



Lodi Memorial Hospital BOOST Implementation

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Objectives & About Us

- **Lodi Memorial Hospital (LMH): 214 beds**
- **Private, not for profit , small community hospital**
- **18-20% Medicare beneficiaries readmitted**
- **October 1, 2012: decreased Medicare payments**
- **LMH Strategic Plan: Readmission Prevention**



Implementation Process

- **Project BOOST (Society of Hospital Medicine)**
- **Team of 12: Training**
- **Physician Mentor assigned**
- **Multidisciplinary Task Force**
- **Breakout groups: BOOST components**
 - **Target Assessment Tool**
 - **Passport to Care Form**
 - **Teachback**
 - **Follow up phone calls**
- **Process map: current discharge process**



BOOST Trial & Regrouping

- **BOOST trial May 2011**
 - Target: CHF, AMI, Pneumonia Patients
 - Nursing/Case management effort
 - Task force meetings
 - Plan: Hospital wide rollout Fall 2011
- **Nursing: “We’re NOT ready!”**
 - Management presentation due
 - Requires strong foundation
 - Needs to be sustainable
 - Roadblock Discussion





Multiple Barriers

- **Culture Change!**

- task based to transition focused
- task based to “big picture”
- role perception
- utilizing creativity, assessment skills
- NEW!!! Perceived as “more work”

- **Lack of Ownership**

- Who does what?
- Role revision
- Process: needs ongoing team coordination
- Time commitment: dedicated Staff



Multiple Barriers

- **Medication Reconciliation**
 - Front end...obtaining information
 - Patient understanding
 - Physician confusion
 - Transition end:
 - Reconciling medications
 - Patient follow through, pharmacy, physician
- **BOOST paperwork process**
 - Target Assessment tool:
 - Assessment, implementation, reassessment
 - Identified risks and referrals
 - Workable form: many, many revisions
 - Passport to Care Form: inconsistent



Multiple Barriers

- **Discharge process not standardized**
 - Nursing: broken patient education
 - Case management : clinical vs. discharge
- **Teachback**
 - Teaching, reinforcement, repetition
 - Monitoring, hardwiring, accountability
 - Staff positive attitude
- **Patient Situations**
 - Acuity
 - Complicated social situations
 - Lack of resources
 - Lack of funding



Overcoming Barriers

- **Internal Process**
 - Extended the BOOST Trial, Rollout: January 2012
- **Nursing**
 - Education Pathway (Risks)
 - Skills Day: Education pathway/Teachback
 - Standardized shift report
- **Case Management**
 - Revised floor model
 - Clinical focus
 - Follow up phone calls
- **New Patient D/C Advocate Position**
 - Coordinate BOOST paperwork
 - Patient/family contact
 - Coordinate multidisciplinary education



