Crisis/Opportunity: How COVID-19 Led to Successful Health Care Innovations

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Disclosure and Disclaimer

I do not have any relevant financial relationships with any commercial interests.

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Educational Objectives

- Summarize COVID-related innovations that led to positive outcomes
- Define acuity-based clinical guidelines for chronic health conditions
- Discuss the transformation from a traditional nursing sick call process to a provider-based urgent care model

Building Flexibility into the System

- KDOC builds flexibility into healthcare contract in following ways:
  - Method in place for flexing FTEs from one location to another
  - Creation of a $280,000 annual Equipment Fund for items costing $1,000 or more
  - Creation of $100,000 annual Education Fund to encourage conference attendance
    - Learn new ideas/see new progress
  - Regular meetings so ideas can be shared and implementation progress tracked

Equipment Fund Request

Site(s)	Supplier	Equipment	Item Price	Quantity	Total
KJCC	McKesson	Spirometer Lumeon	$ 1,759.47	1	$1,759.47
	McKesson	Refurbished Stryker Gurney	$1,833.66	1	$1,833.66
	McKesson	Brewer Exam Table	$1,105.90	2	$1,105.90
	Phoenix LTC	Medication Cart - 600PC	$1,769.71	1	$1,769.71
	Phoenix LTC	Medication Cart - 750PC	$1,832.70	1	$1,832.70
				Subtotal	$8,301.44
				Tax & S & H	$830.14
				Grand Total	$9,131.58

*Requesting stands to go with vital signs machines as it is necessary for functionality of the equipment

Thank you for your consideration of this request.

Sincerely,

✓ Approved _____ Disapproved

8/25/21

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Vice President of Operations
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Director, Health Care Compliance
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FTE Change Request

Site	Position Description	FTE	Explanation
Lansing	EMT	-4.25	Remove 4.2 FTE EMT from Lansing; to add 1.0 FTE Assistant HSA & 1.0 FTE Assistant DON
Lansing	LPN	-0.5	Remove 0.5 FTE LPN from Lansing; to add 1.0 FTE Assistant HSA & 1.0 FTE Assistant DON
Lansing	Assistant HSA	1.0	Add 1.0 FTE Assistant HSA to Lansing by removing 4.2 FTE EMT & 0.5 LPN from Lansing
Lansing	Assistant DON	1.0	Add 1.0 FTE Assistant DON to Lansing by removing 4.2 FTE EMT & 0.5 LPN from Lansing

Centralized Chronic Care APRN Project

- Previously, chronic care patients were to be seen every 90 days
- Facility providers had difficulty meeting chronic care expectations
- Tried utilizing out-of-state tele-health physicians' group to supplement
  - Expensive
  - Somewhat erratic schedule
  - Supervision difficulties for RMD

Centralized Chronic Care APRN Project

- We replaced the 2 contracted clinicians with 1 APRN
- Hired local and housed in Regional Office
- RMD can directly supervise and schedule to supplement where needed

