

# RHP 4 Learning Collaborative February 2015

Provider Presentations

# RHP 4 Learning Collaborative – February 2015

## Behavioral Health Center of Nueces County

### Recent Project Successes and Accomplishments

#### **138305109.2.1 Behavioral Health and Physical Health Integration**

- Completed one full year of service
- Provided treatment to 106 individuals
- Provide flu vaccines
- Hiring of Patient Navigators
- Credentialing of second physical health provider
- Finalization of policies and procedures at unit level and center wide.

#### **138305109.2.2 Peer Run Day Center**

- Implementation of whole health and wellness groups at the center.

#### **138305109.2.3 Social and New Media Outreach and Education**

- Outreach and Education campaign has been named.
- Outreach campaign piloted at detention center and at local schools.
- Approval for obtaining Twitter and Instagram handles.
- OPM policy approved.

# RHP 4 Learning Collaborative – February 2015

## Behavioral Health Center of Nueces County

### Recent Project Successes and Accomplishments

#### **138305109.2.4 IDD Dual Diagnosis Clinic**

- Currently contracting with a BCBA-D for behavior supports
- DSP's providing services in homes and school.
- Recently contracted with private HCS/TxHmL provider companies
- Bi-weekly participation in an IDD Dual Diagnosis Learning Collaborative

#### **138305109.2.100 Patient Navigation Services**

- Two patient navigators completed DEEP training.
- Both began Community Health Worker Training
- Navigators will begin patient education classes on 2-19-15
- Recently obtained certification as Certified Application Counselors to enroll eligible clients in the ACA marketplace.

#### **138305109.1.100 Safety Net Services**

- Two direct support professionals hired.
- Services provided to 23 individuals this delivery year.

# RHP 4 Learning Collaborative – February 2015

## Behavioral Health Center of Nueces County

### Recent Project Implementation Challenges

#### **138305109.2.1 Behavioral Health and Physical Health Integration**

- Finalizing policies and procedures

#### **138305109.2.2 Peer Run Day Center**

- Low participation at first

#### **138305109.2.3 Social and New Media Outreach Campaign**

- Necessity of new policies for social media
- Website development has been slow

#### **138305109.2.4 IDD Dual Diagnosis**

- Contracting with external HCS/TxHmL providers was slow initially.
- Some issues with family engagement after initial assessment.

# RHP 4 Learning Collaborative – February 2015

## Behavioral Health Center of Nueces County

### **Raise the Floor Initiative: Beginning or Expanding Social Media Utilization**

#### Selected/Considered:

Activate a center Twitter and Instagram Account.

#### Next Steps:

Coordinate with IT and the center Community Relations Coordinator/Public Information Officer to oversee administration of accounts.

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## Behavioral Health Center of Nueces County

Technical Assistance Needs
How do other centers monitor the social media accounts?

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## Bluebonnet Trails Community Services

### Recent Project Successes and Accomplishments

The two RN Patient Navigators have established a working relationship with the Emergency Room Staff on all shifts. They are understanding our role in the Navigation of frequent utilizers of the emergency department and feel comfortable calling us to make referrals on patients with both chronic conditions and mental health issues. The Rural Health Clinic and the local FQHC have begun to make referrals of clients that need assistance with compliance relating to their chronic conditions or appointment scheduling or attendance.

We have established Community resources that assist with the purchase of medications, transportation to out of town appointments and with monthly food assistance.

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## Bluebonnet Trails Community Services

### Recent Project Implementation Challenges

Barrier to the Hospital EHR and PHI continues but is improving. Hospital staff are willing to look up needed items in their EHR system to assist with establishing care for the referral.

Financial Resources for services needed is often a challenge but there are staff members at each PCP site that can assist with applications as well as the Navigator staff.

Transportation continues to be an issue with out of town clients.



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## Bluebonnet Trails Community Services

### **Raise the Floor Initiative: Beginning or Expanding Social Media Utilization**

#### Selected/Considered:

Selected: The Patient Navigator Project and Memorial Hospital have joined together to develop a place on the hospital's existing Face Book page to have an information article about Mental Health care. This will be done by the Social Media staff of Memorial Hospital.

#### Next Steps:

Using the existing Memorial Hospital (Gonzales) Facebook page and posting Behavioral Health information monthly.

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## Bluebonnet Trails Community Services

### Technical Assistance Needs

We currently have a great support system through Bluebonnet Trails for technical problems and challenges.

We are working with the hospital system for assistance with sharing PHI information.

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## CHRISTUS Spohn

### Recent Project Successes and Accomplishments

- Increase Primary Care Capacity (Corpus Christi)
  - Northside clinic hours to be extended to 7pm on Mon or Wed
  - Northside extension walk-in clinic opened
  - ED visits for ACSC below target
- Chronic Disease Registry (Corpus Christi, Alice, Kleberg, Beeville)
  - Successful interfaces to hospital and clinic EHRs in Corpus Christi
  - Steady increases in patients entered in the registry for all 4 providers
- PAD Telemedicine (Corpus Christi, Alice, Kleberg, Beeville)
  - Substantial increase in preventative screenings at all 4 provider's sites
  - Specialists identified for each site and set up for Telehealth referrals

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Successes and Accomplishments

- Intensivists (Corpus Christi)
  - Recruited two intensivists therefore increasing the number of patients assigned to intensivists
- Psychiatric Evaluation Services (Corpus Christi)
  - PES open for service 2/12/2015
  - ED visits for BH/SA below target
  - Staff trained on protocols
- Psychiatric Mental Health Nurse Practitioner (Corpus Christi)
  - Student interest/enrollment in UTSA program up
  - Successfully attained fourth scholarship recipient

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Successes and Accomplishments

- Diabetes Cell Phone App (Corpus Christi)
  - 74 patients enrolled to date; 4 withdrawals
  - Midpoint assessment of 33 enrollees showed an average HA1c reduction of 2.1 in 55% of the enrollees
  - Initial cohort analysis completion is set for July 2015
- Hospitalist (Corpus Christi)
  - All cause 30-day readmissions for patients with a LACE score  $\geq 11$  on a downward trend
  - Non-ICU CLABSI rates below target

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Successes and Accomplishments

- BH/PC Integration (Corpus Christi, Alice)
  - New psychiatrist contracted for Robstown clinic
  - Partnership with Coastal Plains
- Dual Diagnosis (Corpus Christi, Alice, Kleberg, Beeville)
  - ED visits for Diabetes below target at all sites
- Medical Home (Corpus Christi)
  - ED visits for CHF below target

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Successes and Accomplishments

