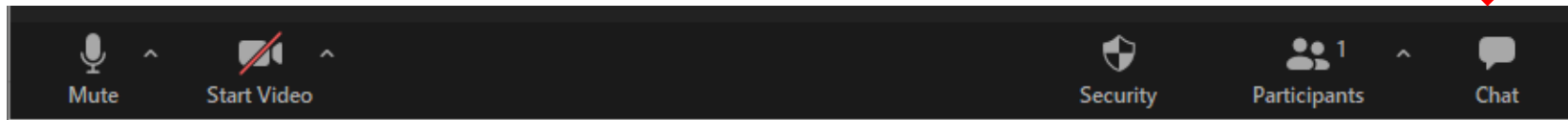
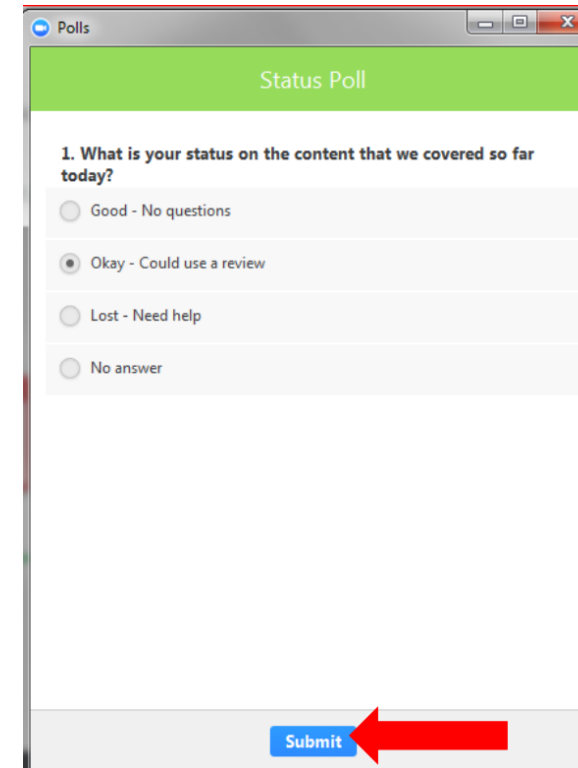


# Zoom Instructions

Click this icon to display Chat window:



Polls will appear as a pop-up window. Select your response and click submit.

A screenshot of a Zoom 'Polls' window. The title bar says 'Polls'. The poll title is 'Status Poll'. The question is '1. What is your status on the content that we covered so far today?'. There are four radio button options: 'Good - No questions', 'Okay - Could use a review' (which is selected), 'Lost - Need help', and 'No answer'. At the bottom right, there is a blue 'Submit' button. A red arrow points to the 'Submit' button.



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

# 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*

July 15, 2021

11:00am – 12:00pm



Solutions that Matter

# DOH Leadership



**Judith M. Persichilli, R.N., B.S.N., M.A.**

Commissioner  
Office of the Commissioner

**Marcela Ospina Maziarz, M.P.A.**

Deputy Commissioner  
Health Systems, Office of the Commissioner

**Robin Ford, MS**

Executive Director  
Office of Health Care Financing

**Erica Holmes, JD**

Legal Specialist  
Office of Health Care Financing

**Michael Conca, MSPH**

Health Care Consultant  
Office of Health Care Financing



# Today's Speakers

Program Sponsor

NJ DOH

Director

Emma Trucks

Improvement  
Advisor

Christina Southey

Faculty

Tricia Bolender

# Today's Objectives

Your hospital is invited to participate in the QIP-NJ Behavioral Health (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, which will include:

- Collaborative aim and design;
- Benefits of - and factors driving - successful participation;
- Measurement strategy;
- Learning session (LS) 1 overview; and
- How to join.

# POLL 1

Did you attend  
Information Session 1  
on May 14<sup>th</sup>?



## POLL 2

Which best describes your current status?

1. Already joined Collaborative, here to learn more!
2. Intending to join, still need to turn in *participation interest form*.
3. Not sure whether to join, need more information.
4. Unlikely to join.