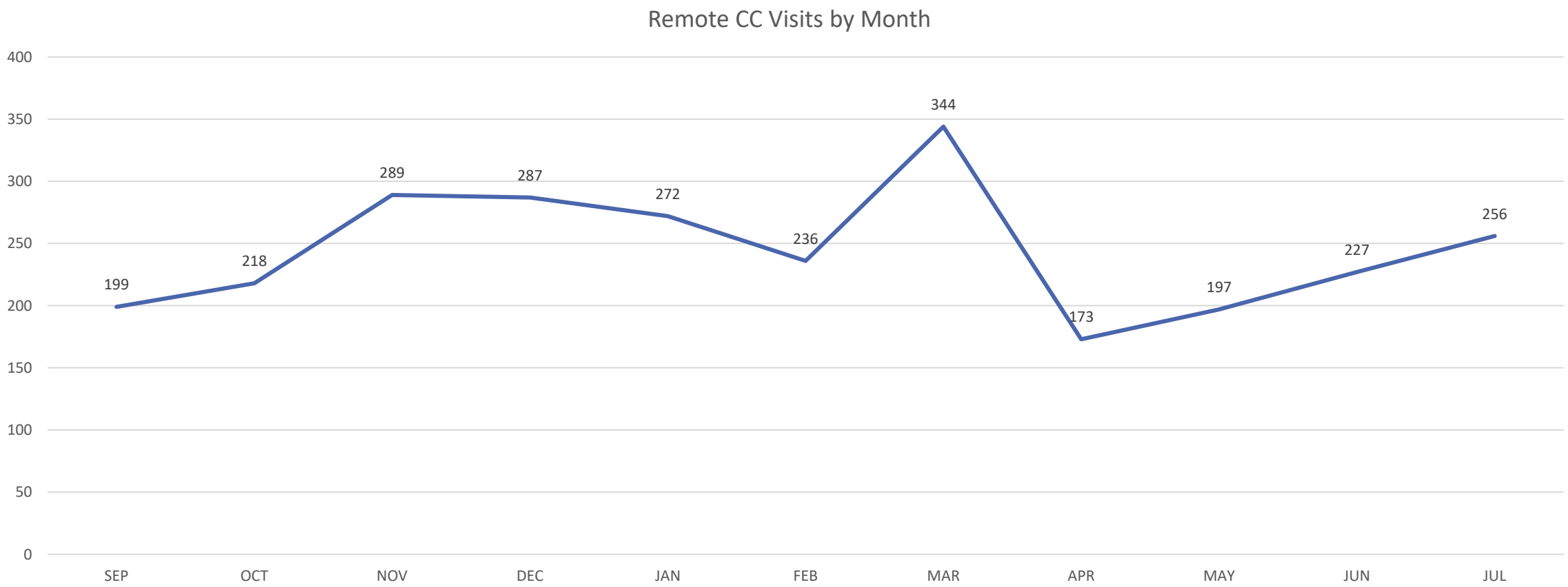
APRN FTE Change Request

Site	Position Description	FTE	Explanation
KJCC	Physician – Medical	-0.4	Remove -0.4 Medical Physician from KJCC (add to KRO for APRN Tele-provider)
NCF	Physician – Medical	-0.05	Remove -0.05 Medical Physician from NCF (add to KRO for APRN Tele-provider)
KRO	APRN – Medical	+ 1.0	Add 1.0 APRN Medical to KRO Tele-provider

Centralized Chronic Care APRN Project

- Results
  - Significant improvement as measured by performance guarantees
  - More consistent documentation
  - All chronic care clinics have remained caught up for entire FY22

Centralized Chronic Care APRN Project



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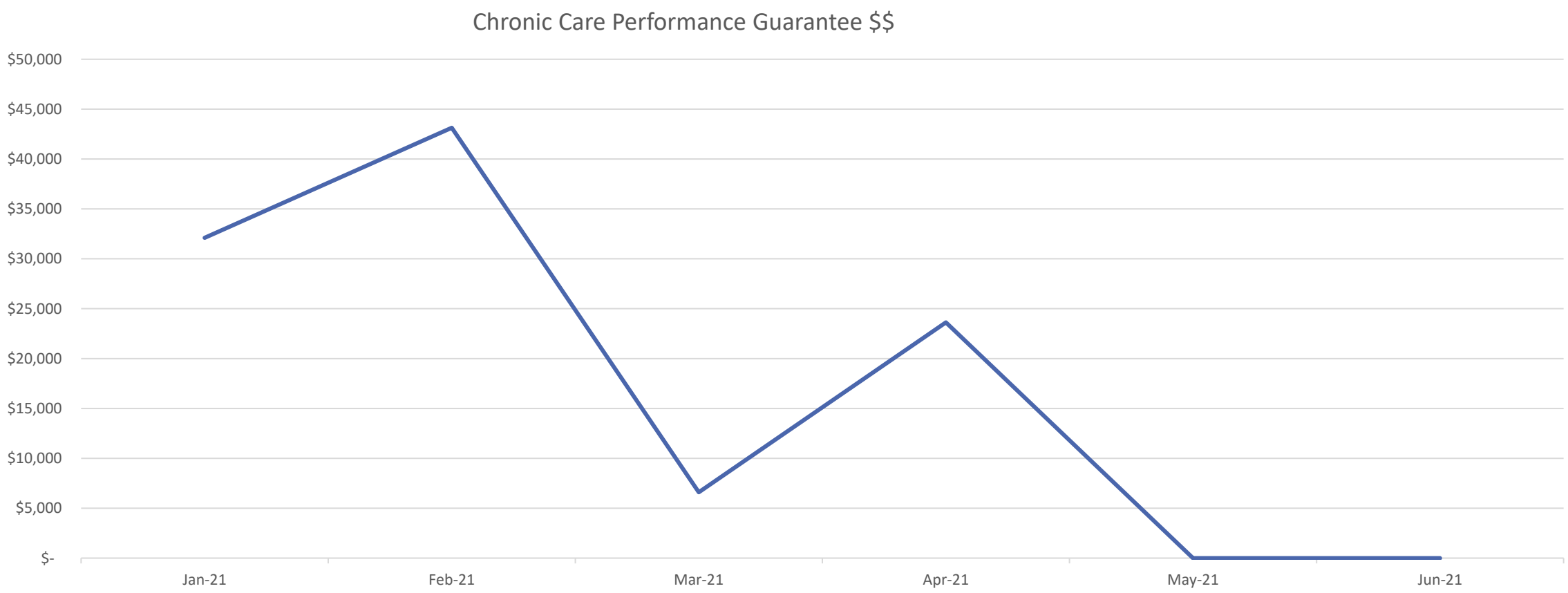
Centralized Chronic Care APRN Project