- Bedside Medication Verification (Corpus Christi, Alice, Kleberg, Beeville)
  - 2D BMV implemented and hardwired
  - CHF readmissions for Corpus below target
- Computerized Physician Order Management (Corpus Christi, Alice, Kleberg, Beeville)
  - Inpatient orders via CPOM targets exceeded at all sites
- Sepsis (Corpus Christi, Alice, Kleberg, Beeville)
  - Multi-disciplinary regional sepsis committee formed
  - Incorporated a countdown clock on the ED tracker to assist with timely sepsis bundle completion

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Successes and Accomplishments

- Care Transitions (Corpus Christi, Alice, Kleberg, Beeville)
  - Program is fully implemented throughout the CHRISTUS Spohn region
  - Decreased 30-day readmission rates (all cause) from 13.8 % to 3 % amount program participates
  - CHF readmissions below target at Corpus Christi and Alice
- Safety and Reliability (Corpus Christi, Alice, Kleberg, Beeville)
  - Code Stop protocol implemented
  - One-Path-One-Team fully implemented across all campuses
  - SSE Rate decrease 18% DY4 to date, from 5.25 in Oct 2014 to 4.29 in Dec 2014, exceeding goal
- Increase Primary Care Capacity (Beeville)
  - NP, RN and MA hired by 1/12/2015
  - ED visits for ACSC below target



# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Implementation Challenges

- Increase Primary Care Capacity (Corpus Christi)
  - Recruiting providers
- Chronic Disease Registry (Corpus Christi, Alice, Kleberg, Beeville)
  - Physician training
- PAD Telemedicine (Corpus Christi, Alice, Kleberg, Beeville)
  - Device and fiber-optic cord breakdowns
- Psychiatric Evaluation Services (Corpus Christi)
  - Patient flow
  - Multiple protocol revisions

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Implementation Challenges

- Psychiatric Mental Health Nurse Practitioner (Corpus Christi)
  - Student commitment and varying stages in coursework
- Diabetes Cell Phone App (Corpus Christi)
  - Participant program withdrawals
- BH/PC Integration (Corpus Christi, Alice)
  - Freer Clinic - Coastal Plains and Spohn computer system interface issues - workarounds explored
- Dual Diagnosis (Corpus Christi, Alice, Kleberg, Beeville)
  - Helping staff understand the new paper process
- Sepsis (Corpus Christi, Alice, Kleberg, Beeville)
  - Space constraints in ED, patient volume and staffing resources contribute to fallout of IV antibiotic within 3 hours

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Recent Project Implementation Challenges

- Care Transitions (Corpus Christi, Alice, Kleberg, Beeville)
  - Participant drop-out rates
- Safety and Reliability (Corpus Christi, Alice, Kleberg, Beeville)
  - Reporting of variances and events had decreased due to a reporting system change - Conversion date 12/22/2014
  - Efforts to increase awareness among frontline staff continues
  - Abstracting data on the backend is also challenging, multiple gaps in system; efforts to correct mapping and accuracy continue.

# RHP 4 Learning Collaborative – February 2015

## CHRISTUS Spohn

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Develop new (or update present Spohn) Facebook to include health education and health literacy such that Spohn acts as a “hub” of information including
  - Community health events calendars
  - Immunization sites
  - Health resources etc.

#### Next Steps:

- Explore possibility of site hits to gauge interest and success
- Increase use of traditional and technical media to advertise FB site

# RHP 4 Learning Collaborative – February 2015

CHRISTUS Spohn

Technical Assistance Needs
None at this time.

# RHP 4 Learning Collaborative – February 2015

## Citizens Medical Center

### Recent Project Successes and Accomplishments

- FQHC relocation to hospital campus
- LEAN/Six Sigma training completed hospital wide
- EOU unit has re opened after completion of State Survey Action plan

# RHP 4 Learning Collaborative – February 2015

## Citizens Medical Center

### Recent Project Implementation Challenges

- Resistance ( staff )to refer out of the ER for non emergent care to the FQHC or other provider
- Delayed move of the FQHC
- Office are not extended to accommodate non emergent patients arriving in the ER
- Culture of primary care is to “ send the patient to the ER”

# RHP 4 Learning Collaborative – February 2015

## Citizens Medical Center

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

Increase patient interaction by utilizing email newsletters

Increase public interaction with CMC and public education with posts on Facebook

#### Next Steps:

Continue collecting emails. Begin monthly general interest email newsletter.

American Cancer Society and Women's Certified helping supply information for FB posts.

Employed doctors to supply information for posts and newsletters when possible.



# RHP 4 Learning Collaborative – February 2015

## Citizens Medical Center

### Technical Assistance Needs

- Navigation of multiple Excel documents ( staff competency )
- Navigation of the DSHHS online reporting tool

# RHP 4 Learning Collaborative – February 2015

## Coastal Plains Community Center Recent Project Successes and Accomplishments

- Will start primary care services at a 5<sup>th</sup> clinic this year. Will start to offer Substance Abuse services at a 4<sup>th</sup> clinic this demonstration year.
- Approximately 857 clients have received integrated primary health care in DY3
- Have hired 4 Navigators to assist the clients in work closely with integrated health care consumers by developing integrated recovery plans, coordinating their health care, and providing health education. Will hire a 5<sup>th</sup> Navigator for our additional clinic site in Falfurrias
- Navigators have been extensively trained in Diabetes, Cholesterol, Blood Pressure, and other health needs. Have attended the 3 day Diabetes Education Empowerment Program (DEEP) and will be trained in the Community Health Worker Certification program.
- Have provided preventative services to over 410 consumers in the integrated program.
- 92.3% of consumers reported Satisfaction with the primary care services they received in DY3

# RHP 4 Learning Collaborative – February 2015

## Coastal Plains Community Center Recent Project Implementation Challenges

- It was challenging working within all the requirements of a Substance Abuse Provider. We needed to provide a separate building entrance for the substance abuse population and needed to work with their required paperwork. Had to set aside designated meeting rooms.
- We found that a lot of Coastal Plains clients did not want Substance Abuse services even though they have an identified SA problem. Had to carry forward the SA milestone from DY2 to DY3 and met the milestone at the end of DY3. Had to carry forward DY3 SA milestone to DY4.
- Tracking and even improving in preventable admissions and readmissions to psychiatric and other inpatient facilities has proven to be very challenging.
- We have not achieved Level 4 interaction due to not having an ERS system in place and made a Plan Modification regarding this milestone.

