University of Alabama (UAB) Ticket to Ride:

COVID Discharge Workflow and Communication Across Care Continuum

Welcome!

- All lines are muted, please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

We will get started shortly!

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Carolyn Kazdan, MHSA, NHA

AIM LEAD, CARE COORDINATION

Ms. Kazdan currently holds the position of Director, Health Care Quality Improvement for IPRO, the Medicare Quality Improvement Organization for New York State. Ms. Kazdan leads IPRO's work with Project ECHO® and serves as the Care Transitions Lead for Alliant Quality. Ms. Kazdan previously led the IPRO's work with the NYS Partnership for Patients and the Centers for Medicare & Medicaid Services (CMS) Special Innovation Project on Transforming End of Life Care in the Nassau and Suffolk County region of New York State. Prior to joining IPRO, Ms. Kazdan served as a Licensed Nursing Home Administrator and Interim Regional Director of Operations in skilled nursing facilities and Continuing Care Retirement Communities in New York, Pennsylvania, Ohio and Maryland. Ms. Kazdan has served as a senior examiner for the American Healthcare Association's National Quality Award Program, and currently serves on the MOLST Statewide Implementation team and Executive Committee. Ms. Kazdan was awarded a Master's Degree in Health Services Administration by The George Washington University.

Carolyn enjoys visiting her grandchildren, photography, crocheting, needlepoint, reading and being at the beach!

"I don't have to chase extraordinary moments to find happiness - it's right in front of me if I'm paying attention and practicing gratitude"

–Brene Brown

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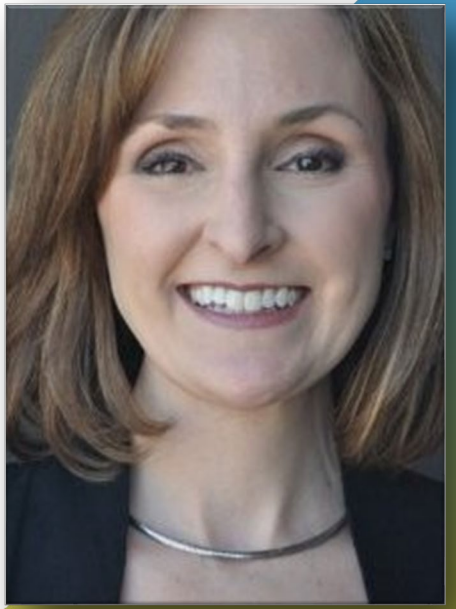
Alison Garretson

ASSOCIATE VICE PRESIDENT, CARE TRANSITIONS AT UAB MEDICINE

Alison Garretson is an Associate Vice President of Care Transitions at UAB Medicine with responsibility of case management and social work for inpatient care, ambulatory care inclusive of an accountable care organization shared savings model, and post-acute partnership development. She manages the UAB High Risk fund that provides resources to support the dispositions for un- and underfunded patients. She is currently an adjunct instructor for the UAB School of Nursing as serves on Vizient's Vulnerable Patient Population Advisory Board. During the pandemic, Alison chaired a coalition subcommittee of the Jefferson County Department of Health which served to address transition barriers present during the COVID-19 pandemic in a collaborative manner across the city and surrounding counties.



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Rachel Cross, BSN, ACM-RN

DIRECTOR OF CASE MANAGEMENT AND DOCUMENTATION INTEGRITY

Rachel Cross is the Director of Case Management and Documentation Integrity for Ascension St. Vincent's in Birmingham, Alabama. Rachel, an Accredited Case Manager, earned her BSN in 2007 and will soon graduate with her MHA. She began her career has an MICU nurse but soon found her passion for Case Management in the support of ventilator dependent pediatrics in the community. This work has lead to various roles in the case management community including hospital case management, physician quality outcome support, denials mitigation and clinical documentation integrity.