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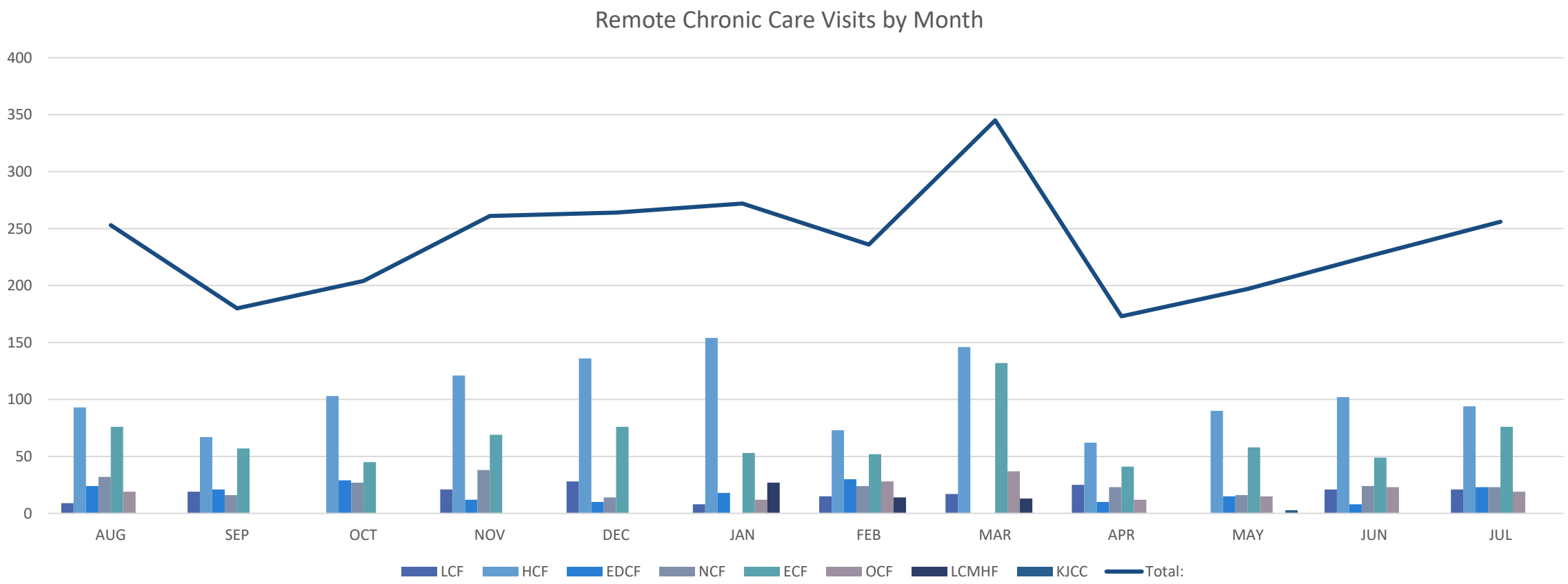