### Next Steps:

- Improve Level 4 interaction with primary care providers
- Increase integrated Substance Abuse Services

# RHP 4 Learning Collaborative – February 2015

## Coastal Plains Community Center Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

### **Selected:**

We have started using the MyStrength.com on line resource. MyStrength is an evidence based, self-help resource that uses clinically proven models and engaging media to help people manage symptoms of depression and anxiety. MyStrength also offers a variety of exercises and activities matched to your consumer's personal motivation level and their identified priorities, using engaging activities. MyStrength offers health care providers the ability to meet consumer's demand by offering technology based self-management tools, extending the access to, improving outcomes – helping people feel better and stay better, and lowering the cost of care. We will receive monthly reports on the number of staff, consumers, and community use of the site.

### **Next Steps:**

Will continue to train new employees on use of site. We will train primary care providers, Peers and SA providers on benefits of using this evidence based resource.

# RHP 4 Learning Collaborative – February 2015

## Coastal Plains Community Center Technical Assistance Needs

Would like more assistance with ideas on engaging clients in services in rural areas.

# RHP 4 Learning Collaborative – February 2015

## Corpus Christi Medical Center

### Recent Project Successes and Accomplishments

- Amistad FQHC – Clinic is fully staffed and volumes are now exceeding the baseline on a monthly basis.
- Resident / Specialists – Cardiology Fellow started Oct 2014. FP/IM residency should have largest class ever start in July 2015. Evaluating need for stand alone clinic for residency rotations.
- Continued success with the PHP and IOP census goals
- Care Transitions – Meditech addition of an embedded LACE readmission risk screen as a component of RN Admission Assessment. Daily reports indicating those at high risk. Case management visits to these patients to discuss self care barriers. Focus on patient education and assistance signing on to the CCMC Patient Portal
- Chronic Disease Registry – Division IT support to develop more interactive features and report options. Also partnered with other organizations from RHP 4 and 5 to specifically focus on CDR successes and challenges (lessons learned)
- Sepsis – 100% screening of patients for signs of sepsis. Development / Approval / Implementation of a nurse initiated / physician completed ED protocol ensuring 3 hour bundle elements implemented
- iSTAT point of care lactate levels in the ED and pilot for ED “shot clock”

# RHP 4 Learning Collaborative – February 2015

## Corpus Christi Medical Center

### Recent Project Implementation Challenges

- Redefining Pulmonary Fellowship to include critical care. Very few Fellowship applicants for just Pulmonary. Most are looking for Pulmonary/Critical Care. Will require additional application and physician teaching resources.
- Resource needs - Community Health Workers to support resident project as well as disease registry and care transitions project
- Disease registry - time commitment for refining the database for ease of use, functionality
- Working the enhanced care transitions discharge planning interventions into existing workflows
- Real time interventions with potentially septic patients - resources (time, personnel, IT automation)

# RHP 4 Learning Collaborative – February 2015

## Corpus Christi Medical Center

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Facebook and Twitter accounts have been established. In January 2015 we participated in a Health Leaders Media webinar learning of the successes of the Mayo Clinic and Vanderbilt Health; two recognized leaders in the use of social media in healthcare.

#### Next Steps:

- Advocate for increased local control of social media content and turn-around times for posts
- Expand the internal team to include service line staff / managers to increase the array of messaging
- Further develop the internal reporting mechanism: define target audience, timeframes for reporting



# RHP 4 Learning Collaborative – February 2015

## Corpus Christi Medical Center

Technical Assistance Needs
No technical assistance required at this time.

# RHP 4 Learning Collaborative – February 2015

## CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT

### Recent Project Successes and Accomplishments

#### 1.) **1.3.1 - 130958505.1.2 (HIE)**

- Contracted with Chart Relay for Chronic Disease Registry location as well as interface for Partners EMR/EHR software to Health Information Network of South Texas (HINSTX)
- Hired EMR software application specialist for setup, maintenance and training.
- Attended Chronic Disease Registry collaborative conference at UT Health Science Center Brownsville. (RHP6)

#### 2.) **2.6.3 - 130958505.2.1 (Diabetes)**

- RFP awarded to Coastal Bend Health Education Center (CBHEC)
- CBHEC exceeded the number of patients in our target population

#### 3.) **2.7.5 - 130958505.2.2 (MEND)**

- Successfully established 17 Program Sites
- Identified and trained leaders to run MEND

#### 4.) **2.9.1 - 130958505.2.3 (Patient Navigator)**

- CMS Approved 3 year project March, 2014
- Hired 2 patient navigators
- Developed navigator standard operating procedures & began enrollment

# RHP 4 Learning Collaborative – February 2015

## CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT

### Recent Project Implementation Challenges

#### 1.) **1.3.1 - 130958505.1.2 (HIE)**

- Legal/Security (HIPPA) contracts and BAA agreements very time consuming
- Pricing for Medicity portal very high.
- DSRIP Manager resigned in Sept. 2014.

#### 2.) **2.6.3 - 130958505.2.1 (Diabetes)**

- Retaining patients for the entire program

#### 3.) **2.7.5 - 130958505.2.2 (MEND)**

- Lengthy procurement process
- Educating the community
- Parental Involvement difficult with work responsibilities for target population

#### 4.) **2.9.1 - 130958505.2.3 (Patient Navigator)**

- Recruitment and hiring; salaries low for BA requirement
- Service contracts between partners time consuming with legal approval required

# RHP 4 Learning Collaborative – February 2015

## CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

#### Beginning or Expanding Social Media Utilization

- Requested approval & approved for Facebook with City government
- Encourage Delivery Partners to begin their own social Media
- Added the MEND program to the Health District website

#### Next Steps:

- Develop MEND-HD Facebook page
- Advertise MEND-HD Facebook page for client/delivery partner recruitment
- Add Coastal Bend Health Education Center (CBHEC) diabetes self-management classes to HD website

# RHP 4 Learning Collaborative – February 2015

## CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT

### Technical Assistance Needs

**Category 3;** Baseline & 5% to 10% improvement by DY4 & DY5 calculations

# RHP 4 Learning Collaborative – February 2015

## DeTar Healthcare System

### Recent Project Successes and Accomplishments

#### **Family Medicine Residency Project – 094118902.1.3**

- All Residency Faculty have been hired and clinic is opened as of 10/01/2014
- On track to meet DY 4 QPI Metrics
- ACGME Accreditation/Site Visit

