PBS model and in how to work preventatively not only with that specific individual but with all others in their care.

For more information contact Dr. Richard Boesch at richard.boesch@dc.gov.
MedStar National Rehabilitation Hospital has created an interdisciplinary pain management committee to better meet the pain needs of our patients. The mission of the committee is to set clear expectations for patients regarding their pain, provide appropriate pain control medication and offer resources and alternative pain treatments to facilitate their optimal participation in an inpatient rehabilitation program.

This interdisciplinary committee meets monthly and several initiatives have transpired under their guidance, including: a change in types of medication used, the introduction and use of various alternative treatment modalities for pain control

- aromatherapy
- adaptive yoga
- music
- and relaxation techniques

and active engagement with the patient through the creation of a patient specific pain plan, called: the My Pain Plan.

The My Pain Plan utilizes a laminated sheet that provides information on the timing of medications and participation in alternative modalities. This is placed in every patient’s room and is reviewed daily by the RN with the patient. This keeps patients aware of their medications and schedule to receive them. Patients have been very satisfied with this initiative which we believe is reflected in our patient experience scores. The alternative modalities have been well received by patients (ref. adapted yoga article) and are being used more often.

Between 2017 and 2018 MedStar NRH utilized less opiate medications for the treatment of pain (see graph). MedStar NRH has experienced good outcomes with using these longer acting non-opioid pain treatment medications such as gabapentin, pregabalin and
lidoderm patch. In addition, there has been an increase in the use of more non-steroidal anti-inflammatory drugs (e.g. ibuprofen, naproxen) and tricyclic antidepressants for pain. All of these non-opiate options provide baseline pain relief and minimize the use of as needed opiate medications.

Our improvement efforts involve everyone in the pain management process including the patient, physician, nurses, and therapists. This focus has helped us have a positive impact on our patients as they complete their acute rehabilitation and transition back into the community on their road to recovery.

“I Like the Pain Plan. It helps me know what I’m on and it shows me I need to cut down on my pain medication (dosages). I am working with my doctor on that.”

For more information, contact Eric Pitts @ eric.pitts@medstar.net
CREATIVE ARTS THERAPIES AT SAINT ELIZABETHS: Bridging Consumer and Community

With growing trends toward community-based mental health services, the Creative Arts Therapy Department at Saint Elizabeths leverages art, dance, and music, to mobilize an individual’s unique values, inner resources, community belonging and capacity for change.

At St. Elizabeths Hospital, the Creative Arts Therapies are integrated into multiple facets of life for the lives of our patients. The Art, Dance and Music Therapies program offers services that transcend the benefits gained from traditional therapeutic sessions.

ART THERAPY
- Individuals living with mental illness may experience powerlessness and alienation. In Studio Art, individuals are given the space to redefine their identity from mental health consumer to artist. This process instills a sense of empowerment and belonging, components of confidence necessary for long-term recovery. Consumer artwork is displayed in local galleries, at DC Department of Behavioral Health (DBH) events and government buildings.
- Due to the recidivism of women on the forensic unit, a sequence of art-based empowerment modules were created to address the interconnection of trauma, mental health and addictions. Each of the modules is structured to establish emotional safety. Art and music provide women with a nonthreatening way to create meaningful narratives through which their experience is given voice and their symptoms become more manageable.
- Participation in Creative Arts Therapy programs helps individuals develop a deeper sense of self and well-being; therefore, more sustainable recovery. The Creative Arts mission to increase community presence, aims to reduce the stigma and marginalization experienced by individuals living with severe and persistent mental illness.
- Butterflies Artwork: Patients worked with professional artists by the DC Commission on the Arts and Humanities to develop artwork for the new hospital. These butterflies were one of the pieces created through this endeavor.

DANCE/MOVEMENT THERAPY
- Hospitalized individuals often experience a sense of separation from the community. The Awakening Spring Dance Series introduces consumers to various dance styles and cultures through live performances by local companies, group participation, and questions and answer sessions. The series shows them how to connect with their communities and deepen their awareness of local DC Arts Cultures.
- Movement is essential to mental health recovery, however, opportunities to
promote self-awareness and resiliency through movement are rare. In clinical groups, Dance/Movement Therapists encourage focus on increasing blood flow, stress reduction, vitality, gross motor skills, coordination, improving circulation of muscles and joints and creative self-expression.

