# Increasing Connections to Care for the BH Population After ED Discharge

A Learning Collaborative by the NJ Department of Health in partnership with Public Consulting Group

A resource of the Quality Improvement Program – New Jersey

May 14, 2021 11:00am – 12:00pm





#### **DOH Leadership**



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#### **Welcome & Introductions**

Program Sponsor

NJ DOH

Director

Emma Trucks

Improvement Advisor

Christina Southey

Faculty

Tricia Bolender

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#### **Today's Objectives**

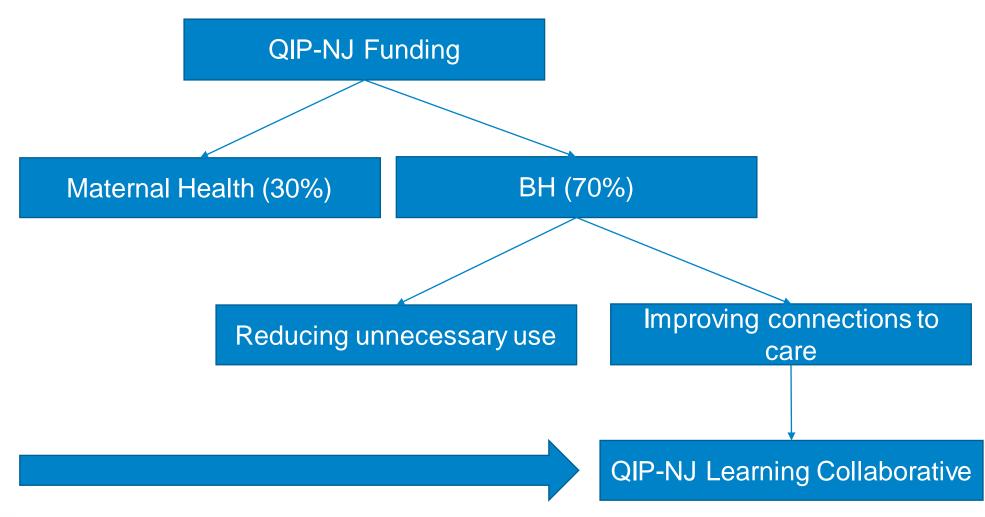
Your hospital is invited to participate in the QIP-NJ BH Learning Collaborative beginning in September!

By the end of today's session, we hope to provide information on how the collaborative will support you. Including:

- Collaborative background / overview;
- Collaborative aim and design;
- Benefits of and factors driving successful participation;
- How to join.



#### **Collaborative Background / Overview**





#### Enter your response in the Q&A:

What is your greatest challenge connecting patients to care after an ED discharge?





#### Making a Difference for Patients

**Cisily Brown** is a long-time New Jersey resident, community advocate, and member of the Camden Coalition's consumer voices bureau, Amplify.

[To listen to Cisily Brown share her experience in a NJ ED, please access the recorded presentation available at <a href="https://gip-nj.nj.gov/resources.html">https://gip-nj.nj.gov/resources.html</a>]



#### **Collaborative Aim**

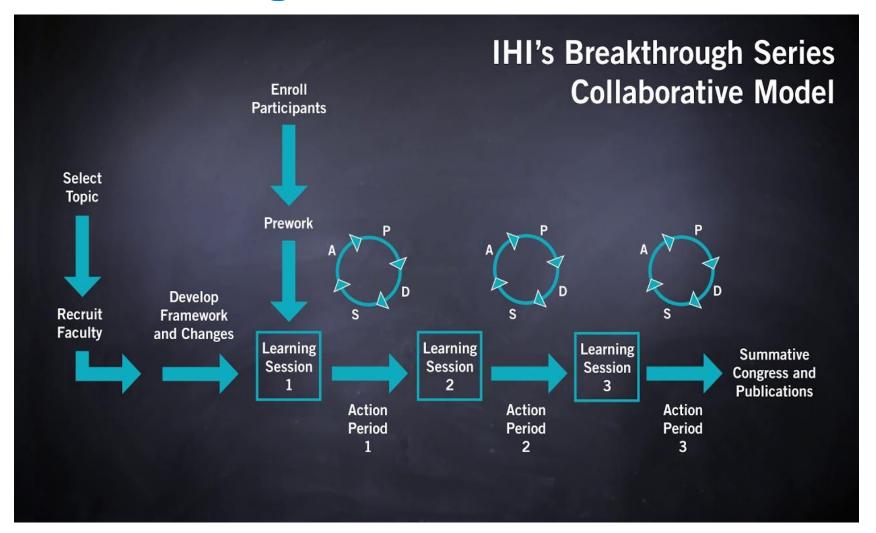
Increase follow-up visits for patients with mental health or substance use disorder diagnoses within 30 days of ED discharge:

The aim will be achieved through improvements in the following areas:

- Standard, evidence-based care practices in the ED;
- Effective relationships with community partners;
- Adopting trauma-informed care practices; and
- Patient and chosen family engagement.



#### **Collaborative Design**





## Additional Support Provided through QIP-NJ's Collaborative Design

- One-on-one coaching during onboarding and throughout the Collaborative.
- Leadership track to provide training and peer-to-peer learning for those overseeing quality or operations in the ED.



### **Key Driver Diagram**

#### **SECONDARY DRIVERS PRIMARY DRIVERS** Standard, 1.1 Standard process for intake, screening, risk assessment, triage, and treatment. Evdence-based, **1.2** Standard process for admissions or transfers, and for discharge and discharge follow-up and Community connections/appointments/referrals. Informed **1.3** Leverage technology to support patient centered care plans and care processes. Processes in the ED **Effective** 2.1 Partnerships/relationships/enhanced coordination with other health care and Relationships community-based services to streamline referrals, warm handoffs. **COLLABORATIVE AIM** with Community **2.2** Follow-up procedures, leveraging technology, that enhance the discharge process. **Providers Increase follow-up** visits for patients with mental health or 3.1 Care team engagement and capacity for mental health and SUD triage, treatment, and disposition. substance use disorder **3.2** Care team education on trauma informed care, stigma, and best practices. diagnoses within 30 Trauma-Informed **3.3** Leadership engagement and support to model and drive trauma informed culture change. days of ED discharge. **Care Delivery 3.4** Create an ED environment that aids treatment and healing of BH patients. 3.5 Care management staff and processes. **3.6** Peer support specialists/traditional care workers integrated into care team. **4.1** Develop standardized person-centered care plan process. **Engagement of 4.2** Assess SDOH needs for patients and incorporate into care plans. patients and their 4.3 Engage patients to develop standard care processes. chosen families

**4.4** Effective patient and chosen family communication.

#### **Benefits of Participation**

- Support to meet performance targets on some QIP-NJ pay-forperformance measures;
- Access to State and national clinical and improvement experts in the field;
- Training for frontline care team and leadership;
- Personalized coaching from improvement advisors;
- Increased quality improvement capacity across team members;
- Access to a peer learning network;
- Continuing professional education credits.



#### Enter your response in the Q&A:

What aspect(s) of the Collaborative do you think will help you the most?



#### **Factors Driving Successful Participation**

- Teams that have been successful in Collaboratives find that the following commitments are essential:
  - Form an interprofessional team that meets at least monthly
  - Complete pre-work self-assessment
  - Attend learning session conferences (half-day events)
  - Attend the monthly coaching sessions (60 to 90-minute virtual engagements)
  - Collect data on collaborative measures each month



#### **How to Join**

- Identify a team leader and/or clinical champion to lead the project.
- Complete a <u>Participation Interest Form</u> due by July 23<sup>rd</sup>.
- Have hospital leadership sign a letter of support for team's participation.
- Want to find out more?
  - Review Collaborative <u>Charter</u> and <u>Change Package</u> online.
  - Schedule a one-on-one with us to go over any questions.
  - Information Session #2 on July 15<sup>th</sup> @ 11am.
- Questions, comments or requests for additional support in this process, email <a href="mailto:qip-nj@pcgus.com">qip-nj@pcgus.com</a>.