#### **IOP Project – 094118902.1.1**

- DY 3 QPI
- Primary care referrals

#### **Chronic Disease – 094118902.2.1**

- Met DY 3 QPI metrics
- Category 3 metrics

# RHP 4 Learning Collaborative – February 2015

## DeTar Healthcare System

### Recent Project Implementation Challenges

#### **Family Medicine Residency**

- ACGME accreditation
- Clinic Build Out

#### **IOP**

- Transportation

#### **Chronic Disease**

- Follow ups
- Staffing

#### **Pre-Natal**

- Local women's clinic

# RHP 4 Learning Collaborative – February 2015

## DeTar Healthcare System

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Current policy
- Trying to change current policy

#### Next Steps:

- Follow up with marketing



# RHP 4 Learning Collaborative – February 2015

## DeTar Healthcare System

### Technical Assistance Needs

Carry forward and QPI metrics

# RHP 4 Learning Collaborative - February 2015

## Driscoll Children's Hospital Recent Project Successes and Accomplishments

1. Maternal Fetal Medicine program: We have increased the number of clinical operating dates, increased the number of providers, increased space in two clinic locations and begun collecting Cat. 3 NICU Data
2. Urgent Care/Non-Emergent Clinics: We have increased our facility weekend hours in all three locations. We have been tracking the volume and working to increase patient satisfaction.
3. Telemed: We have increased the number of clinic dates and providers serving patients.
4. Cadena de Madre Program: We have reallocated resources to address patient needs and we have increased staffing efforts, locations, and marketing with our service communities.
5. Specialty Services for Endocrinology project: We have increased our clinic days to meet patient needs, increase providers and begun collecting Cat. 3 data on patient satisfaction and 3<sup>rd</sup> next available.
6. High Risk Follow-up Program: We have increased staffing and the number of clinical days available to patients to meeting volume needs.
7. The Oral Health project: We continue to incentivized providers to increase services and have increase provider training efforts

# RHP 4 Learning Collaborative - February 2015

## Driscoll Children's Hospital Recent Project Implementation Challenges

1. Maternal Fetal Medicine program: With the expansion of MFM services in other region, staffing time has become essential to performing services and procedures though has also become spread across more locations
2. Urgent Care/Non-Emergent Clinics: Continue to increase community awareness (specifically where we are located and what services are provided) and continue to not interfere with regular PCP operating hours.
3. Telemed: The continued challenges with this project is identifying and coordinating transportation to patients, shortage of pediatric psychiatrists, maintaining timely accessibility, and Patient pharmaceutical compliance.
4. Cadena de Madre Program: The continued challenges for this project are the member compliance, identification of high risk mothers within the claim system, and limited enrollment of pregnant mothers in first trimester.
5. Specialty Services for Endocrinology project: Continued recruitment of staffing in remote locations, patient immigration status, patient compliance with provider instructions, and lack of patient transportation.
6. High Risk Follow-up Program: On-going patient/parent compliance, parent/patient attendance to appointments, retrieving information from discharging providers, receiving timely subsequent referrals from the PCP and etc.
7. The Oral Health project: As DY goals become more challenging, claims lay time present a challenge to meeting 100% of our goal attainment and provider participation.

# RHP 4 Learning Collaborative - February 2015

## Driscoll Children's Hospital

### Raise the Floor Initiative: Activities Selected or Under Consideration for Beginning or Expanding Social Media Utilization

#### Selected/Considered:

We plan to increase communications with our Healthplan membership through mobile services via text messages. We currently focus our efforts on a small group of members though we would like to expand our communications to other areas of services to provide a wide range of member interaction and continue communication efforts.

#### Next Steps:

In October we began sending Driscoll healthplan members mobile text message communication which focused on the DSRIP initiatives for the following projects: Oral Health program, Health Promotion Program (Cadena de Madre), and the Increasing access to primary care services.

# RHP 4 Learning Collaborative – February 2015

## Driscoll Children's Hospital Technical Assistance Needs

1. Timeliness of feedback (i.e. waiting to make organizational decisions)
2. Frequency of changes

# RHP 4 Learning Collaborative – February 2015

## Gulf Bend Center

### Recent Project Successes and Accomplishments

- Wellness community is nearing completion
- Marked success in recruitment of personnel
- Patient engagement; BH patients are eager to get primary care
- Provider collaborative resulting in integrated treatment plans
- Partnering with county hospital advances patient access

# RHP 4 Learning Collaborative – February 2015

Gulf Bend Center

## Recent Project Implementation Challenges

- Organizational culture: legacy thinking
- Sustainable revenue sources

# RHP 4 Learning Collaborative – February 2015

## Gulf Bend Center

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

Selected/Considered:

We have not begun social media initiative

Next Steps:

Begin



# RHP 4 Learning Collaborative – February 2015

Gulf Bend Center

## Technical Assistance Needs

Establishing social media platform

Methods of moving health information without an 'exchange'

# RHP 4 Learning Collaborative – February 2015

## Jackson County Hospital District

### Recent Project Successes and Accomplishments

- Utilization of the Outpatient Pulmonary Program has reduced the number of unnecessary ER visits for patient with COPD and Pulmonary Diseases.
- Improved quality of life for the patient with COPD and Pulmonary Diseases by access to education materials and active onsite clinic.
- Community “buy in” supporting end results of clinic/patient outcomes and benefits through testimonials and referrals.
- Availability of established educational materials throughout the hospital campus, access to mini clinics offered at community and onsite facilities for the public allows introduction to the program for community members with Pulmonary Diseases.
- Community program education for staff and area hospitals within the region regarding the accessibility of the program.
- On site evaluations available by OPR Staff by request of provider.

# RHP 4 Learning Collaborative – February 2015

## Jackson County Hospital District

### Recent Project Implementation Challenges

Ongoing updates of educational materials needed for staff and patients to assure patient engagement for the Outpatient Pulmonary Rehabilitation Program.

Training all direct care staff about the program including non direct patient care staff such as the Business Office Personnel.

Increased availability of OPR Staff to the Clinical Staff for patient referrals.

# RHP 4 Learning Collaborative – February 2015

## Jackson County Hospital District

### **Raise the Floor Initiative: Beginning or Expanding Social Media Utilization**

#### Selected/Considered:

Development of facility Facebook page to incorporate all departments within the hospital campus.

#### Next Steps:

Introduce additional ways to use Facebook as a learning tool for patients.

Continue access links to other social media sites with existing JCHD Facebook Page.

Continue to update information on the Facebook Page.

# RHP 4 Learning Collaborative – February 2015

## Jackson County Hospital District

### Technical Assistance Needs

Jackson County Hospital District does not have any technical assistance needs at this time.