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Ascension
St. Vincent's

Erica Arnold, DNP, RN, CNL, CHFN, CCCTM

OPERATIONS MANAGER CARE TRANSITIONS

Erica Arnold, DNP, RN, CNL, CHFN, CCCTM is an Operations Manager in the Care Transitions Department at UAB Hospital. She serves in a role that focuses on optimizing department staffing and resources and special projects, including transition of care rounds and accountable care teams within the organization. During the pandemic, Erica lead the Care Transitions department in daily and weekly calls and worked with an interdisciplinary team to implement tools and resources needed to streamline COVID best practices across the care continuum.

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Objectives

- Learn Today:
  - Explain the ‘why’ behind our collaboration during the public health emergency.
  - Understand the ‘how’ or the infrastructure we created to enable COVID-19 specific interventions across the community.
  - Identify the key stakeholders who were needed to participate in the decision making.
  - Orient yourself to the Ticket to Ride tool and how it is intended to be used.
- Use Tomorrow:
  - Think about how this tool would be useful in your organization.

Discussion

Rachel Cross

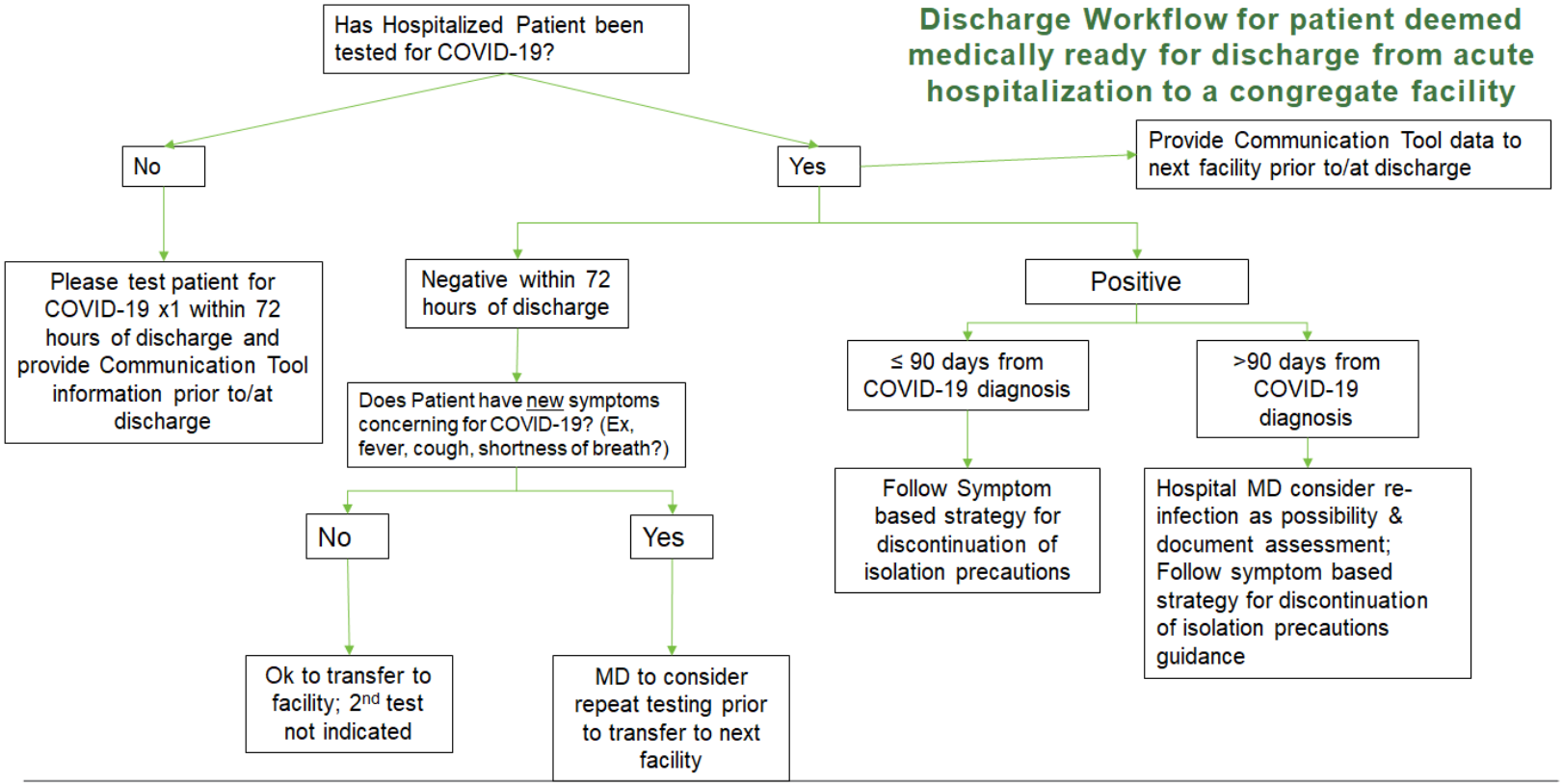
Alison Garretson

Erica Arnold

JCDH HCC SNF Subcommittee Workgroup Efforts

- Goal Set: Document recommendations for Hospitals and Congregate facilities to follow to improve the transition workflow from hospital to congregate facility for patients who are medically ready for discharge
- Discussions led twice monthly by UAB Medicine
- Operations leaders
  - Nursing facilities
  - Hospitals
  - JCDH and MCDH
- Medical providers
  - UAB Geriatricians working in the COVID-19 nursing home unit
  - UAB Infectious Disease
  - UAB Hospital Medicine
  - Dept of Health Epidemiologists
- Front line staff pilot
  - Hospital to nursing facility

Discharge Workflow