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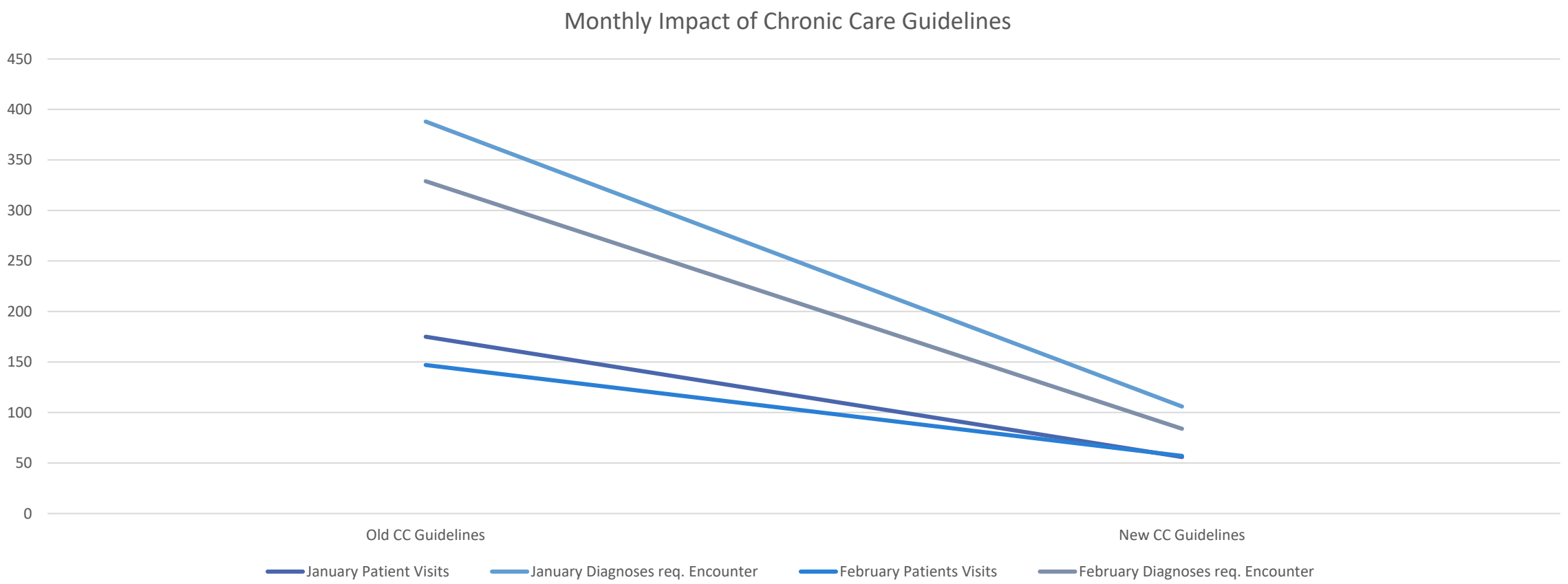
Acuity-Based Chronic Care Guidelines

- Maximizing efficiency and minimizing redundancy
  - Centralized chronic care APRN project followed by implementation of updated chronic care guidelines
  - Updated guidelines provided for clinical status and degree of control to drive frequency of follow-up visits
  - Allowed opportunity for institutional practice to follow community standards

Acuity-Based Chronic Care Guidelines



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Acuity-Based Chronic Care Guidelines

- Asthma/COPD-
  - **Good Control:** Patient has no emergency nebulizer treatments and experiences no nighttime coughing or awakening from asthma symptoms. Annual follow-up.
  - **Fair Control:** Patient has no more than one emergency nebulizer treatment in a month and experiences once a week awakening with asthma symptoms. Chronic care clinic Q 90 days.
  - **Poor Control:** Patient has more than one emergency nebulizer treatment in a month and experiences more than three awakenings a week with asthma symptoms. Chronic care clinic 90 days or less, if appropriate.

Acuity-Based Chronic Care Guidelines

- Asthma/COPD
- HTN/Heart Disease/CHF
- Diabetes
- HIV, Hep C
- Liver Disease
- Epilepsy
- Lipids
- Analgesic Medications
- Renal Disease
- Sickle Cell Disease
- Neurologic Disorders (eg. MS)
- Inflammatory Bowel Disease

APRN – Urgent Care Model

- Prolonged facility lock downs coupled with high nursing vacancy created increasing issues with access to care and sick call back logs
  - Goal to increase efficiency of the nursing sick call process by removing redundancy of nursing as initial point of contact and have patients seen directly by APRN
  - Align program and function more closely with community standards of walk-in clinic and urgent care clinics