# RHP 4 Learning Collaborative – February 2015

## Lavaca Medical Center

### Recent Project Successes and Accomplishments

#### Expand Existing Primary Care Capacity

- Achieved DY3 milestone of increased number visits (2500) w/first new physician

#### Category 3

- No Success or Accomplishments?

# RHP 4 Learning Collaborative – February 2015

## Lavaca Medical Center

### Recent Project Implementation Challenges

#### Expand Existing Primary Care Capacity

- In June 2014, we thought we had ‘Early Achievement’ of a DY5 milestone – added second new physician.
- Submitted Plan Modification to HHSC adding milestone/increase metrics of increased patient encounters in DY4 and DY5.
- Established physician moved to Austin. Back to status quo as far as DSRIP plan.

#### Category 3

- Establishing baselines for the ‘pay for improvement’ Cat 3 selections ran into difficulties. LMC had to use the safety net of Carry Forward.

# RHP 4 Learning Collaborative – February 2015

## Lavaca Medical Center

### **Raise the Floor Initiative: Beginning or Expanding Social Media Utilization**

Selected/Considered: Enhanced content on web site – CDC syndication, embedded tools such as widgets and online video. Selection of content evidence based.

- Content supports LMC's category 3 selections

Next Steps: Waiting for web redesign project to 'catch up' to developed content.



# RHP 4 Learning Collaborative – February 2015

Lavaca Medical Center

Technical Assistance Needs
None identified.

# RHP 4 Learning Collaborative – February 2015

## Memorial Hospital (Gonzales)

### Recent Project Successes and Accomplishments

- 121785303.1.1 – Waelder Medical Clinic: We've doubled the hours the clinic is open and although we haven't doubled the number of visits, we are seeing almost 40% more patients than in previous years. Land has been donated on which to build a new clinic.
- 121785303.1.3 – Home Telemonitoring: We've continued to add more patients to the program. We have seen success in identifying patients who need intervention and prevent emergency room visits for chronic conditions, particularly CHF and hypertension.
- 121785303.1.100 – Home Glucose Monitoring: The number of patients who have undergone 24-hour glucose monitoring has increased. The project hasn't been in place long enough to determine if it has had an impact on reducing A1c levels yet but we're hopeful in that respect.

# RHP 4 Learning Collaborative – February 2015

## Memorial Hospital (Gonzales)

### Recent Project Implementation Challenges

- 121785303.1.1 – Waelder Medical Clinic: Although we have doubled the clinic's hours, we're still facing some ingrained patient patterns. There are large numbers of unfunded patients in the Waelder area who falsely believe they don't have to pay for the care they receive in the ER.
- 121785303.1.100 – Home Glucose Monitoring: Some of the providers aren't convinced of the advantages of 24-hour glucose monitoring in reducing A1c values but further education is being conducted.
- 121785303.2.1 – Palliative Care: This is the program with which we have had the least success. It is likely this project is going to be dropped. We have been unable to get traction in initiating the project due to staff changes at the home health agency.

# RHP 4 Learning Collaborative – February 2015

## Memorial Hospital (Gonzales)

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Facebook Pages – We set up Facebook pages for Memorial Hospital, the James C. Price Wellness Center, our MediSpa and Sievers Medical Clinic.
- Website – We're currently expanding our website to include links to other helpful sites and have added online payment through the website as well.

#### Next Steps:

- Adding input from Bluebonnet Trails on mental health topics to our hospital Facebook page.
- Expand the patient education information we're putting on our Facebook page to include polls and surveys.
- Respond to comments on Facebook, both positive and negative.

# RHP 4 Learning Collaborative – February 2015

## Memorial Hospital (Gonzales)

### Technical Assistance Needs

None at the present time (knock on wood).

# RHP 4 Learning Collaborative – February 2015

## Otto Kaiser Memorial Hospital

### Recent Project Successes and Accomplishments

Successful administration of TPA with Positive Outcomes

Staff & physicians have become much more comfortable with the technology and the processes that have been put in place.

# RHP 4 Learning Collaborative – February 2015

## Otto Kaiser Memorial Hospital

### Recent Project Implementation Challenges

- Personnel changes
- Getting new ER physicians and new EMS personnel trained and in-serviced without missing opportunities to use the system.
- IT Issues (Connectivity, Bandwidth, etc.)

# RHP 4 Learning Collaborative – February 2015

## Otto Kaiser Memorial Hospital

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Selected Facebook, Considered Twitter and YouTube

#### Next Steps:

- Run more social media campaigns, aligning them with health awareness events nationally and locally
- Increase contacts with outside, local health related organizations to raise awareness and promotions of our in house initiatives,
- post jobs openings weekly and promote those openings with social media ads.
- Embed our Facebook News Feed into our hospital webpage, run more “banner ads” across the top of our OKMH site touting employment opportunities.



# RHP 4 Learning Collaborative – February 2015

## Otto Kaiser Memorial Hospital

### Technical Assistance Needs

IT issues continue to occur from time to time (connectivity, bandwidth), although these issues are certainly decreasing.

# RHP 4 Learning Collaborative – February 2015

## Refugio County Memorial Hospital District

### Recent Project Successes and Accomplishments

- Signed a contract with Dr. Katasha Perry Lindley to begin work at our rural health clinic beginning April 13, 2015.
- In the final stages of contract negotiations with an additional physician to begin work at our rural health clinic in late summer of 2015.
- We have hired additional administrative staff and reassigned job duties in order to achieve the goals of both this DSRIP project and our meaningful use projects.

# RHP 4 Learning Collaborative – February 2015

## Refugio County Memorial Hospital District

### Recent Project Implementation Challenges

- We had two of our three full-time clinic physicians resign in the last half of 2014.
- We have been filling the vacant positions with locum tenens physicians; however, it is not been possible to increase our clinic volume without the stability of full-time providers.
- The implementation of our new EHR during 2014 did not go as smoothly as we had hoped, which severely hampered the productivity of our staff and our reporting abilities.

# RHP 4 Learning Collaborative – February 2015

## Refugio County Memorial Hospital District

### **Raise the Floor Initiative: Beginning or Expanding Social Media Utilization**

#### Selected/Considered:

Administration has reservations about beginning or expanding Social Media Utilization.

#### Next Steps:

The next step for Refugio County Memorial Hospital would be to engage in meaningful discussions about the risks and or rewards for the implementation of Social Media Utilization by the Hospital.

# RHP 4 Learning Collaborative – February 2015

## Refugio County Memorial Hospital District

### Technical Assistance Needs

We have no specific technical assistance needs at this time.