# Collaborative Aim

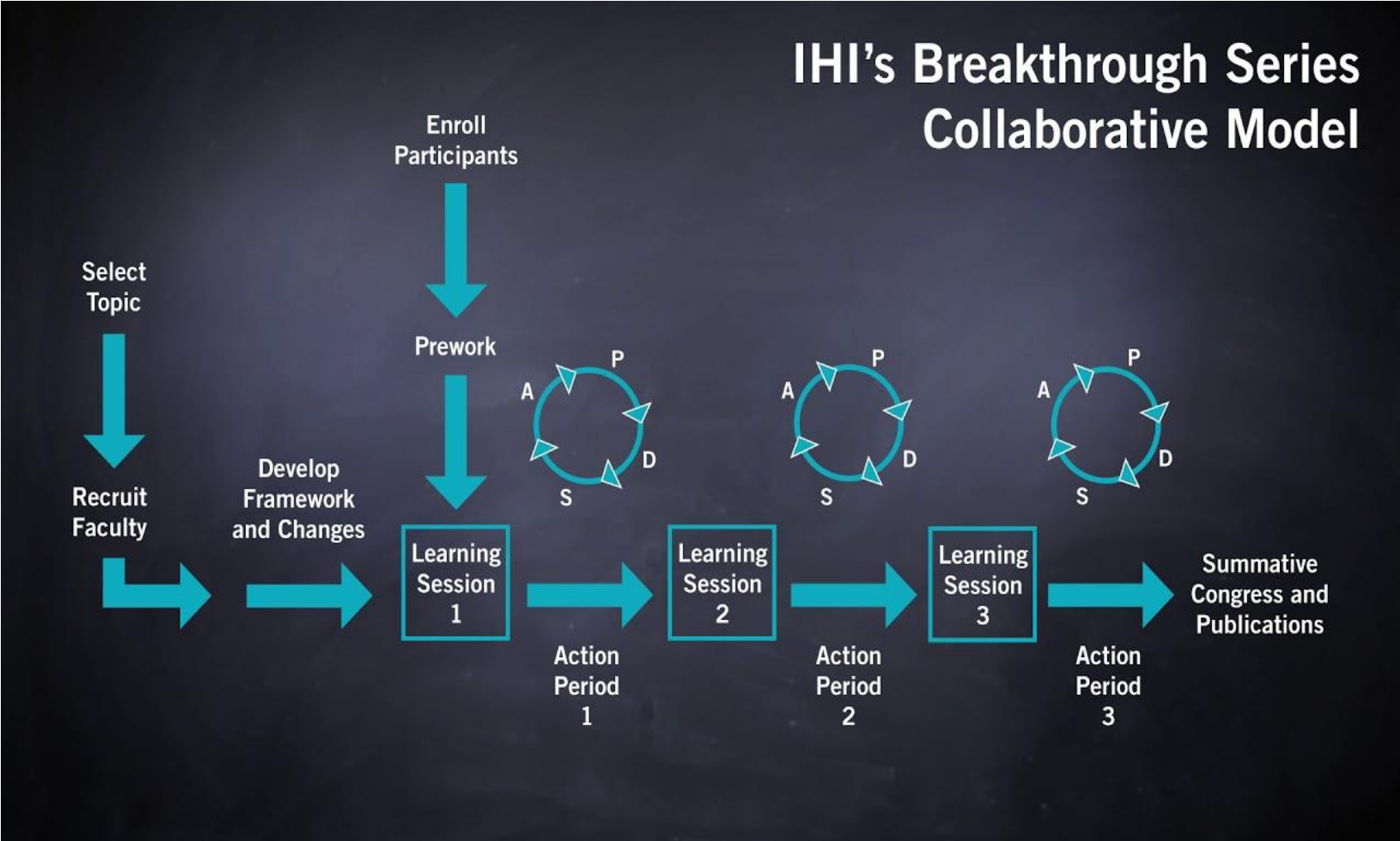
Increase follow-up visits for patients with BH (including mental health or substance use disorder diagnoses) within 30 days of an emergency department (ED) discharge:

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



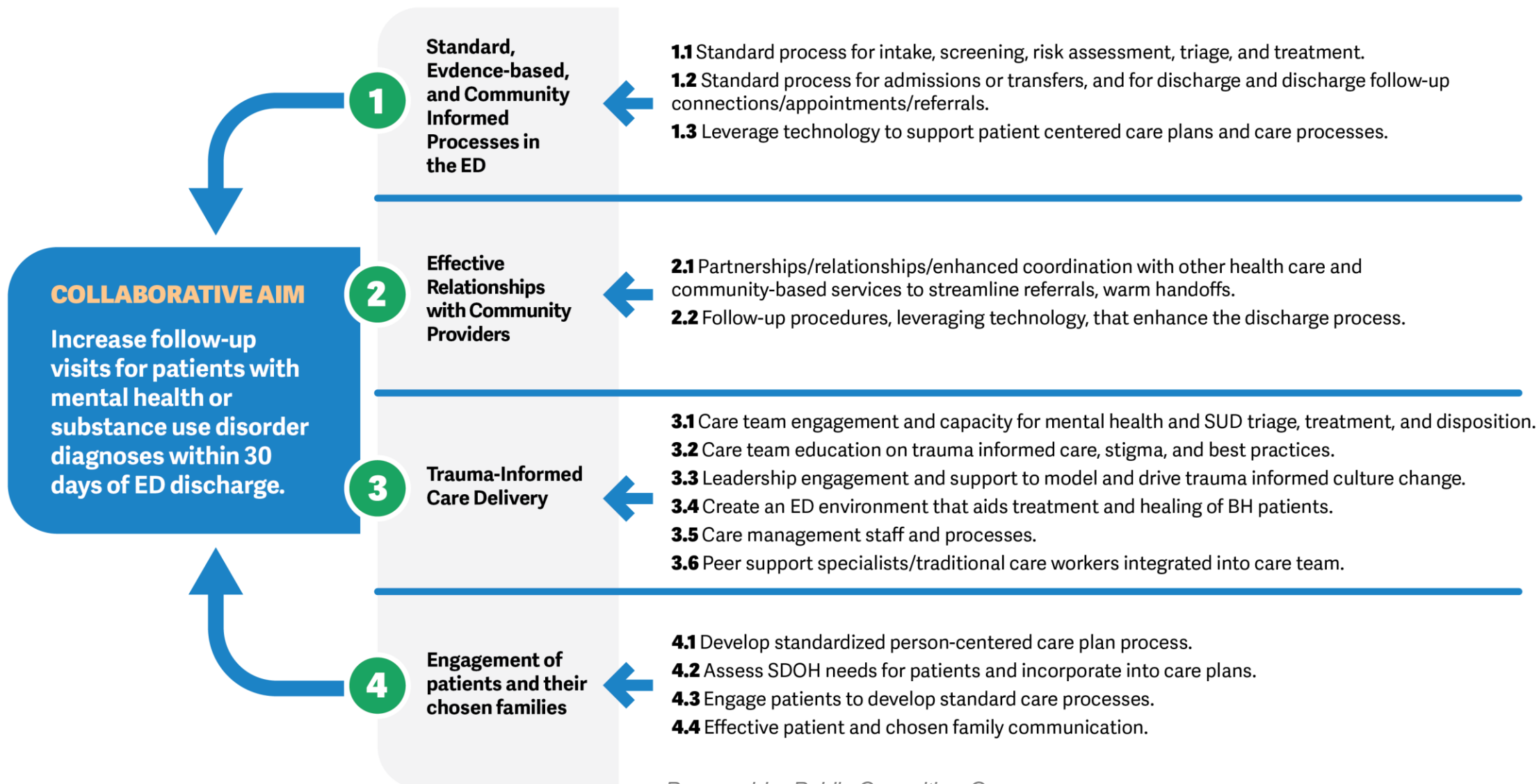
# Additional Support Provided through QIP-NJ's Collaborative Design

- 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

## PRIMARY DRIVERS

## SECONDARY DRIVERS



# Chat Waterfall:

Take 1min and type a response to the question below, But DO NOT press send!

**What work do you already have underway that aligns with one of the areas highlighted in the Collaborative Driver Diagram**

Press send when we say 'go'

# Benefits of Participation

- Support to meet performance targets on some QIP-NJ pay-for-performance quality 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-to-peer learning network;
- Continuing professional education credits.

# 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); and
  - Collect data on collaborative measures each month.

# Measurement Strategy

- Measures proposed in Change Package are undergoing a feasibility assessment process.
- Two NJ hospitals and one community partner are participating in this feasibility assessment process.
- This process is intended to ensure that all hospitals will have more success reporting data each month with data element that are feasible to access and meaningful in practice.
- The result of this feasibility assessment will be a revised list of Collaborative measures that support achievement of the Collaborative aim.

# Revised List of Proposed Measures

Follow-up Visit	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 day)
Follow-up Visit	Follow-Up After Emergency Department Visit for Mental Illness (30 day)
Outreach	Case Management Outreach Success
Referrals	Direct Referral to Community Providers Within 24 Hours of Discharge
Screening	Preventative Care and Screening: Screening for Depression and Follow-Up
Screening	Substance Use Screening and Intervention Composite
Care Plan	Percent of patients or families who participate in and receive the post-ED discharge care plan
Utilization	ED Revisits
MAT	Initiation of MAT
Patient Experience	Was your most important issue addressed?



# Save the Date! Learning Session 1

LS 1 will take place as two consecutive **virtual** half day afternoon sessions, as follows:

Wednesday, September 22<sup>nd</sup>; and

Thursday, September 23<sup>rd</sup>.

# LS1 Objectives

By the end of LS1, teams should be able to:

- Describe, with full understanding, the Collaborative process;
- Identify key changes from the Change Package to test in Action Period 1;
- Form a detailed plan for their first tests of change;
- Identify peer teams to connect with who can be a support during the testing of changes in practice or are a source for other innovative ideas shared during LS1.