APRN – Urgent Care Model

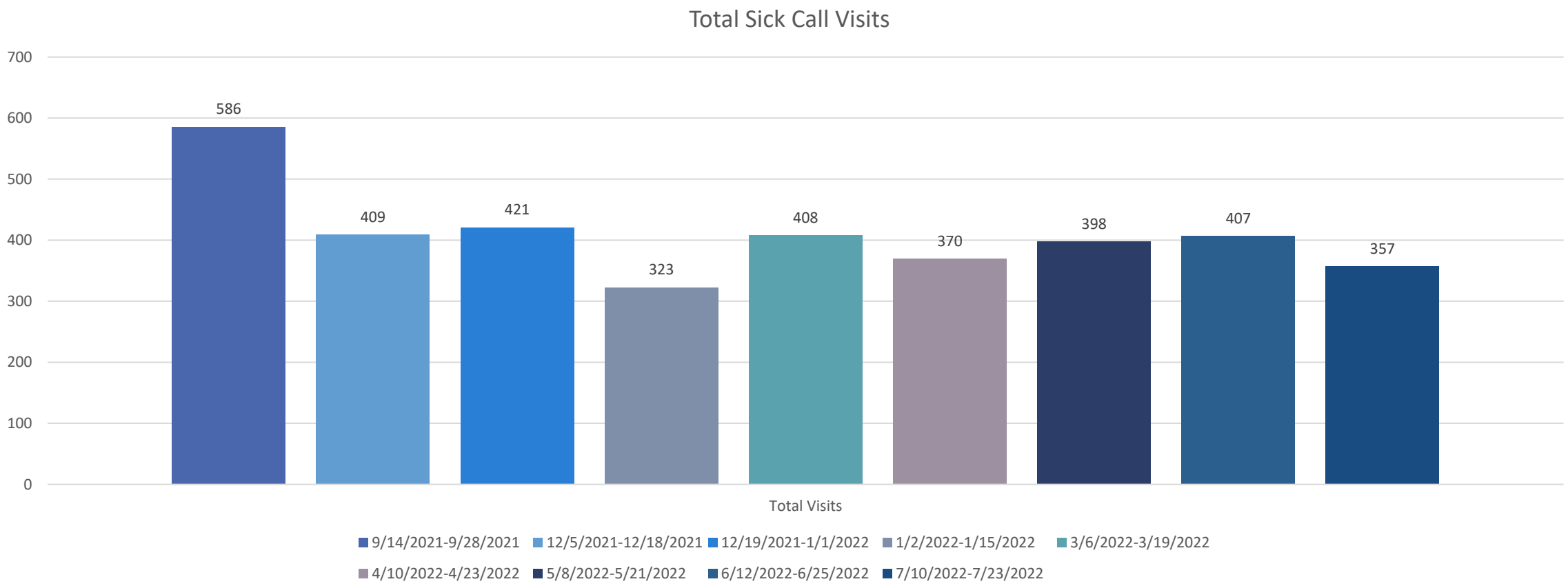
- Replace Registered Nurses (RNs) with Nurse Practitioners (APRNs)
  - Staffing changes occur at a budget neutral rate of 1.5 RN to 1.0 APRN FTE

Site	Position Description	FTE	Explanation
EDCF	RN	-3.0	Remove 3.0 FTE RN from El Dorado (EDCF) and add 2.0 FTE Medical NP/APRN to EDCF
EDCF	Medical NP/APRN	+2.0	Add 2.0 FTE Medical NP/APRN to EDCF from removing 3.0 FTE RN from EDCF

APRN – Urgent Care Model

- Defining parameters for operating
  - Desired outcomes – Resolution, Referral to MD, Enrollment in Chronic Care
- Discriminating items requiring higher level of care vs. verbal orders
  - Active participation in morning review process with nursing staff to encourage coordination and follow-up
- Verbiage-based triage approach to decrease repeat submissions
  - Actively seeking to address requests with works like “still” “waiting” “again”

APRN – Urgent Care Model



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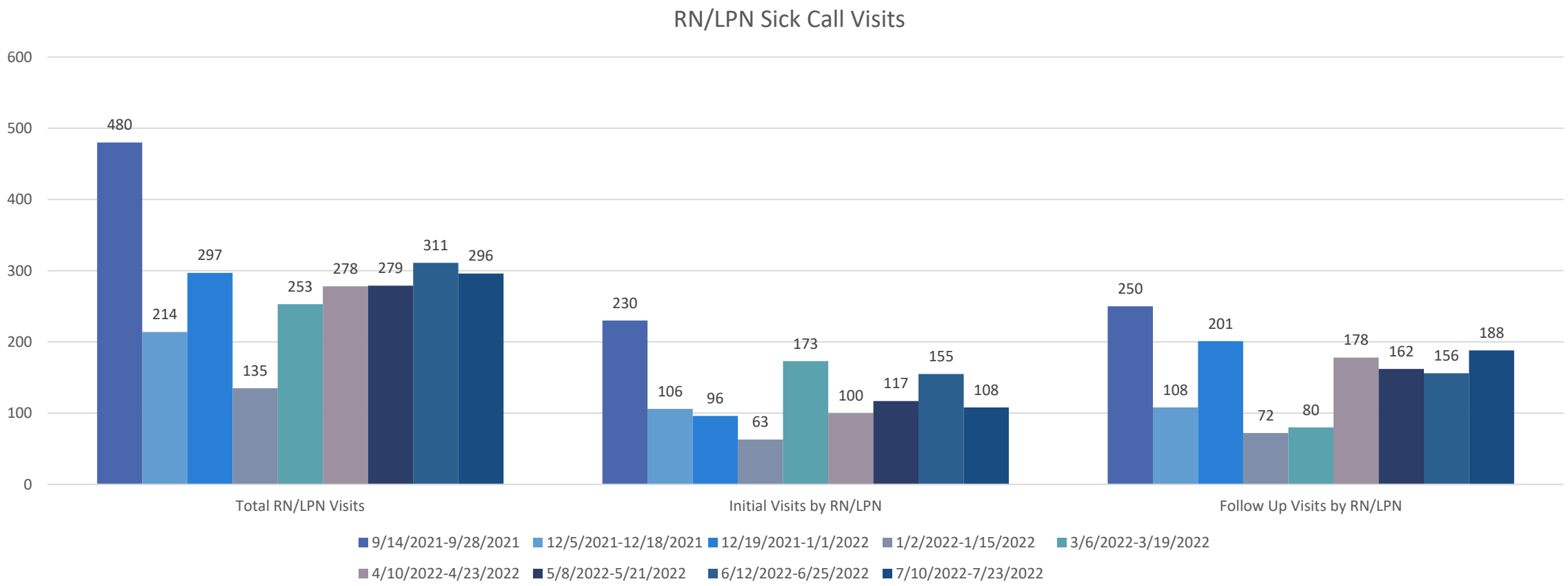