# RHP 4 Learning Collaborative – February 2015

## Yoakum Community Hospital

### Recent Project Successes and Accomplishments

#### Project to Improve Access to Care:

- Goal was to hire an Allied Health Professional for our Medical Office Building
- Hired an additional FNP
- FNP has seen 935 patients since July 2014

# RHP 4 Learning Collaborative – February 2015

Yoakum Community Hospital

## Recent Project Implementation Challenges

- Provider out on leave for 12 weeks

# RHP 4 Learning Collaborative – February 2015

## Yoakum Community Hospital

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Update Yoakum Community Hospital Website
- Create a hospital Facebook page

#### Next Steps:

- Budget for additional FTE



# RHP 4 Learning Collaborative – February 2015

## Yoakum Community Hospital

### Technical Assistance Needs

- Personnel needed to monitor Facebook page, as well as, to update the website

# RHP 4 Learning Collaborative – February 2015

## Border Region Behavioral Health Center

### Recent Project Successes and Accomplishments

- Collaboration with South Texas Behavioral Health for telepsych services to help reduce hospitalizations, visits to ER and to increase our telemedicine encounters for both Regions 5 & 20.
- Crisis Stabilization and Intervention Plan was implemented 10/1/14 and contracted with Primary Care Provider to conduct medical clearances during their hours of operation to reduce visits to ER and as part of Crisis Triage services of the plans.
- Contracted with Proyecto Ayuda to conduct Substance Abuse screenings, assessments, counseling and referrals in all our service area for both Regions 5 & 20, to date 248 clients have been referred for services with a 31.05% no-show rate, this was implemented on 10/13/14.
- Primary Care services have been provided to clients of (Region 5) Starr County at Family Health Center since 4/7/14. Met and exceeded our DY4 goal. Number of clients seen = 84 with 154 encounters.
- Primary care services have been provided to clients of (Region 20) Webb (12/15/14) at our Center clinic, Zapata (8/11/14) at Zapata Primary Care Clinic and Jim Hogg County (9/30/14) at Gateway Community Health Center. Met and exceeded our carryforward DY3 goal of 50 and working on the DY4 goal of 100, we currently have served 103 clients with 120 encounters.
- All clients receiving primary care services in all service area are provided with annual physical exam, preventive care, well women exams, health screenings, acute conditions(cold, flu), chronic conditions (obesity, diabetes, hypertension, COPD), routine labs, imaging services and medical clearances.
- Completion of Mid-Point Assessments for both Regions 5 & 20 via teleconference
- Completion of Texas A & M Study for patient care navigation projects to reduce ER use, they interviewed staff, clients who had received crisis intervention services. There had been a delay of the study due the late implementation of our project until 10/1/14.

# RHP 4 Learning Collaborative – February 2015

## Border Region Behavioral Health Center

### Recent Project Implementation Challenges

- Meeting our telehealth encounters for Starr County, have not met and will not meet
- Crisis Stabilization and Intervention Plans were not implemented until 10/1/14 for both Regions 5 & 20.
- Getting staff to fully implement plans to provide crisis alternatives to reduce hospitalizations and visits to the ER
- Collecting data -
- Implementation of new service codes to identify what services are being provided by Waiver staff
- Electronic medical record not completely implemented
- Overpayment of funds for Region 5 (DY2 & DY3) – HHSC error
- Lack of space in Region 5, relocating soon. Lack of space in Region 20, Webb.
- Working on both DY3 carryforwards and DY4 measures

# RHP 4 Learning Collaborative – February 2015

## Border Region Behavioral Health Center

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

Selected/Considered: Our goal is to increase the use of social media to communicate health information to clients for both Regions 5 & 20, communication is the key to giving patients the best care possible. We have contracted with Solutionreach as the vendor who will provide us with:

- Utilization of social media by putting our practice in the middle of the conversation using social media.
- Plan and deliver rich content to our clients through newsletters and campaigns.
- Show our clients that their opinion matters by giving them a voice online.
- Monitor, track, and manage our online reputation with innovative tools and reports.

#### Next Steps:

- Complete implementation of service with Solutionreach in conjunction with Cerner, expected to roll out the last week in Feb for Webb, Starr at a later date
- Ensure that all client information is updated
- Train staff via webinars and inform clients of this service

# RHP 4 Learning Collaborative – February 2015

## Harlingen Medical Center

### Recent Project Successes and Accomplishments

- Facebook page created
- Set goal for 100 likes on social media page
- Provided 2 Health Fairs at Harlingen Medical Center
- Provided community outreach at Winter Texan parks and recreation centers
- Patient portal launched last quarter of 2014

# RHP 4 Learning Collaborative – February 2015

## Harlingen Medical Center

### Recent Project Implementation Challenges

Stigma of social media with healthcare providers

Public comments on social media need to be reviewed daily and addressed

Patient portal requires response from patients and password validation

# RHP 4 Learning Collaborative – February 2015

## Harlingen Medical Center

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Create social media page and provide healthcare information
- Provide healthcare information on website
- Provide community lectures and health fairs

#### Next Steps:

- Continue to update website and facebook page with healthcare information
- Continue doc-talks and health fairs

# RHP 4 Learning Collaborative – February 2015

Harlingen Medical Center

Technical Assistance Needs
none



# RHP 4 Learning Collaborative – February 2015

## Rio Grande Regional Hospital

### Recent Project Successes and Accomplishments

#### 2.6.1 Implement Evidence Based Health Promotion Programs- Lactation Program Enhancement

- The program focused on increasing breastfeeding and continuity of patient care.
  1. We have provided Lactation Education to 1629 individuals, of which 78% are MLIU.
  2. We are have expanded our services with an Outpatient Area, that includes a rocking chair, refreshments for the families, changing station and pumps.

#### 1.1.2 Expand Primary Care Capacity: OB/GYN Care Capacity

- The Women's Clinic, part of Rio Grande Regional Hospital services, has been able to expand their clinic hours in 4 of their clinics.
  1. We have provided 100.50 additional hours to our clients, and managed to service 795 additional clients from our baseline. (A total of 7299 patient encounters, 6504-baseline)
- In addition to offering extended hours, the project has also increased patient navigators, and clinical staff to service the new patient volume.
  1. We hired 2 PT Nurse Practitioners and 1 MA for the increase of hours and services.

# RHP 4 Learning Collaborative – February 2015

## Rio Grande Regional Hospital

### Recent Project Implementation Challenges

#### **2.6.1 Implement Evidence Based Health Promotion Programs- Lactation Program Enhancement**

- Assuring all patients receive the post partum care portion of this project has been an arduous task. This is due to the timing in which the services need to be provided (6 to 8 weeks). However, our staff has dedicated time and efforts to assure all services are provided during the adequate time.

