



Patient Navigator Program

Community Webinar 5- Cohort 1
August 10, 2016



Quality Improvement
for Institutions

How this webinar is organized

Time	Topic
12:00pm	Welcome and Introductions
12:05pm	NCDR Annual Conference Posters and Abstracts
12:20pm	Q&A
12:25pm	Pharmacy Engagement
12:50pm	Q&A
12:57pm	Wrap-up and Next Steps



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NCDR Annual Conference Abstracts and Posters

Why each one of you should be submitted an abstract to NCDR.17

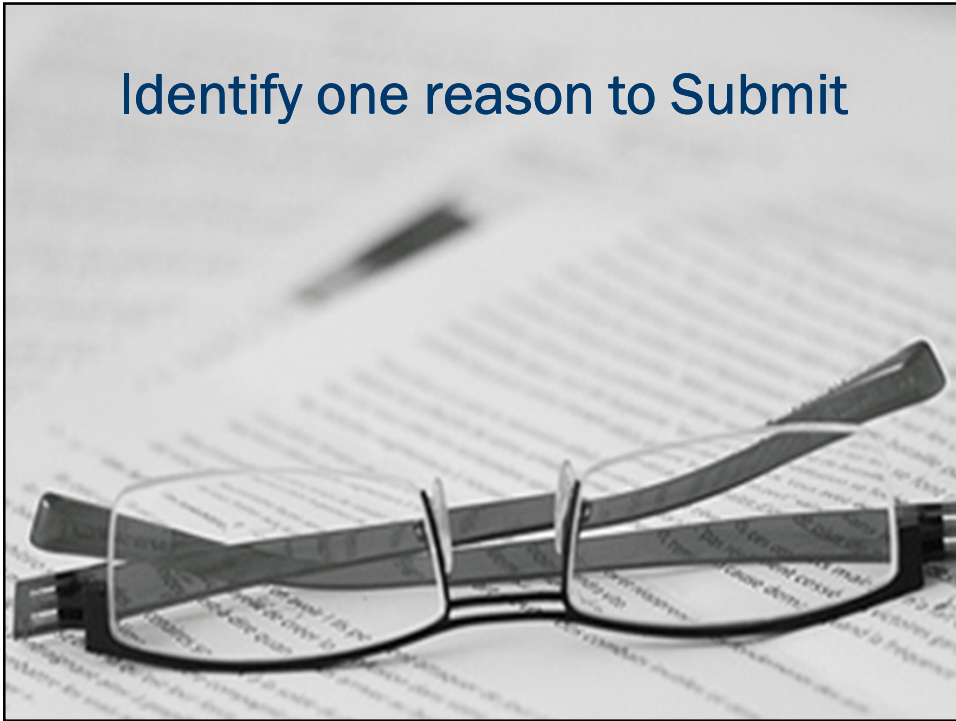
Patricia E. Casey, RN, MSN, CPHQ, AACC
NCDR Training and Orientation



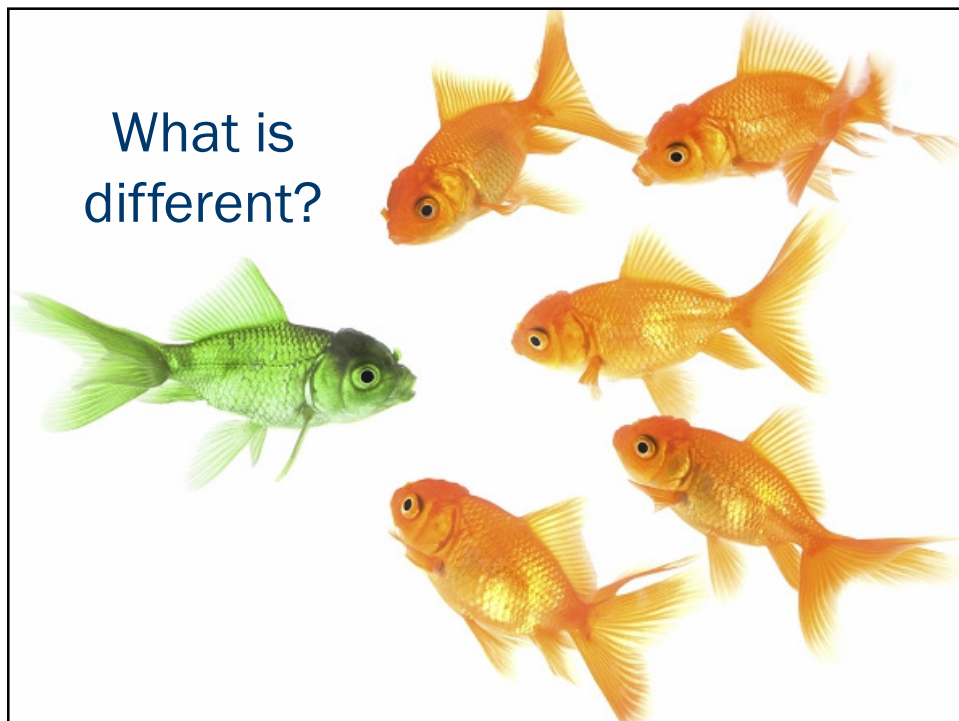
Objectives:



Identify one reason to Submit



Discuss the submission process



4 Steps

1. Background

2. Methods

3. Results

4. Conclusions



Posters

Real-Life Data Unleashed

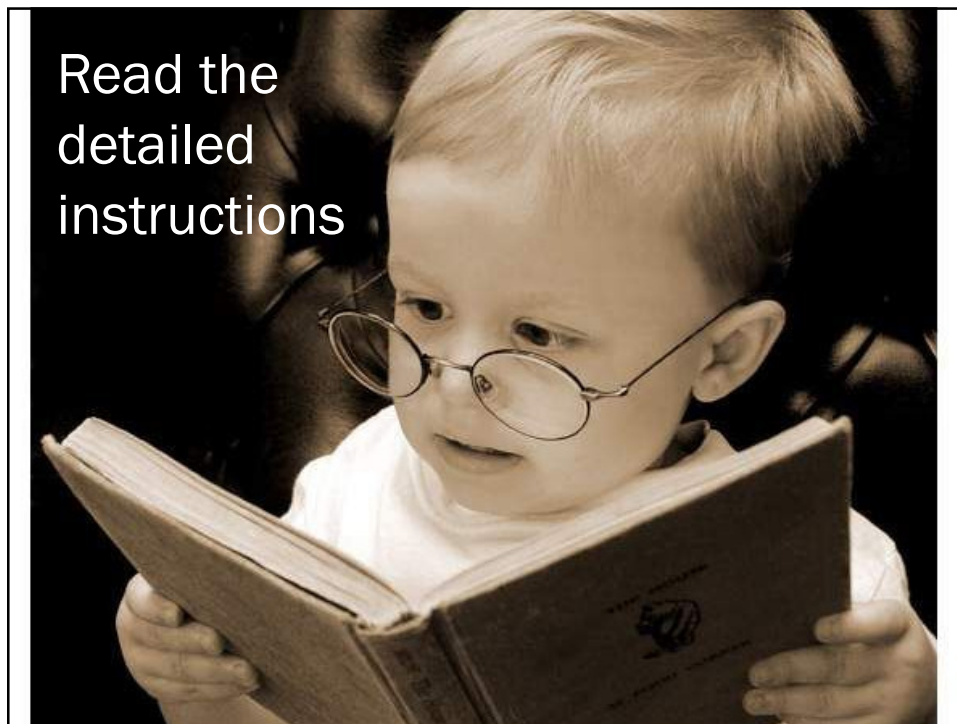
The NCDR Annual Conference is all about unleashing the power of data. What better way to illustrate this than real-life success stories! Each year NCDR participants submit abstracts detailing real-life application of NCDR data for quality improvement, education, process innovation and research. These much-anticipated posters displayed during the conference provide hospitals with a forum to share their successes and provide inspiration for registry professionals interested in making or similar efforts.

[Go to NCDR Annual Conference](#)
[Select Posters](#)
[Select Online Submission Link](#)

Steps For Submitting a Poster Abstract

1. Learn more about the selection process, preparation tips and evaluation criteria by reviewing the [How to Develop and Submit an NCDR Post Abstract](#) presentation.
2. Review the [NCDR.16 Abstract Submission Instructions](#)
3. Access supplementary tools: The ACC has developed a tool to help NCDR participants translate their project into an abstract and poster that effectively displays their data-driven quality improvement success story. To download the tool, activate or login to your Quality Improvement for Institutions account, visit the [QI Toolkit](#) page, and select "[QI Abstracts and Posters Tools and Resources](#)". See [tips](#) for logging into Quality Improvement for Institutions.
4. [Submit your abstract online](#) no later than Jan. 25, 2016.