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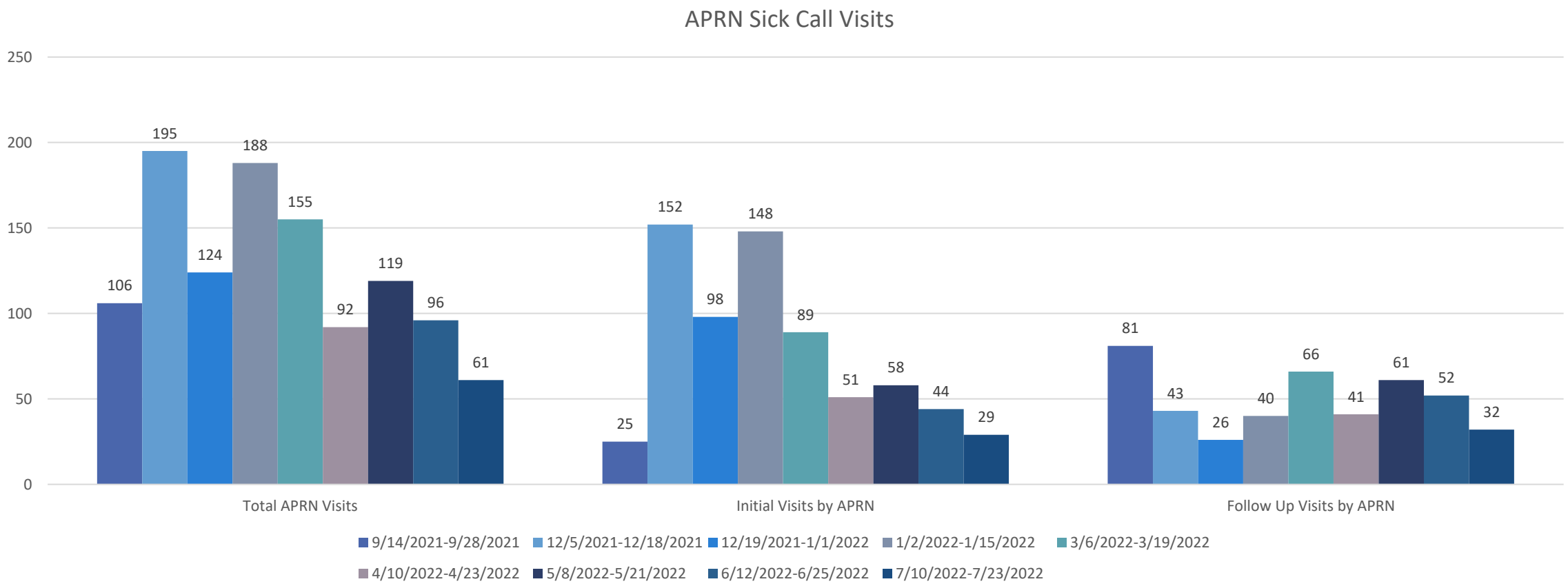