**MUSIC THERAPY**

- During hospital stays, individuals often experience a sense of isolation. In the Music Therapy Radio Group, participants create and produce a weekly hospital radio show. They interview one another and select songs that address a weekly theme. It provides consumers the opportunity to speak directly to their peers about issues that are personal to them. The radio show is later broadcasted throughout the hospital, creating a deeper sense of community between patients and staff.

- When hospitalized, individuals may feel removed from normalizing experiences like going to a concert or music festival in the city. For 12 years, Music Therapy hosts the Summer Concert Series, which involves individuals in a myriad of ways: they serve on concert committees, select bands, MC events, and enjoy live musical performances. These hospital-based events generate positive energy and create a space where individuals, families and community partners can socialize.

For more information, contact Deirdre Cogan at deirdre.cogan@dc.gov.
PARTNERSHIPS IN CARE COORDINATION:
Addressing Readmissions and the Opioid Epidemic

The Psychiatric Institute of Washington (PIW) saw a need for coordinated services due to the prevalence of opioid and alcohol relapse. In an effort to address the multiple readmissions as well as the opioid epidemic in the District, PIW implemented a collaboration called the Recovery Oriented System of Care Transitions (ROSC) adopted from Substance Abuse and Mental Health Services Administration.

The ROSC program is a collaboration with PIW, Partners in Drug Abuse Rehabilitation and Counseling (PIDARC), Federal City Recovery Support Services, DC Recovery Community Alliance, Aquila Recovery, Excel Pharmacy, Medical Home Development Group and The Medi Community Resource Center.

PIW provides Substance Use Disorder (SUD) treatment for the District and bordering communities. PIW’s SUD program has 43 beds in three units. The mission is to promote a safe SUD treatment and/or detox environment. At the conclusion of the patients stay, they transition to a long-term 28-day rehabilitation program or a community medication assisted treatment program to include Methadone, Suboxone or Vivitrol.

The primary focus is to reduce repetitive hospital readmissions and to improve the patient’s quality of life and treatment outcomes. To achieve program goals, the collaborative provides services including mental health, inpatient and outpatient addiction treatment, primary care medical services, community social services and recovery support services. Through formal memorandum of understanding agreements between the members, we have built a framework for care transition coordination.
The Hospital and collaborative provide services throughout the continuum of care. The first step is an initial assessment of all the patient’s needs including socio-economic, psychiatric, substance use and medical concerns. PIW provides inpatient level of care to address the psychiatric and substance use issues. At discharge, the patient is connected with peer recovery care transition services to support recovery as well as other social services and medical services that all impact the patient’s recovery success.

Initial results are promising for 2019. The readmission rate is 6.8% based on patients enrolled in the program from January 15 through March 20. This is a significant reduction from an average of 13% readmission rate in previous quarters. Additionally, PIW’s All Cause 30-Day Readmission Rate for the Substance Use Disorder Unit decreased from 8.5% from October 1–December 31, 2018 to 5.8% in January.

The Psychiatric Institute of Washington is the change agent that is having a positive and significant impact on the opioid epidemic in the District of Columbia. By partnering with medical providers and peer recovery coaches, we have been able to implement a comprehensive medical approach to the care of the District’s highest utilizers of medical and behavioral health care. As a result we have fostered an effective and powerful care transitions model that will improve how Substance Use Disorder Care is delivered within the District of Columbia.

The majority of the collaborative participants have been patients diagnosed with alcohol use (49.7%) followed closely by those with opioid use (39.3%).

The largest enrollment group are male patients with alcohol use (36.9%) followed by male patients with opioid use (29.2%).

Following discharge from PIW, 52.2% of the patients enrolled in the collaborative transitioned to Recovery Care Transition Coaches. 25.6% transitioned to Outpatient services and 22.2% transitioned to Inpatient Residential Programs.

For more information, contact Nicole Parker at nicole.parker@uhsinc.com.
Mind-body fitness programs have spread across the country in recent years and with over 36.7 million Americans practicing yoga in 2016. Given its popularity and health benefits, MedStar NRH has chosen to implement an adaptive yoga program as a part of the inpatient rehabilitation therapy program for persons with physical limitations due to trauma or disease. An adaptive approach was required so that persons with varying functional levels could benefit from a yoga practice as a part of their therapy.

The MedStar NRH project set out for the first time to measure the benefits of Adaptive Yoga on quality of life of people during their inpatient rehabilitation. While quality of life can be perceived in a variety of ways, for this population of patients it may include everything from a good night’s
sleep and reduced pain—to simply being able to leave their hospital room and interact with other people.