- About NCDR
- Registries
- Data Collection
- Reports
- PQRS
- Public Reporting
- Research
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- Annual Conference
 - Program Information
 - Agenda
 - Registration
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 - Location & Hotel Info
 - Exhibits & Sponsorship
 - Sessions on Demand
- Participant Directory
- Registry Participant Login



Read the
detailed
instructions

Presenter

This was a presentation given last year and revised for posting.
Stephanie Fine is a Sr. Clinical Business Intelligence Analyst with Providence Health & Services and is based in Portland, Oregon.


Kristi Verschelden is the registry site manager for 2 NCDR registries at The Heart Hospital Baylor Plano, a freestanding heart and vascular hospital in North Texas.

Pat Casey works at ACC and is responsible for NCDR Education and Training.

Develop and Submit Poster Abstract

Created by:

Stephanie Fine, MA
Kristi Verschelden, BSN, RN-BC
Patricia E. Casey, MSN, RN, CPHQ, AACC

 **NCDR**
NATIONAL CARDIOVASCULAR DATA REGISTRY

Submit an abstract



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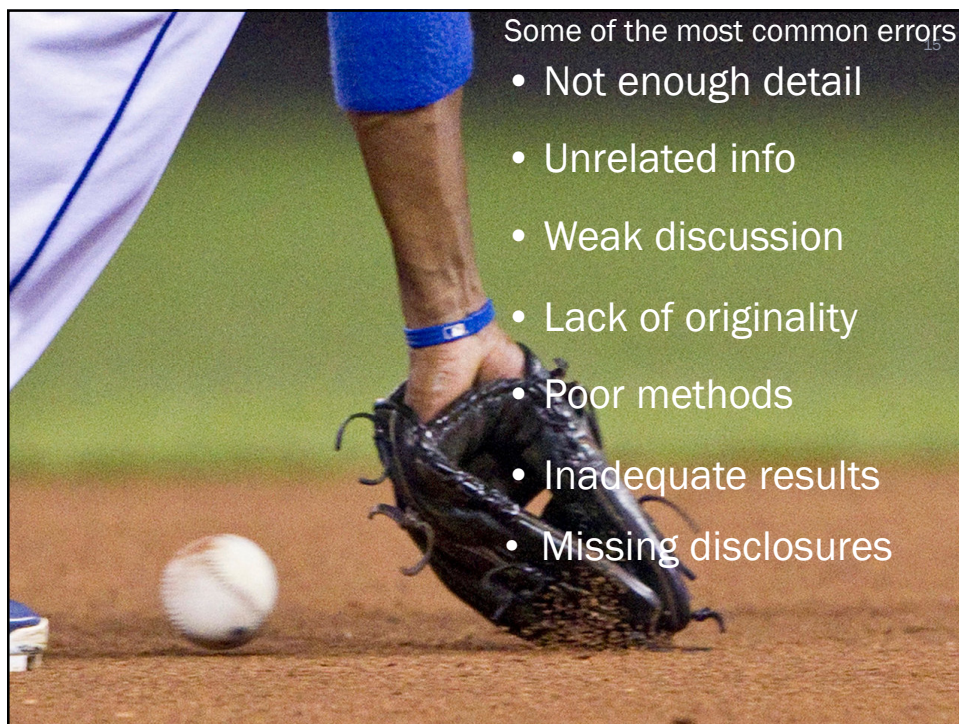
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1. Initial Review
2. ≥ 3 Reviewers