Communication Tool Sample

Hospitals are asked include these data elements in Discharge summary or transition documentation to next level of care;

-This tool, or one like it, could be used for facility to facility transfers once the patient has admitted to a congregate facility;

-This information is vital to Emergency departments when patient sent for evaluation or admission to the hospital

Date of COVID Tests	Site of test	Type of COVID Test (PCR or Antigen)	Results of Test	Any symptoms of COVID at time of test	Is patient immuno-compromised If neg, NA	If hospitalized for COVID record dates, If negative, NA	If hospitalized, did spend time in an ICU? If negative, NA
10/25/20	LTC A	PCR / Antigen	Positive / Negative	Yes / No	Yes / No	NA	Yes / No / NA
10/29/20	Hospital A	PCR / Antigen	Positive / Negative	Yes / No	As above	10/29-11/1	Yes / No / NA
11/3/20	Dialysis clinic A	PCR / Antigen	Positive / Negative	Yes / No	As above	NA	Yes / No / NA

COVID-19 Vaccination	Manufacturer	Date Administered	Date Next Dose can be administered or NA	Clinic Administered or Scheduled
1st dose COVID-19	Pfizer	2/1/21	N/A	UAB Vaccine Clinic
2nd dose COVID-19*			2/22/21	UAB Vaccine Clinic 2/28/21

Contact Information:

Speakers: **Alison Garretson**

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Rachel Cross BSN, ACM-RN

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Erica Arnold, DNP, RN, CNL, CHFN, CCCTM

Operations Manager Care Transitions UAB

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Host: **Carolyn Kazdan**

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Aim Lead, Care Coordination

Objectives Check In!

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  - Orient yourself to the Ticket to Ride tool and how it is intended to be used.
- Use Tomorrow:
  - Think about how this tool would be useful in your organization.

How will this change what you do? Please tell us in the poll…

Closing Survey

Help Us Help You!