#### **1.1.2 Expand Primary Care Capacity: OB/GYN Care Capacity**

- Because the Women's Clinic has been assisting our Lactation Program, the issue we have shared in providing post partum care services on time.

# RHP 4 Learning Collaborative – February 2015

## Rio Grande Regional Hospital

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

- Rio Grande Regional Blog.

#### Next Steps:

- Blog is underway, blog will be ready to edit, but not live by the time the LC is presented.

# RHP 4 Learning Collaborative – February 2015

## Rio Grande Regional Hospital

### Technical Assistance Needs

- Currently Rio Grande Regional Hospital is interested in Technical Assistance regarding attendance to informational sessions.

# RHP 4 Learning Collaborative – February 2015

## South Texas Health System – PCMH Project

### Recent Project Successes and Accomplishments

- Policies for all 9 Nuestra Clinica del Valle clinics have been updated to include PCMH terminology and standards.
- Clinic hours have been extended until 9:00 p.m. during weekdays and is now open on Saturdays from 9:00 a.m. – 2:00 p.m.
- 24 hour answering service available for patients
- Daily multidisciplinary team huddles are taking place prior to patient visits and logs are being kept.
- PCMH welcome letter is given to all patients in both English and Spanish

# RHP 4 Learning Collaborative – February 2015

## South Texas Health System – PCMH Project

### Recent Project Implementation Challenges

- Finding video resources to educate patients about the benefits of the PCMH model in Spanish
- Enforcing patient compliance with diabetic medications

# RHP 4 Learning Collaborative – February 2015

## South Texas Health System – PCMH Project

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

Selected/Considered:

Facebook and YouTube

Next Steps:

Find videos to post regarding the benefits of PCMH

# RHP 4 Learning Collaborative – February 2015

## South Texas Health System – PCMH Project

Technical Assistance Needs
None at this time



# RHP 4 Learning Collaborative – February 2015

## Tropical Texas Behavioral Health

### Recent Project Successes and Accomplishments

- Reported achievement of 53 of 59 metrics (90%) in Oct DY3.
- Seeing improvements in physical health indicators for clients with chronic illness served by co-located, integrated primary care clinics.
- Monthly integrated BH/PC team meetings very productive; facilitating clinical collaboration between BH and PC clinicians and achieving consensus between PC and BH care teams on appropriate roles within culture of BH setting.
- BH mobile clinics began operating in Hidalgo, Willacy and Cameron Counties in October 2014. The number of organizations and businesses agreeing to allow the clinic to deliver services on their property is gradually increasing.
- MH officer task force fully staffed Sept. 2014: 17 officers from 11 LE agencies.
- Executed contracts with 2 SA aftercare providers in Hidalgo County and 2 in Cameron County. Implemented monthly meetings with each provider to support effective communication of concerns.
- Successful site visit from Waiver evaluation team from TAMU in December. Very positive feedback on implementation of an Integrated EHR.

# RHP 4 Learning Collaborative – February 2015

## Tropical Texas Behavioral Health

### Recent Project Implementation Challenges

- Implementation of mobile clinic services began behind schedule due to delays refitting and equipping the vehicles, and service delivery has been hampered by a series of mechanical issues.
- Difficulty ensuring clients discharged from inpatient detox follow-through with referral to SA aftercare services.
- Psychiatrist responsible for largest % of telemedicine encounters was re-hired in-house. Brainstormed strategies to increase volume of appropriate telemed/telehealth encounters to meet DY4 and DY5 metrics: (e.g., centralized intakes via telemed, telepsychiatry for clients seen in mobile clinics).

# RHP 4 Learning Collaborative – February 2015

## Tropical Texas Behavioral Health

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

#### Selected/Considered:

Improve health outcomes by using our website and Facebook page to increase awareness of available services and the benefits of treatment, and to expand access to health-related educational information.

#### Next Steps:

- Track and trend data on number of visitors to sites and number of “likes”.
- Obtain approval from the Executive Management Team for future promotional/educational flyers.
- Continue research for future potential topics that will benefit clients/community members.
- Encourage client/community engagement and interaction.
- Encourage center staff to submit ideas for potential topics that would most benefit and be of interest to clients and the community.

# RHP 4 Learning Collaborative – February 2015

## Tropical Texas Behavioral Health

### Technical Assistance Needs

- Strategies to promote continuity of services for clients transitioning from inpatient detox to SA aftercare services.

# RHP 4 Learning Collaborative – February 2015

University of Texas Health Science Center at Houston

## Recent Project Successes and Accomplishments

### **2.7.5 Implement innovative Evidence-based Strategies to Reduce and Prevent Obesity in Children and Adolescents = Implementation of the MEND program**

- 300 participants enrolled since June 2014 in the MEND program (190 overweight).
- Six 6-13 MEND programs have successfully started at 6 Elementary Schools in Brownsville in January 2015 (81 kids enrolled).
- Implementation of post program activities: monthly exercise sessions offered at the local Farmers Market along with market produce coupons.
- TV interviews on English and Spanish channels to promote the MEND program.
- MEND Facebook page updated and shared as the MEND sessions are delivered.
- MEND will be promoted through a local radio call in show.

# RHP 4 Learning Collaborative – February 2015

University of Texas Health Science Center at Houston

## Recent Project Implementation Challenges

Recruitment and retention of families into the program

Spring testing and tutorial schedules in local schools create barrier to students recruitment and participation.

Incentives effective but costly.

Takes a lot of personnel to coordinate logistics of incentive donations.

Participant behavior change maintenance and measures post 10-week program a challenge but creating opportunities for continued engagement.

# RHP 4 Learning Collaborative – February 2015

University of Texas Health Science Center at Houston

## Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

Selected/Considered:

**MEND Facebook page** regularly updated

**Text messaging** sent to families during the 10 week program and after completion.

**Online video sharing:** Role model videos featuring MEND program participants shared on TSSC YouTube channel and posted on Facebook.

**Next Steps:**

New videos and pictures of MEND program will be posted on the Facebook page.

Text messages will be extended with biweekly motivational text messages for post-program support.

New videos will be shared on TTSC YouTube channel on a monthly basis.