Before the hospital implemented its Adaptive Yoga program an extensive literature search was conducted to serve as a guide. The literature showed what we instinctively understood: Adaptive Yoga has a wide range of holistic benefits. But there was little in the literature to prove its value for inpatient participants. We were charting new territory.

The program was implemented in 2016 to meet the distinct needs of the hospital’s inpatient clients. Twenty-three patients participated in Adaptive Yoga practicing many traditional yoga poses with some adaptation including performing movements while seated, or by using props such as blocks, chairs, or bolsters.

At the end of the two-month long program, we surveyed our patients—with very positive results. Of the 23 participants in the project, 20 (87 percent) agreed or strongly agreed that the Adaptive Yoga program was helpful for their recovery. All the participants noted improvements in quality of life including their ability to care for themselves, their perception of anxiety and depression and their perception of their overall health. And all the participants agreed or strongly agreed that yoga helped reduce stress, improve their sleep, and reduced pain.

Finally, everyone voted for more frequent inpatient classes (the Program began three days a week and increased to five—and for an Adaptive Yoga program in the community so they can continue to practice when they leave the hospital and resume their lives. Adaptive Yoga continues to be a part of the therapy program for inpatients at MNRH. Additionally, it is offered to former patients as a part of our popular adaptive sports and fitness program. MedStar NRH is in the process of creating a more standardized training protocol to train more occupational therapists to teach the class to have class on the weekend.

“If I had an extended stay, I would have requested a one on one session to drill down on some of the movement from the group session.”

“I thought the program was excellent. I was unaware that yoga was taught like that. It helped me so much.”

“My mother and sister would like to find an outpatient class that we can do. I love this class.”

For more information, contact Olivia White @ olivia.g.white@medstar.net.
SAINT ELIZABETHS HOSPITAL – Teaching Our Next Generation of Clinicians To Be Culturally Competent

American Psychological Association-accredited health service psychology training programs educate and train interns in understanding individual and cultural diversity. We must teach the next generation of psychologists how to recognize the impact of all forms of diversity in the delivery and reception of any psychological services and what the trainees bring to the work with their clients. Saint Elizabeths Hospital is the perfect environment for this training because it is highly diverse, in both the clinical population we serve and the staff members that care for them. It can be a culturally-challenging environment in which to learn and work.

Saint Elizabeths Hospital has been involved in training the next generation of mental health professionals since 1855. Its mission statement includes the following: “...We also train students, health and mental health clinicians, and professionals who work with mental health consumers to provide compassionate and best care in future generations.” One of the hospital’s longstanding training programs is in health service psychology. Health service psychology is the integration of psychological science and the practice of psychology in the service of helping promote human development and functioning. For Saint Elizabeths Hospital’s psychology training programs, trainees learn to provide psychological services to the severely and persistently mentally-ill residents of the District of Columbia.

Saint Elizabeths Hospital’s Psychology Training Program designed and implemented a Cultural Competence Seminar to help its doctoral interns further develop their cultural competence. Our seminar focuses on the development of each individual and helping them understand how their life experiences influence the development of their perspectives. Rather than focus on reading about different patient cultural perspectives and how to provide mental health services to those specific patient populations, our seminar focuses on the individual development of each intern and how the influences across
their lifespan have shaped how they understand people who are different from them in any manner. It is our belief that better understanding of yourself helps one better understand what biases they may bring to their clinical work.

In 2009, one innovative component was added to the Cultural Competence Seminar, “Shadow Day.” When they first arrive on internship and they start to work on their first unit, the interns are each assigned an individual on their unit to “shadow” for a day. The intern must dress in clothes that comply with the regulations that our individuals in care must follow and rid themselves of their smartphones, computers, wallets, belts, etc. that our individuals are not allowed to have. They then must follow the schedule of their individual throughout the day, eating with them, lining up to go to activities and therapy groups, going for off-campus appointments, going to court, or remaining on the unit if that is what the individual does. Demonstrating alignment with the hospital’s mission statement and APA accreditation requirements, the goal of the program is for the interns to experience what it is like to be confined to a psychiatric hospital, to be held without the ability to leave, and to live within the confines of what is permitted and not permitted in a maximum security facility.