Overcoming Barriers/Measurement

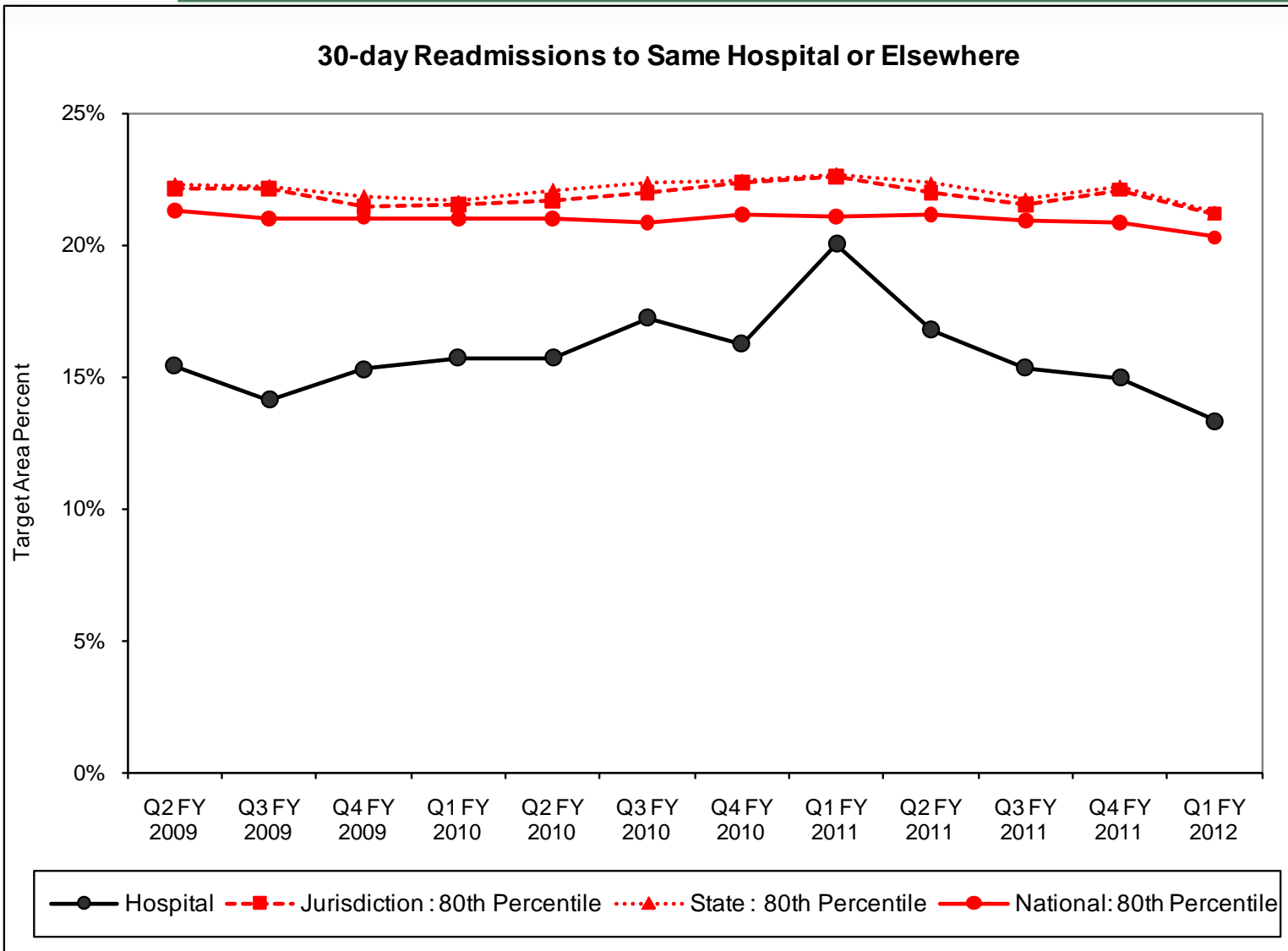
- **Transition Social Work Position August 2011**
 - Caseload: 185
 - Targets frequent patients
 - 76% Self Pay uninsured
 - 38% linked to healthcare
 - 6% pending linkage
 - 32% non compliant with linkage appointments
 - 39% substance abuse issues
 - 31% mental health



ST PEPPER

Short Term Program for Evaluation of Payment Patterns

Electronic Report





Overcoming Barriers

- **External steps**
 - Task Force: Skilled Nursing Facilities
 - Community Partnership Group
 - ARC (Avoiding Readmissions through Collaboration)
 - Multidisciplinary Team Meetings (county-wide)
 - Homeless Outreach Collaboration



Advice for others

- Strong administrative support
- Develop a multidisciplinary team
- Need a strong leader, driver
- Think out of the box
- Physician education
- Involve community partners
- Nursing leadership
- Education leadership



Next Steps

- Identifying future needs
 - Expand follow up phone calls
 - Add home visits
 - Hardwire Teach back
 - Grant Opportunities
- Continue to monitor readmission data
- Drill down on readmissions
 - From community
 - From Skilled Nursing Facilities
 - Evidence Based Practice
 - Education



Questions

Thank you!

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