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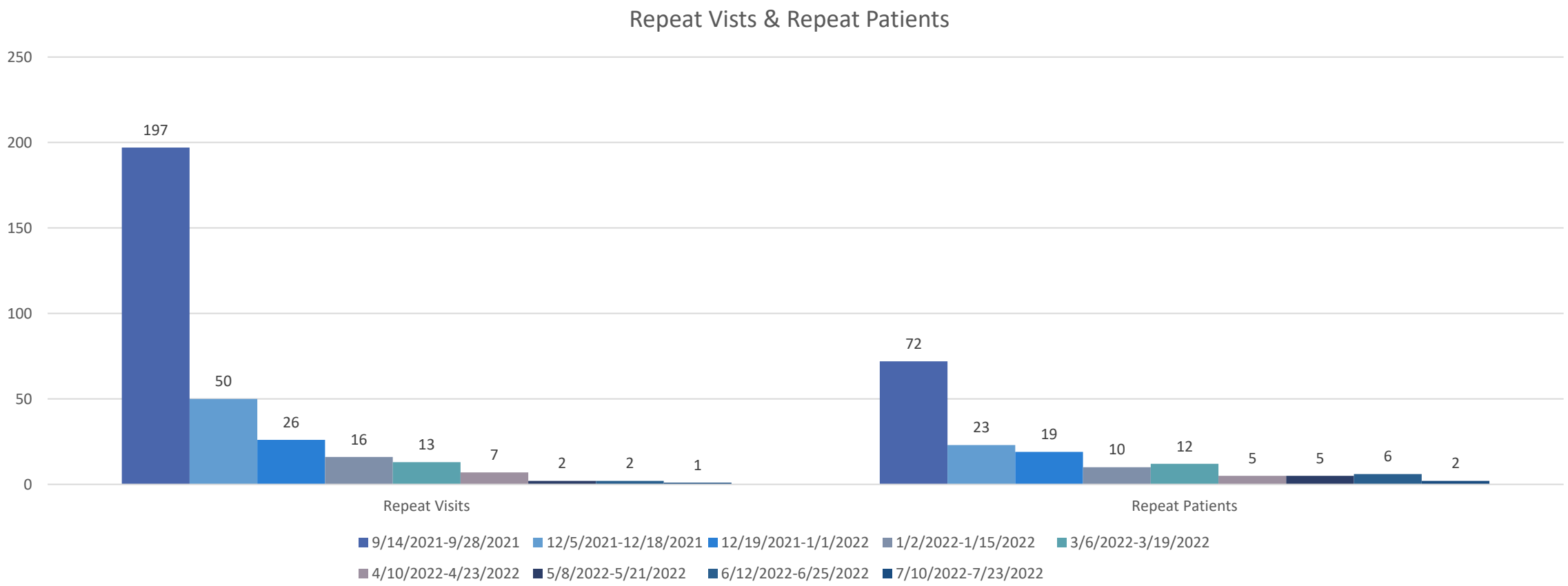

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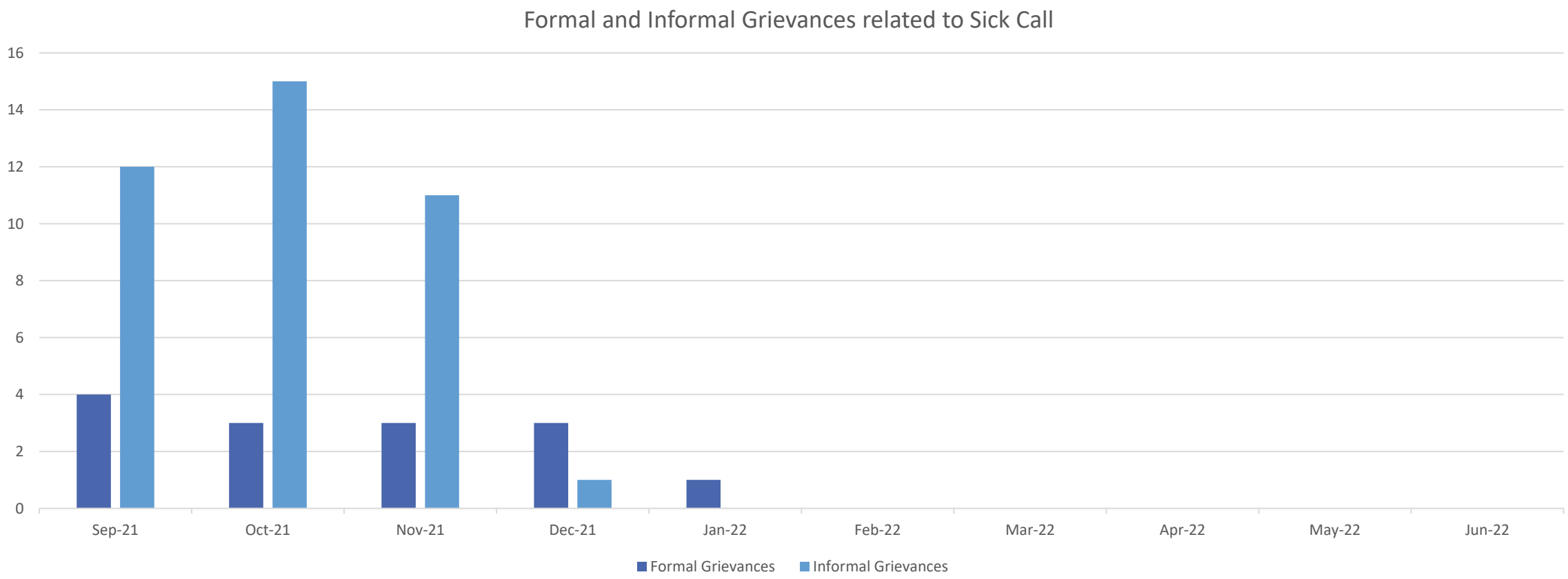
APRN – Urgent Care Model



