

Module 1

CONNECT

Hello, and welcome to Module 1 of the ***STRAIGHT LINE*** training program!

This module is called **CONNECT**, which refers to establishing a direct, ***STRAIGHT LINE*** connection between your residents and their doctors.

This module is broken down into 5 simple steps. Dr. Fuller will explain each step and teach you additional ways to improve this essential connection.

It's essential to establish a direct, "***STRAIGHT LINE***" connection between residents who have been recently discharged from hospitals and their doctors. Residents who have lost this connection may not receive the timely or appropriate healthcare they need, leading to crucial health needs that are unmet. The outcome? An almost inevitable decline in health and skyrocketing risk for re-admission.

The importance of this connection was shown in a well-known study from the New England Journal of Medicine. Half of all Medicare patients who were re-admitted to the hospital within 30 days had lost this connection and not seen their doctor.

And another large study has shown that of all the strategies that hospitals have adopted to reduce readmissions, the single most important strategy was to assure their discharged patients were connected with their doctors.

STEP 1

Resident-Doctor Connection

The system you use for connecting residents to the doctors in your community should be the one you are most familiar with and that works best for you and your doctor - phone, FAX, electronic, telemedicine, some other system – so long as it is easy, direct, time efficient, and encourages a timely response by the doctor. Remember - your focus must be to eliminate any roadblocks that prevent this direct connection.

Here are some important tips for making that **STRAIGHT LINE** connection with your doctors:

- Inform your doctors' offices how you will communicate with them from now on, using the suggestions included in this module.
- Identify the primary contact person in your doctor's offices.
 - o Make sure that your Health Coordinator (described in Module 2 of the **STRAIGHT LINE** program) and these primary contacts in the different doctors' offices are familiar with each other, as this will greatly facilitate and expedite communication.
- Mark a priority level on every communication. For example:
 - o "Urgent" (response needed within 2 hours)
 - o "Intermediate" (response needed same day)
 - o "Routine" (response needed within 48 hours)

- Batch Communications.
 - Send communications to doctors' once or twice daily at the same times each day. This will prevent repetitive requests throughout the day that are more easily overlooked.
- Anticipate the weekends.
 - Try to address routine health concerns by Thursday in order to avoid the inherent difficulties of Friday afternoon or weekend communications.
- Know your doctors' days off if possible, and try to avoid making important calls on those days.
 - "On call" doctors for your doctors may not know the resident or issue in question and may be less likely to engage favorably.

Step 2

On-Site Care

Reports and studies show that onsite care, or a very close connection with your doctor or providers, is the most ideal relationship to have and will lead to the best outcomes. It's been shown that the many benefits of this relationship include:

- Decreased ER visits
- Decreased hospitalizations
- Decreased re-admissions

- And employee satisfaction should also improve because it will be so much easier to communicate with your doctor.

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In order to encourage more doctors to participate in onsite care, doctors will need to be assured that they will be supported when they are in your community. You can demonstrate your support by having a structured and orderly approach that will allow a doctor to be time efficient.

Here are some suggestions for a structure that will reduce barriers for those doctors who may be receptive to providing onsite care. I'll discuss each of these separately in the sections that follow.

- Implement efficient communication with your doctor (as discussed in this module).
- Design the appropriate scheduling process for residents and your doctor.
- Design an efficient workflow for your health team and your residents when your doctor is onsite.
- Promote your onsite doctor services to your residents and their families to encourage their support.
 - o Without your support for your onsite doctor, residents may be hesitant to use this essential service. And if your doctor doesn't have enough residents to care for, he may be unwilling to provide onsite care.
- Develop metrics to track and promote.
 - o These will be used to develop Quality Improvement Initiatives and Key Performance Indicators, all of which will provide data-driven evidence that your residents are receiving the best possible care.

And you can use this evidence to promote your care excellence to your referral sources.

- We recommend that you NOT emulate the same kind of doctor relationship in Assisted Living as exists in nursing homes. And that's because the social model of assisted living makes it entirely different than the medical model of healthcare in nursing homes. Simply copying the nursing home model creates experiences that are usually fraught with awkward, inefficient, and stressful dynamics that diminish the value of the service and fails to achieve the desired benefits.

Step 3

Successful Workflow for Onsite Care

Let's begin by talking about SCHEDULING and the Frequency of doctor visits.

The frequency of onsite doctor visits will depend on resident demand. To be successful, your community should recruit as many residents as possible to use the onsite doctor.

For efficiency purposes, it's best to set up a specific, predictable day of the week when your doctor makes his visits. We recommend that you schedule a ½ day clinic, and try to recruit and schedule an average of about 5 – 10 residents for each clinic, depending on the complexity of the health issues to be addressed. In most cases, the ideal frequency for the clinics would be at least weekly. Be sure to negotiate these details and preferences with your doctor.

Importantly, discuss with your doctor how you both can facilitate “urgent” visits for acute and unanticipated problems, such as evaluating a resident after a fall, or new mental status changes, and so on.

Scheduling of residents for a doctor's visit

Residents will need multiple reminders for their scheduled doctor visits. Written and verbal reminders are helpful within the week prior to the visit. Family members should also be given the option to be included. You should be sure that residents are in their room and waiting for the doctor at their appointment time.

