



Quality Health Alliance (QHA)

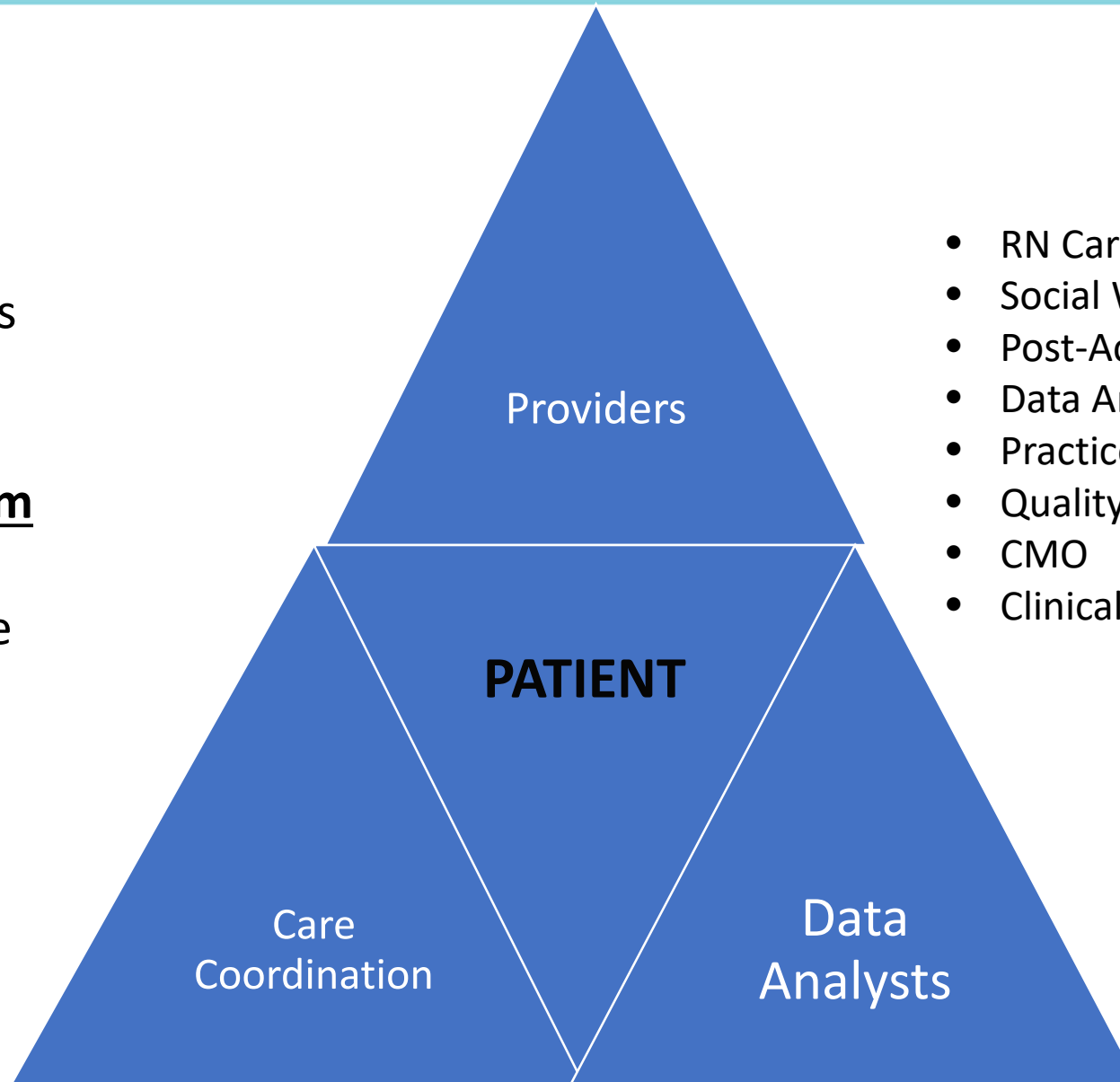
Clinical Integrated Network Program Review

The Network

55K Attributed Lives
660 Providers

Bundle Care Program

Anticipated Volume
600 Lives



QHA Team


- RN Care Managers (11)
- Social Workers (3)
- Post-Acute Care Liaison
- Data Analysts (2)
- Practice Transformation Specialist
- Quality Specialist
- CMO
- Clinical Pharmacist

Ambulatory Care Coordination

- Medication review within 24 hours of discharge
- Disease management education
- Sick day plans
- Education of appropriate site of care
 - PCP vs. Urgent care vs. ED
- Visit patients in IRF and SNF settings
- Attend physician appointments
- Individualized care plan goals
- Address barriers due to SDOH
- Community palliative care referrals
- Home care collaboration
- Care giver support

Ambulatory Care Manager:

Contact Information:



INFECTIOUS DISEASE CARE PLAN

Patient Name & DOB	
Care Partner Name*:	
Primary Care Physician	
Diagnosis:	
Date of Admission:	
Estimated LOS:	Best Practice: 12-15 days
Expected Date of Discharge:	

Care Considerations:

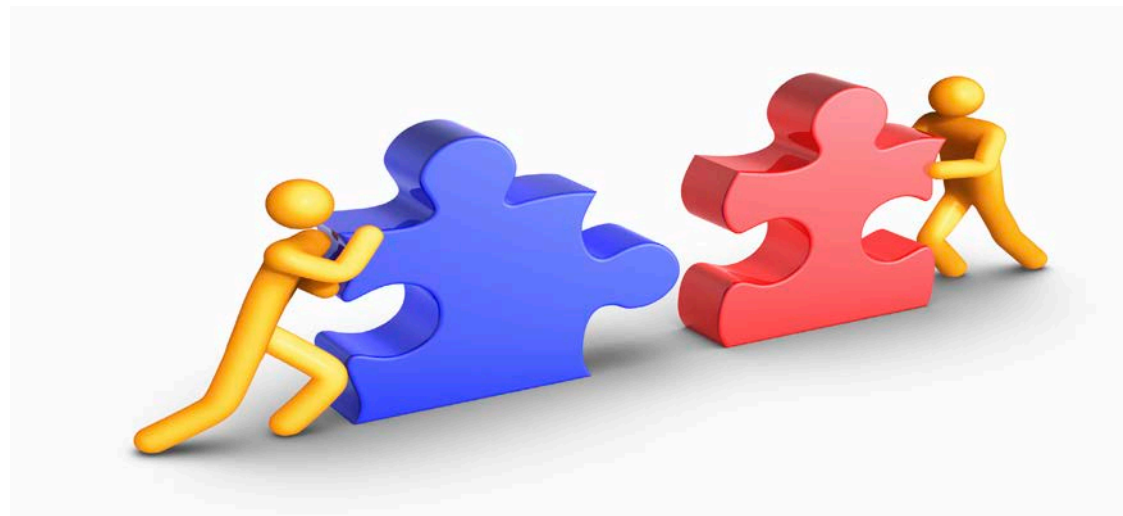
- Treatment Team Meeting within 48 hours of admission
- Identify Care Partner* or consider referral to AAA
- PT/OT evaluation
- Patient will verbalize understanding of taking and finishing antibiotic, lab work follow up therapy, as well as signs and symptoms of infection
- ADL Home Assessment if applicable

Discharge Planning Considerations:

- Home care evaluation
- Lab work follow up
- Primary Care appointment within 5 days of discharge
- Infectious disease appointment as directed
- Establish appointment with patient and patient's Care Partner* to provide education within 48 hours of discharge date from facility
- Contact QHA Ambulatory Care Manager day before discharge
- Coordinate DME delivery to home prior to discharge (asst. devices, nebulizers, etc.)
- Verbal report to Primary Care Office
- Primary Care appointment within 5 days of discharge
- Discharge instructions provided to PCP within 24 hours of discharge

How are patients identified for care coordination?

- Hospital embedded ambulatory care manager and ambulatory care coordinator
- Bundle Care Patients (BPCI-A) are identified through CDI reports and Remedy Partners Portal
- Attributed ACO patients are identified via Health Share Exchange (HSX) ADT feed
- Patients are consented for program, provided education, initial assessment of potential community barriers to the patient's health plan
- Daily secure hand over email with care management team with assignments
- Ambulatory care coordination begins at discharge



- Stop Light Education Tools
- Sick Day Plans
- Primary Care Access
- Urgent Care Education





Accessing Urgent Care Services for Non-Life Threatening Treatment:

St. Mary Physicians Group Walk-In Locations

St. Mary Health Main Campus
St. Mary Health Main Campus offers walk-in extended hours for Primary Care

Hours: Monday, Wednesday, Friday: 3:00 p.m. – 9:00 p.m.	Tuesday and Thursday: 5:00 p.m. – 9:00 p.m.	Saturday and Sunday: 9:00 a.m. – 3:00 p.m.
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1205 Langhorne-Newtown Road, Franciscan Building, Suite 102
Langhorne, PA 19047, 215.710.2633

St. Mary Health Feasterville
St. Mary Health Feasterville offers walk-in extended hours for Primary Care, as well as OB/GYN and other specialized medical services.

Hours: Monday – Friday: 7:00 a.m. – 9:00 p.m.	Saturday and Sunday: 9:00 a.m. – 5:00 p.m.
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178 West Street Road, Feasterville, PA 19053, 215.710.6490

St. Mary Health New Falls Road
St. Mary Health New Falls Road offers walk-in extended hours for Primary Care, as well as OB/GYN and other healthcare services like lab blood draws, immediate care for ear aches, the flu, minor cuts, and other minor health problems.