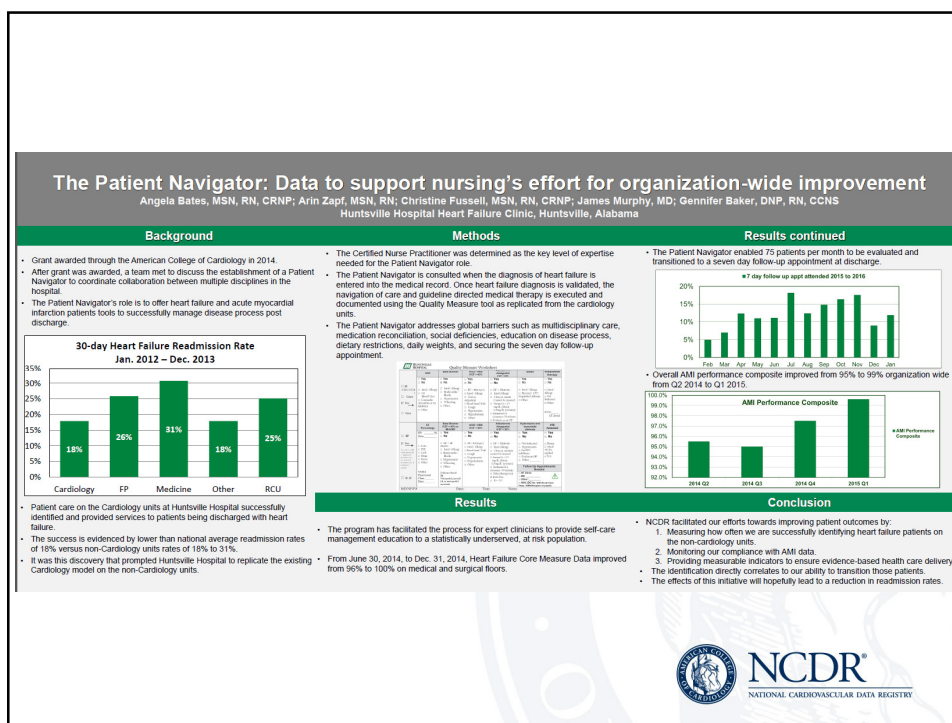
Some of the most common errors¹⁵

- Not enough detail
- Unrelated info
- Weak discussion
- Lack of originality
- Poor methods
- Inadequate results
- Missing disclosures

Angela Bates, MSN, RN, CRNP

Huntsville Hospital, Huntsville, Alabama







Q&A



Patient Navigator Program

*Please submit your questions for the
moderated question and answer session.*



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DESIGN & DISTRESS: NAVIGATOR PROGRAM TRIAL & ERROR

Montefiore Einstein Center for Heart & Vascular Care
Bronx, New York
Wanda Mojica, RN, BSN, CHFN
Katherine E. DiPalo, PharmD, BCACP, CGP



Patient Navigator
Program

Participating Hospital

Montefiore
DOING MORESM

Fundamentals

- Program stripping: dig in
- Hospital system analysis
- Team dynamics
- Pilot: navigator playtime

**Design is not just what it
looks like and feels like.
Design is how it works.**



Steve Jobs

American entrepreneur
and inventor
(1955-2011)



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Building blocks

- Learn and relearn
- Examine and investigate
- Plan
- Develop
- Strategize



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Playground exploring

- Play nice or by the rules
- Shared management
 - Sharing is caring
- Navigator time outs
- Meeting new friends
 - Networking



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Lego set: master building

- More difficult than it looks
- Careful assembling
- Road blocks
- Time
- Commitment
- Consistency



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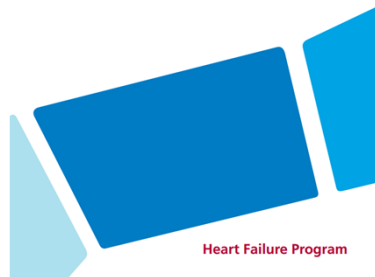
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Tools to build with

Montefiore
Montefiore Einstein
Center for Heart &
Vascular Care

Living with Heart Failure



Heart Failure Program



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Montefiore Inspired Medicine		HEART FAILURE COUNSELING CHECKLIST				
LIVING WITH HEART FAILURE EDUCATION BOOKLET		Date	Time	Initial	Barriers to Learning	
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver	HEART FAILURE "CAUSES" & SYMPTOMS Pages 4 - 5 • Identify type of heart failure (systolic vs. diastolic) • Identify cause of heart failure if known • Describe symptoms • Shortness of breath • Exercise intolerance • Fatigue • Swelling in extremities • Weight gain					
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver	WEIGHT MONITORING & SELF CARE Pages 6 - 7 • Monitor weight and record daily • Rule of "2s" • Consult Navigator Team for resources if needed					
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver	MEDICATION Pages 8 - 11 • Circle appropriate medication classes in chart • Use generic drug names when counseling • Consult Navigator Team for resources if needed					
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver	DIETITION Pages 12 - 15 • Limit sodium/salt to 1 teaspoon per day to prevent fluid retention (page 12) • Limit foods high in potassium if taking spironolactone/furosemide (page 13) • Limit fluids to 5 cups per day (page 15)					
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver	EXERCISE & LIFESTYLE MODIFICATIONS Pages 16 - 23 • Exercise 30 minutes or as tolerated 3-5x/week • Smoking cessation if applicable • Weight loss if applicable					
ADDITIONAL INFORMATION Recommendations Provide education in small sessions Use teach back method and reinforce daily Encourage questions and discussion Invite caregivers and family members to participate Confirm discharge appointment within 14 days Refer to Bridge-It-Now						
Navigator Team Wanda Morris, RN 545.592.2502 Katherine DiPaola, PharmD 917.828.7063 Email: heartpump2015@gmail.com						