Most of our interns have worked in a psychiatric hospital prior to internship, but almost none have ever been held in such a facility. It is an eye-opening experience to be on the opposite side of the professional relationship and to deal with the limitations of freedom of choice that come with psychiatric hospitalization. They experience what it is like to live with a group of strangers struggling with all types of mental illness, and to be the recipient of group therapy and other forms of mental health treatment. One of the greatest outcomes of this experience is that the interns walk away with greater compassion for individuals in psychiatric care and a clear idea of how to provide a better experience for consumers of their psychological services. They better understand what patients are talking about in therapy and what their daily challenges are like and how to be more culturally competent providers.

For more information contact Richard Gontang, Ph.D. at Richard.gontang@dc.gov.
INTEGRATED CARE WITH A PERSON-CENTERED TOUCH:
Wellness Within Reach

Trusted Health Plan (District of Columbia), Inc.’s (“Trusted”) mission is to deliver “person-centered care” that enhances the lives of the members we serve. We deliver high quality, cost efficient care and innovative programs that create long term health solutions. The Trusted team is proud of its community-based approach to healthcare.

INTEGRATED CARE TRANSITION PROGRAM ROLE

The program provides placement of an on-site care liaison at inpatient (“IP”) hospital facilities, emergency departments (“ED”) (i.e. Howard University Hospital, United Medical Center), and primary care physician (“PCP”) offices. The ICTP liaison assists members with the following:

• Transition of care pharmacy support
• Discharge planning
• Housing resources for homeless members
• Health risk screenings
• Referral to Case Management program
• 7-day follow-up PCP appointments
• Re-certification assistance

In addition, to personally engaging with members, the ICTP liaison works closely with Trusted’s Utilization Management, Case Management, Pharmacy and Behavioral Health teams, as well as hospital staff and discharge planners to ensure that each member’s needs are understood and fulfilled. The ICTP Liaison also targets homeless and ED frequent flyers to identify their specific barriers and connect them with supportive services that address the social determinants of health.

Trusted understands that member empowerment, member education and provider partnerships yield better member experience, improves health outcomes, and increase cost savings. In 2018, Trusted launched the Integrated Care Transition Program (“ICTP”), which provides high-touch, face-to-face member engagement and targeted member interventions aimed at improving 30-Day Readmissions, Potentially Preventable Admissions, and Low Acuity Non-Emergent Visits. The program addresses barriers faced by members upon hospital discharge and facilitates physician follow-up and medication compliance.

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This information is integrated to enhance the PCP’s engagement in each member’s follow-up care, improve the member’s compliance with the provider’s treatment plans, engage additional health care specialists as needed, improve the member’s understanding of their condition, health plan benefits and programs. Ultimately, the goal of the ICTP liaison is to improve the member’s overall health status, and satisfaction.

DRIVING APPROPRIATE UTILIZATION

The effect of the ICTP best practice initiative on the target population has been significant.

To date, there has been a 64% decrease in IP utilization, 62% decrease in ED visits and a 9% increase in PCP follow-up visits.

ICTP ENGAGEMENT OUTCOMES

ICTP performance data reveals the following outcomes:

- Approximately 260 face to face onsite visits
- Over 1,200 follow up calls
- 208 Case Management referrals
- 80 Wellness Clinic engagements
- 116 Pharmacy Management referrals

TRUSTED’S APPROACH

The on-site presence of the ICTP liaison transforms Trusted from a traditional managed care company into a partner, for the member and provider, to bridge gaps in care. Trusted’s unique ICTP creates a collaborative relationship to achieve the Triple Aim, which improves member outcomes, increases member satisfaction and reduces waste to achieve dynamic patient centered care and puts Wellness Within Reach.

For more information contact Karyn Wills, MD at kwills@trustedhp.com.
The District of Columbia Hospital Association (DCHA) Quality Collaborative provides an advisory role on identification of priorities that lead to the District’s hospitals becoming a recognized leader in high quality, safe, and innovative patient care.

The Collaborative, made up of hospital and health care leaders, includes a core committee and workgroup structure to identify best practices and facilitate performance improvement activities.

Its efforts foster learning and education to improve health care quality, safety, and service across the District of Columbia.

www.dcha.org/quality-safety/quality-collaborative
The District of Columbia Hospital Association is a unifying force working to advance hospitals and health systems in the District of Columbia by promoting policies and initiatives that strengthen our system of care, preserve access and promote better health outcomes for the patients and communities they serve.

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www.dcha.org