

CRITICAL ACCESS HOSPITAL RECOGNITION: FY2019 INNOVATIVE CARE COORDINATION IMPACTING POPULATION HEALTH

Ste. Genevieve County Memorial Hospital Ste. Genevieve, Missouri

Ste. Genevieve County Memorial Hospital (SGCMH), located in Ste. Genevieve, Missouri, is one of only four critical access hospitals that received national recognition for demonstrating innovative care coordination initiatives to improve population health.



Right to Left: Hirshell Parker, Katie Hogenmiller, Brandie Filer, Tom Keim, Dr. Noguera, Morgan Ritter, Anna Mattingly, Rita Brumfield, Kim Lalumandier

Positive Outcomes

- In the past 12 months, only 6% of patients placed in their swing bed program have been subject to readmission compared to the skilled nursing facility (SNF) state average of greater than 21%.
- Over 75% of patients return home in a reduced length of time.
- In June 2018, SGCMH began tracking the volume of external referrals on our scorecards. Since the implementation of this internal metric, they have effectively transitioned over 180 patients from external facilities.

Top Accomplishments

A TeamSTEPPS-based daily multidisciplinary team huddle develops a shared mental model, identifying care needs of each patient allowing transition back to the prior level of functioning. A quantitative admission high-risk screen was developed and is performed on each patient to identify readmission risk. High-risk determination triggers in house referrals and includes additional discharge community resources. Patients have a choice, but external case management teams are engaged on an ongoing basis to transition patients based upon skilled need and acuity. Decreased readmissions reduce costs. Finally, follow up calls are made within 48 hours of Transitional Care discharge to assess understanding of medications, discharge care, and ensure a primary care visit 3-5 days of discharge.

"We identified a need in our community that led us to further develop our Transitional Care/Swing bed program, which allows us to get patients back home in a safe and timely manner. By doing so, we have improved the quality of care for patients and reduced hospital readmissions," said Hirshell Parker, Executive Director of Quality and Risk Management. Tom Keim, Chief Executive Officer, said, "We feel we provide real value to our patients and those of larger acute care hospitals to help transition patient care, reducing readmissions by offering a service that allows care to be flexed to meet the needs of each individual patient."

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB1RH24206, Information Services to Rural Hospital Flexibility Program Grantees, \$1,100,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.