- Please turn your attention to the poll that has popped up in your lower right-hand side of your screen
- Completion of this survey will help us steer our topics to better cater to your needs

CMS 12th SOW Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings

Chronic Disease Self-Management

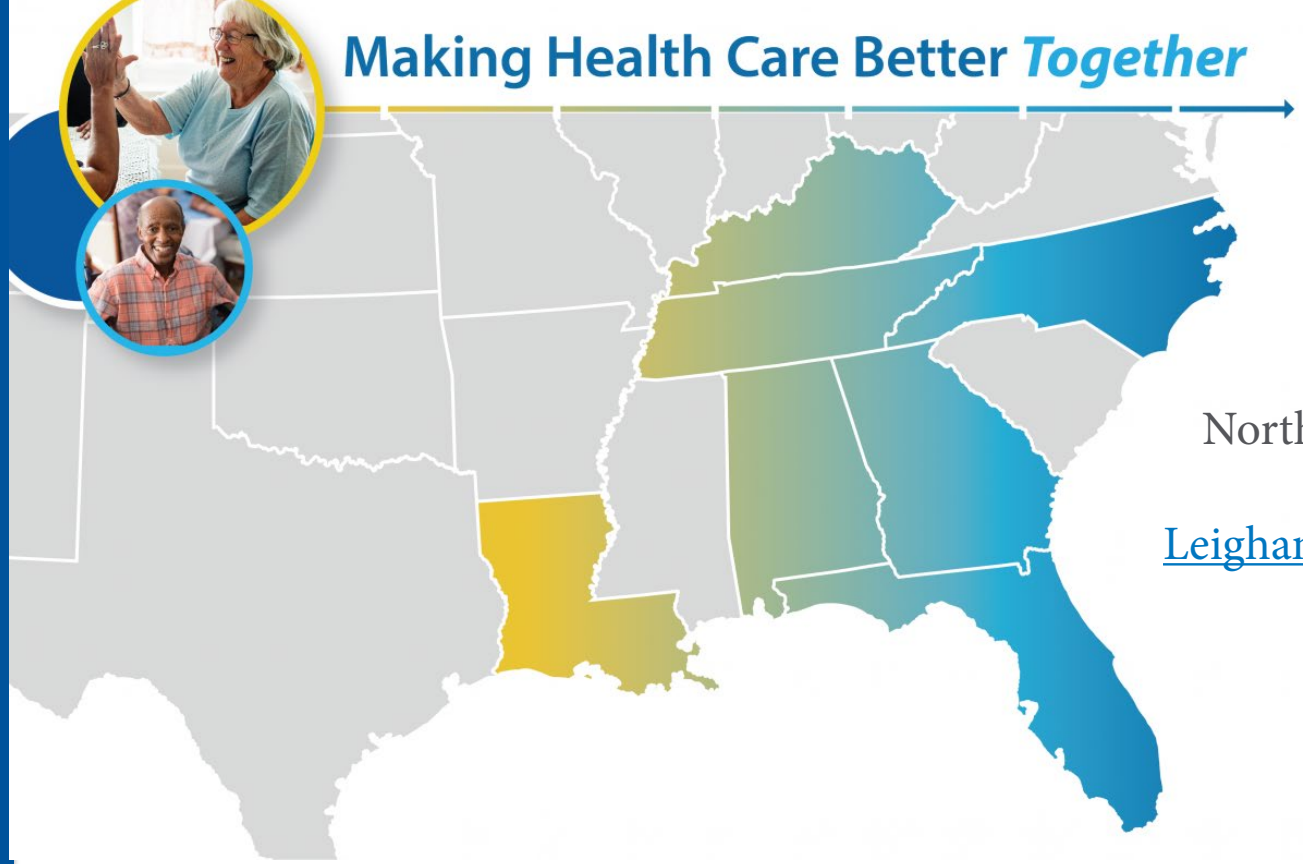
- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents



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Upcoming Events

Learning and Action Webinars

Nursing Homes Tuesdays, 2pm ET/1pm CT	Community Coalitions Thursdays, 12:30 pm ET/11:30am CT
May 18,2021: A deeper dive into Diabetic Agent and Anticoagulation Medication Adverse Drug Events	May 27, 2021: Powerful Partnerships - Area Offices on Aging & Community Coalitions
June 15, 2021: TBD	June 24, 2021: TBD

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This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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