# LS1 Day 1 Proposed Agenda

Session	Presenter
Collaborative Introduction	DOH
The Patient Experience	Consumer Scholar, Amplify
Driver Diagram Deep Dive	Faculty TBA
Keynote: ED Processes to Support Connections to Care	Dr. Scott Zeller
Break	
Storyboard Rounds	Hospital Presentations / Small Groups
Q&A	All Faculty
Closing Remarks	DOH

# LS1 Day 2 Proposed Agenda

Session	Presenter
Tracks: Model for Improvement Leadership Track	Faculty - TBA
Collaborative Measures	Faculty - TBA
Panel: Connecting Patients to Care	Panelists representing patients, community providers, and hospitals
Break	
Hospital Team Meeting	
Hospital Team Meeting Debrief	
Closing Remarks	DOH

# ANSWER IN THE CHAT!

What do you hope to learn  
at LS1?



# Introducing Dr. Scott Zeller, Faculty Chair

Scott Zeller, MD is Vice President for Acute Psychiatry at the multistate multispecialty medical group Vituity, a professor at two medical schools, and Past-President of both the American Association for Emergency Psychiatry and the National Coalition on Psychiatric Emergencies.

He is known as the creator of the Alameda Model, the EmPATH unit concept, and as the co-inventor of On-Demand Emergency Telepsychiatry.

He led Project BETA (Best Practices in the Evaluation and Treatment of Agitation), which has revolutionized the care for agitation around the world.

He was named the 2015 USA Doctor of the Year by the National Council for Behavioral Health.



# Onboarding Coaching Available

- One-on-one coaching is available as you are forming your team!
- Coaching available for any challenges, including forming an effective team, current state assessments and measurement/data collection.
- To access coaching:
  - Turn in Participation Interest Form by July 23 deadline to receive:
    - A 'getting started' checklist and compendium of resources in the form of a Prework Handbook;
    - The link to sign-up for a coaching session.

# Participating Hospitals to Date!

Representing those who have turned in their *Participation Interest Form*.

- AtlantiCare Regional Medical Center
- Bayonne Medical Center
- Hackensack Meridian Health
  - Southern Ocean Medical Center
  - Raritan Bay Medical Center
  - Palisades Medical Center
  - Riverview Medical Center
  - Bayshore Medical Center
  - Hackensack University Medical Center
  - Ocean Medical Center
  - Jersey Shore Medical Center
  - JFK Medical Center
- Inspira Medical Centers
  - Elmer
  - Mullica Hill
  - Vineland
- Trinitas Regional Medical Center



# How to Join

- Identify a team leader and/or clinical champion to lead the project.
- Complete a [Participation Interest Form](#) 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 [Charter](#) and [Change Package](#) online.
  - Schedule a one-on-one with us to go over any questions.
- Questions, comments or requests for additional support in this process, email [gip-nj@pcgus.com](mailto:gip-nj@pcgus.com).

## Q&A

Enter your questions into the Chat!

# Scott Zeller Detailed Bio

VICE PRESIDENT, ACUTE PSYCHIATRY  
VITUITY

Dr. Zeller is the Vice President of Acute Psychiatry for Vituity, a multistate multispecialty medical group based in Emeryville, CA. He is also the Immediate Past Chair of the multidisciplinary National Coalition on Psychiatric Emergencies. He was formerly Chief of Psychiatric Emergency Services of the Alameda Health System, of Oakland, CA; during this time Dr. Zeller developed the innovative approach to eliminate emergency department psychiatric patient boarding that became known as the “Alameda Model”. Dr. Zeller is an Assistant Clinical Professor at both the University of California-Riverside and Touro University medical schools and is Past-President of the American Association for Emergency Psychiatry. He is the author of multiple textbooks, book chapters and numerous peer-reviewed articles, lectures internationally as a keynote speaker, and is known as the creator of the EmPATH Unit concept (Emergency Psychiatry Assessment, Treatment and Healing Unit) and co-inventor of On-Demand Emergency Telepsychiatry. He founded and directed Project BETA (Best Practices in the Evaluation and Treatment of Agitation), which has revolutionized the care approach to agitated individuals around the world; his combined works led to his being named the 2015 USA Doctor of the Year by the National Council for Behavioral Health in Washington, DC. During his tenure with Vituity, Dr. Zeller has consulted for 40+ hospitals and state associations regarding behavioral health projects, including assisting in the creation of over 20 de novo psychiatric ERs, and he currently serves as Subject Matter Expert for the Facility Guidelines Institute's Best Practices Architecture and Design for Behavioral Health Emergency Departments. He was the 2019 winner of the California Hospital Association's 'Heerman Memorial Award', given annually since 1960 to an individual who has made a specific outstanding contribution to the improvement of patient care in the state, and he was recently named one of the world's “Ten Most Influential People in Healthcare Design” by Healthcare Design Magazine.