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Preparation and Workflow for your scheduled clinic

A protocol should be in place for making appointments and also for guiding workflow on the day of the appointment. Here's a suggested approach:

- Appointment Process
 - Preferably, your Health Coordinator (discussed in Module 2) should make the appointment and assure that your community and onsite doctor have updated schedules.
 - Your community should give appointment letters or notices to the residents, and it is best to provide several of them in advance of the clinic to be sure appointments aren't forgotten and that the residents will not miss appointments. The 1st notice to residents should be given about 2 weeks prior to the appointment, and a 2nd notice about 2 days prior. Some residents will need a variable number of verbal reminders too, depending on their level of their cognition.
- Clinic workflow
 - Before appointment – same day
 - Make sure that the doctor has all necessary information he requires of every resident who is scheduled, including:

- ✓ a copy of the resident's medical record
 - ✓ a copy of the resident's current list of medications
 - ✓ a copy of the resident's insurance cards, and
 - ✓ Any other forms typically required by the onsite doctor
- The clinic nurse should meet with doctor and review any health concerns or updates about each resident on that day's schedule.
- 30 minutes before appointment
 - Meet with the resident in her room and remind her of doctor's appt.
 - Record vital signs, O2 saturation, and weight, and give this information to the doctor.
 - After appointment
 - Coordinate any follow-up testing, such as labs, x-rays, referrals, etc.
 - Assure that a copy of the doctor's note and date of follow-up appt. are placed in the resident's chart and also sent to the resident and appropriate family members.

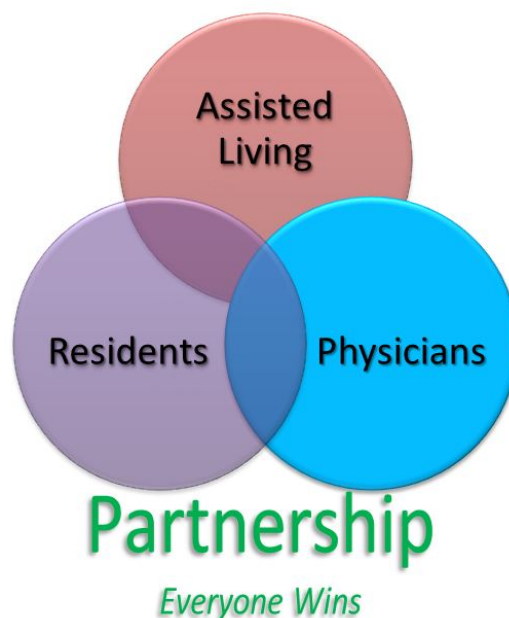
LAB AND X-RAY TESTING

- If possible, arrange for the ability to perform ambulatory labs, plain x-rays, and EKGs on-site in your community.
- Have a protocol for informing the doctor of results and being informed by the doctor of any required action.

Step 4

Promotion of Onsite Care

Your management in your community must recognize the value of partnerships: partnerships between your community, your onsite doctor, and your residents. Each partner has responsibility to support the others. This partnership will definitely enhance the connection your community has with your doctors.



A successful on-site doctor's service will require promotion and full support by your community. Printed collateral or brochures or handouts that include your doctor's contact information should be placed within easy access to residents, families, and visitors. Employees should be encouraged to speak favorably of your onsite doctor service and to point out how this service is a unique distinction of your community.

Step 5

Metrics

It has never been more important than NOW to have metrics. Metrics will give you data-driven evidence of the excellent care you provide. Metrics will prove that you deserve to be included in health referral networks.

Here are some important metrics to track, all of which would be expected to improve when you have a close connection with your doctors. Your community may include other metrics:

- # ER visits
- # hospitalizations for all causes
- # 30-day re-admissions
- # falls
- # doctor visits
- # ambulance calls
- Time of day for all of the above
- Resident's doctor for all of the above
- Resident and family satisfaction survey
- Employee satisfaction survey

These metrics can be used to develop Quality Improvement Initiatives, and the Initiatives can be used to develop and track Key Performance Indicators. These quality improvement initiatives are a particular strength of our Analytics Module that is available separately. Please see www.illuminationanalytics.com for more details or e-mail me for suggestions.

Promote your metrics to every referral source, including families as well as the discharge planners of every local nursing home, hospital, Long Term Acute Care Hospital, rehab hospital, home health company, and hospice company. And promote your goal to eliminate all avoidable 30-day re-admissions. This will get the attention of your referral sources and announce your commitment to care excellence.

This is the end of the **CONNECT** module. We've shown you 5 Steps that you can take to assure a direct, **STRAIGHT LINE** connection between your residents and doctors.

It may seem that a lot of strategies have been described, but these are all achievable. We suggest the best way to implement the recommendations are "a little at a time." Pick out a section that you would like to start with, discuss it with your team, and then implement it. When you've successfully implemented this section and your team is comfortable with it, then do the same with the next section, and continue until you've implemented as many of the recommendations as you can for your community. Studies have shown that the more of these strategies you implement, the more successful you will be in reducing avoidable re-admissions.

And ALWAYS - stay focused on facilitating a direct, **STRAIGHT LINE** connection between every resident with their doctor and remove any and all barriers that put themselves between the residents and their doctors.

We know you're going to have GREAT success!