# RHP 4 Learning Collaborative – February 2015

University of Texas Health Science Center at Houston

## Technical Assistance Needs

N/A



# RHP 4 Learning Collaborative – February 2015

## UT Health Science Center at San Antonio

### Recent Project Successes and Accomplishments

#### 1. Establish/Expand a Patient Care Navigation Program Based on a Mobile Clinic Model

- The project is expanding by adding a second mobile clinic to serve the low income uninsured individuals living in Cameron County
- Community Health Workers continue to provide:
  - Health education through presentations
  - Exercise classes
- Over 260 flu vaccines have been administered to the priority population of the UTH Mobile Health Clinic

#### 2. Implement Evidence-based Health Promotion Programs Through a Community Wide Campaign to Promote Healthy Lifestyles

- Expanded Brownsville's Biggest Loser-Style "Challenge" into 5 more communities
- Provided over 1200 regional participants with Active Lifestyle Resources
- Growing awareness and health sector of local economy

# RHP 4 Learning Collaborative – February 2015

## UT Health Science Center at San Antonio

### Recent Project Implementation Challenges

#### 1. Establish/Expand a Patient Care Navigation Program Based on a Mobile Clinic Model

- Implementing a preventable ED reduction program
  - UTH Mobile Health Clinic does not track visits to the ED
  - Local clinics are not receiving data from hospitals when their patient is seen in the ED or admitted

#### 2. Implement Evidence-based Health Promotion Programs Through a Community Wide Campaign to Promote Healthy Lifestyles

- Inclement weather putting strain on available facilities for fitness and wellness courses
- Difficult to match the needs vs. available resources with each of 9 communities due to different sizes and scales of community budgets
- Smaller communities are often already operating current office resources at full capacity, with no room for Community Health Workers

# RHP 4 Learning Collaborative – February 2015

UT Health Science Center at San Antonio

## Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

### Selected/Considered:

- Social Media

### Next Steps:

- Planning is underway to expand social media capacity in Community Health Workers through media-focused training led by Media Coordinator
- Goals:
  - Expand social media capacity at community level for added CHW value after funding runs out
  - Streamline overall production of social media materials through training of community-level sources(CHWs)

# RHP 4 Learning Collaborative – February 2015

UT Health Science Center at San Antonio

<b>Technical Assistance Needs</b>
Not applicable at the moment

# RHP 4 Learning Collaborative – February 2015

## Valley Regional Medical Center

### Recent Project Successes and Accomplishments

#### 2.12.2 Implement Care Transition Programs-Focused on CDM of Diabetes

- We have provided inpatient Diabetes Education to over 800 individuals. 60% of which are MLIU.
- We have been sending reminders and meeting with project directors to assure all Diabetes Education is charted.
- Our Nurse Practitioner for the project recently became a Certified Diabetes Educator.

#### 2.6.1 Implement Evidence Based Health Promotion Program- Diabetes Education

- Valley Regional Medical Center has been able to establish a partnership with a local school district.
  - Los Fresnos CISD
  - BISD
  - Point Isabel ISD
- The Outpatient Diabetes Clinic, has seen the first set of students and parents from the high risk cohort from the school-based screenings.

# RHP 4 Learning Collaborative – February 2015

## Valley Regional Medical Center

### Recent Project Successes and Accomplishments

- 1.9.2 Diabetes Management Clinic Expansion
  - Over 1,200 patient encounters have been seen at the Outpatient Diabetes Management Clinic.
  - Expanded services to include “mobile” health fairs, which has allowed us to build partnerships with physicians, local businesses and other healthcare providers.
  - In process of adding A1c portable machine for clinic services.

# RHP 4 Learning Collaborative – February 2015

## Valley Regional Medical Center

### Recent Project Implementation Challenges

#### **2.12.2 Implement Care Transition Programs-Focused on CDM of Diabetes**

- Constant reminder to Nursing staff to chart Diabetes Education. This is done through the Leadership.

#### **2.6.1 Implement Evidence Based Health Promotion Programs - Diabetes Education**

- Our biggest challenge has been trying to work around the school calendar to schedule screenings that will impact our target population. Nonetheless, the school districts have been open and responsive to our project.

#### **1.9.2 Diabetes Management Clinic Expansion**

- Patient turn over. While we have increased our social media and marketing techniques, we still have patients who fail to attend or continue their sessions.

# RHP 4 Learning Collaborative – February 2015

## Valley Regional Medical Center

### Raise the Floor Initiative: Beginning or Expanding Social Media Utilization

Selected/Considered:

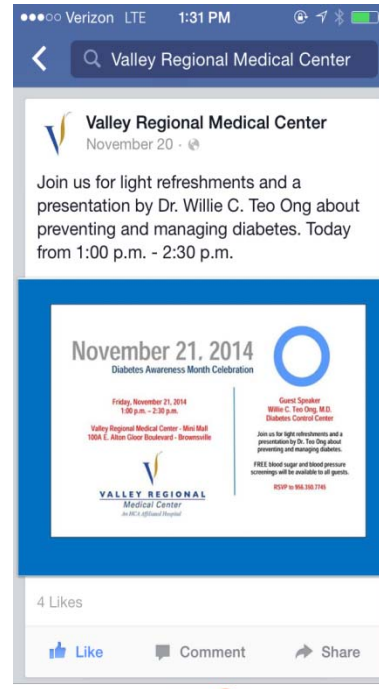
Social Media: Valley Regional Medical Center currently has a Hospital Facebook page.



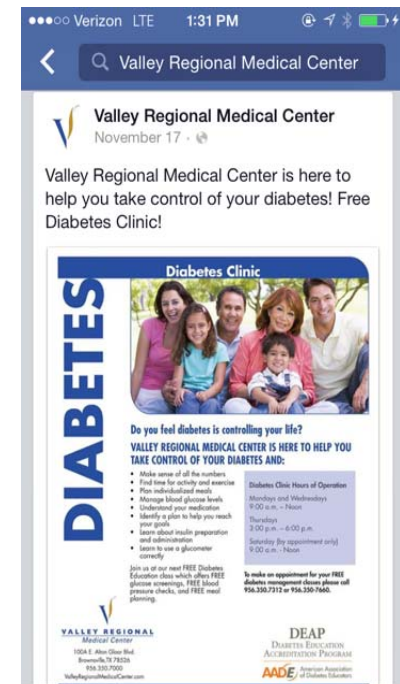
2/18/2015 3+ Requests Messages Notifications More



3 Likes News Feed Requests Messages Notifications More



4 Likes News Feed Requests Messages Notifications More



News Feed Requests Messages Notifications 104



# RHP 4 Learning Collaborative – February 2015

## Valley Regional Medical Center

### Technical Assistance Needs

- Valley Regional Medical Center is open in attending any additional informational sessions regarding DSRIP Projects.