Hours: Monday – Friday: 7:00 a.m. – 9:00 p.m.	Saturday and Sunday: 9:00 a.m. – 5:00 p.m.
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4595 New Falls Road, Levittown, PA 19056, 267.587.3700

SEPSIS FACT SHEET

Patient Post-Discharge

So you had sepsis...now what?
MONITOR YOUR HEALTH DAILY



My heartbeat and breathing are normal for me

I do not have a fever

• Take temperature twice a day



My heartbeat or breathing is faster than normal

I have a slight fever (100°F – 100.4°F)

I have chills/shivering

I am tired and it is difficult to do my normal activities


My thinking is slow

I do not feel well

My infection is not getting better

My area of open skin looks different

Contact Primary Care for an urgent visit
Call: _____



My heartbeat or breathing is very fast

I have a fever (100.5°F or greater)

My temperature is below 96.8°F

My skin is pale or nails are blue

I am very tired and cannot do my daily activities


I am confused or my caregivers tell me I am not making sense

I feel sick

My open skin is red, painful, smells, or has pus

Go NOW to Urgent Care or Emergency Room or call 911

TAKE ACTION!





SEPSIS ALLIANCE SEPSIS INFORMATION GUIDE

LIFE AFTER SEPSIS

ABOUT SEPSIS

What is sepsis?

Sepsis is the body's overwhelming and life-threatening response to an infection. This can lead to tissue damage, organ failure, and death.

What causes sepsis?

Any type of infection anywhere in your body can cause sepsis. This includes infections of the skin, lungs (such as pneumonia), urinary tract, abdomen (such as appendicitis), or other part of the body. An infection occurs when germs enter a person's body and multiply, causing illness, organ and tissue damage.

Are there different types of sepsis?

rehabilitation is to restore you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and resting when you are tired.

How will I feel when I get home?

You have been seriously ill, and your body and mind need time to get better. You may experience the following physical symptoms upon returning home:

- General to extreme weakness and fatigue
- Breathlessness
- General body pains or aches
- Difficulty moving around or sleeping
- Weight loss, lack of appetite, food not tasting normal
- Dry and itchy skin that may peel
- Brittle nails
- Hair loss

- Sepsis Care Coordination Guideline
- Cellulitis Care Coordination Guideline
- Out-Patient Infusion Pathway
- Out-Patient Cellulitis Pathway



Outpatient Pathway for IV Infusions

Scope: For planned intravenous infusions in asymptomatic patients arranged in the outpatient Infusion Suite St. Mary Medical Center (SMMC).

Process:



Outpatient Pathway: Cellulitis

Scope: Primary care physicians will have rapid access to infectious disease care for patients with 1) new infectious process or 2) infection failing to respond to oral antibiotics where appropriate antibiotic selection is needed and/or coordination of intravenous care.

Process:



AMBULATORY CARE GUIDELINE

Sepsis Care Coordination Guideline

Sepsis is a national health emergency with 1.6 million cases in the US resulting in 258K deaths each year. Sepsis is the number one cause of death, the highest driver of hospital readmissions, and the highest cost of care annually at \$24 billion dollars. This illness occurs mostly in people over 65 years of age with diabetes or diseases that weaken the immune system. More than 80% of cases start in the community and time to treatment is critical. 50% of sepsis survivors suffer from post sepsis syndrome.

- 1) Identify Patients in hospital setting, through claims data and by physician referral
- 2) Assessment and interventions based on table below

Assessment and Intervention Table

Assess for	Intervention
Patient's understanding of early signs and symptoms of recurring sepsis:	<p>Ask "What did the medical team at the hospital tell you to watch out for to make sure you are o.k.?"</p> <p>Review sepsis specific signs and symptoms to watch out for using the stoplight tool (attached) Provide copy to patient as appropriate and review warning signs and symptoms:</p> <p>S – shivering, fever or very cold E – extreme pain (worst ever) P – pale or discolored skin S – sleepy, difficult to rouse, confused I – "I feel like I might die" S – short of breath</p>
Care Giver name and availability	A Care Giver is a person designated by the patient who assumes shared responsibility for

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 Material obtained from Sepsis Alliance <https://www.sepsis.org/>, Centers for Disease Control and Prevention <https://www.cdc.gov/sepsis/>, and Quality Improvement Organizations / Centers for Medicare and Medicaid
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- Report sepsis program outcome measures to Sepsis Committee
- Escalate readmissions for RCA to Sepsis Committee
- Improve Transitions with post-acute care partners
- Survey post-acute care partners' regarding sepsis clinical pathways
- Standardize sepsis clinical pathways with post-acute care partners
- Create out-patient pathways as needed
- Real time ID consults in ED