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Imagination: planning the future

- Test new tools developed
- Extend navigator awareness
- Keep the momentum
- Dream big
 - Champs
 - Support groups
 - HF classroom
 - Brown Bag Clinic Expansion



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Foreman 6B pilot

- Initiated by hospital leadership and heart failure leadership
- Primary objective: identify inpatients admitted with acute decompensated heart failure
- Secondary objectives:
 - Improve access to post-discharge appointments
 - Educate on diet, nutrition, medication and exercise
 - Optimize pharmacotherapy based on AHA/ACCF guidelines

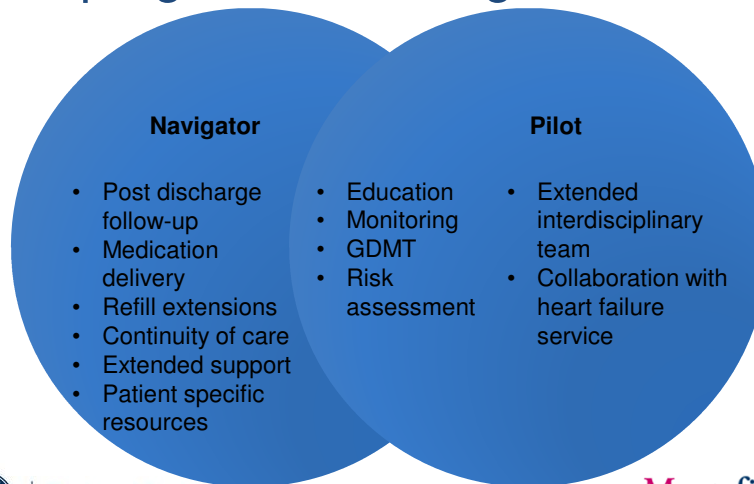


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Pilot program and Navigator team

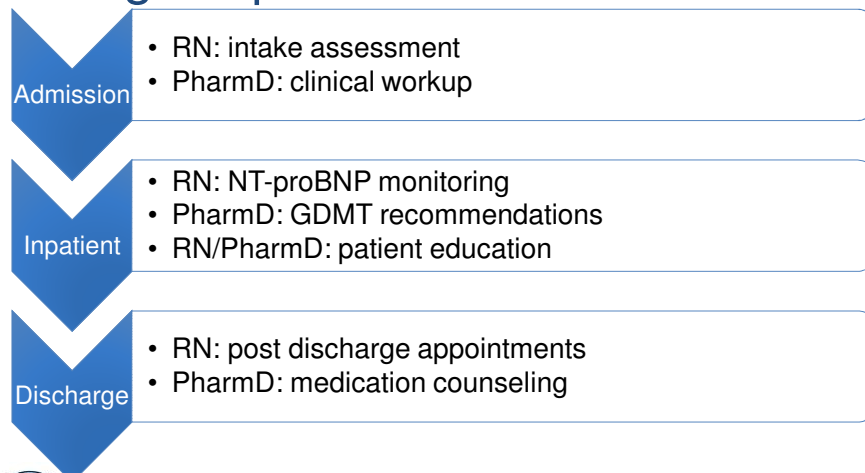


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Navigator process

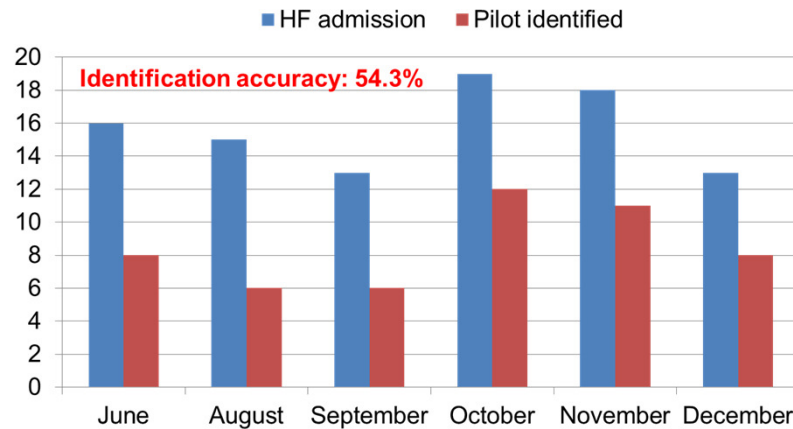


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Results: pilot identification



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Results: follow-up

	Pilot (n=51) n (%)	Control (n=43) n (%)	p-value
14 day follow-up (Primary Care)	6 (11.76)	9 (20.93)	0.23
14 day follow-up (Cardiology)	29 (56.86)	8 (18.6)	0.0002
> 14 day follow-up (Primary or Cardiology)	6 (11.76)	9 (18.6)	0.35
No appointment at discharge	10 (19.61)	18 (41.86)	0.02



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Results: readmissions



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Results: readmissions



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Inpatient care

Problems identified

- Unclear documentation of HF as diagnosis in Carecast
- Physician prescribing patterns
- Limited pro-BNP monitoring



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Solutions

- Discussion in IDT rounds to determine if patient actively admitted for HF
- PharmD pharmacotherapy note written in Carecast with GDMT recommendations
- RN ordering pro-BNP draw in Carecast prior to discharge

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Medication nonadherence

Problems identified

- Unable to obtain Rx's due to financial barriers
- Nonadherence due to fear/side effects
- Nonadherence due to limited health awareness



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Solutions

- Partnered with local pharmacy offering "co-pay forgiveness"
- Enrolled Medicare patients in co-pay assistance program
- Extensive education on disease state and role of medication
- Med-to-bed delivery

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Diet nonadherence

Problems identified

- Lack of nutrition education on low sodium diet
- Lack of nutrition education on low potassium diet

Solutions

- Extensive counseling provided to patient, family members and caregivers
- Shopping list with low sodium foods provided
- Specific education on how to read food labels



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Post discharge care

Problems identified

- Difficulty obtaining appointments with cardiology within 7-14 days
- Lack of appointments made by medical team prior to discharge

Solutions

- Update call center guidelines
- Accountability for discharge appointment scheduling



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**“The best way
to predict
the future
is to
create it.”**

Abraham Lincoln



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Utilizing pharmacists at Western Maryland Health System

Lanette Taylor, PharmD, CACP



Western Maryland Health System

Western Maryland Health System

- Western Maryland Regional Medical Center- 275 beds
- Cumberland, Maryland
- Serves a rural, tristate area
- Decentralized pharmacists on units
- Meditech

Pharmacists intervention

- Utilization of **LACERS** tool to identify patients at high risk of readmission or that take 9+ medications
- Manually “flag” these patients by placing a sticker on their **MedStart** consent
- At discharge, these patients should receive **pharmacist discharge counseling**, regardless of whether or not they consent to MedStart

LACERS tool

- Upon admission, evaluates a patient's risk for readmission
- Points are assigned for the following:
 - Age, Comorbidities, ED visits, prior LOS, social and psychosocial factors, medications, and prior readmissions
- Utilized by multiple disciplines

MedStart

- “Meds to bed” type program
 - 30 days supply
 - Local pharmacy on-site
- Offered to patients admitted to WMHS who are planned for home/self care discharge
 - ED, Observation, and Behavioral Health are evaluated on a case-by-case basis
 - Risk of readmission or admission diagnosis code is not relevant

REPEAT!

- Utilization of LACERS tool to identify patients at high risk of readmission
- Manually “flag” these patients by placing a sticker on their MedStart consent
- At discharge, these patients should receive pharmacist discharge counseling, regardless of whether or not they consent to MedStart

Reflection of current process

- LACERS tool screens for past medical history
 - Ex: first time AMI patient would not be scored high or deemed high risk of readmission
- Pharmacists currently focus on discharge education
 - Prospective medication reviews, along with Day 1 and Day 2 education may be more beneficial

Submitting Questions



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Please submit your questions for the moderated question and answer session at anytime during the webinar.



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Next Webinar

Webinar 5

Wednesday, November 9th

12-1pm ET



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Thank You!



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pnnp@lists.acc.org

cvquality.acc.org/patientnavigator



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