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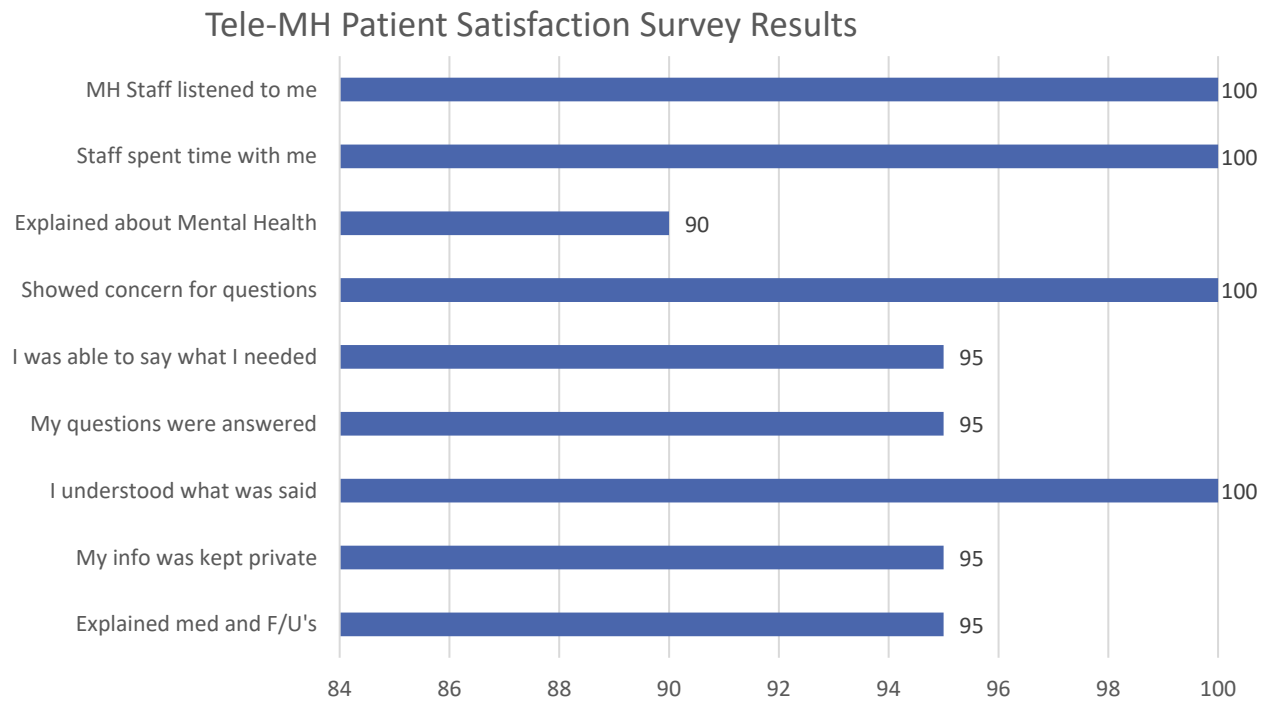
Remote Behavioral Health Support

- Increased opportunities for Behavioral Health Professionals (BHPs) to work from home during the pandemic created challenges filling positions in institutional settings
  - Goal to decrease vacancy of BHPs by providing opportunity for remote work to support institutions struggling to meet key performance indicators due to lack of on-site staffing
  - Increase direct access to patients by providing supporting behavioral health interventions utilizing remote clinicians, decreasing movement burden for custody

Remote Behavioral Health Support

- Patient satisfaction surveys indicated a preference for telehealth services



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Remote Behavioral Health Support

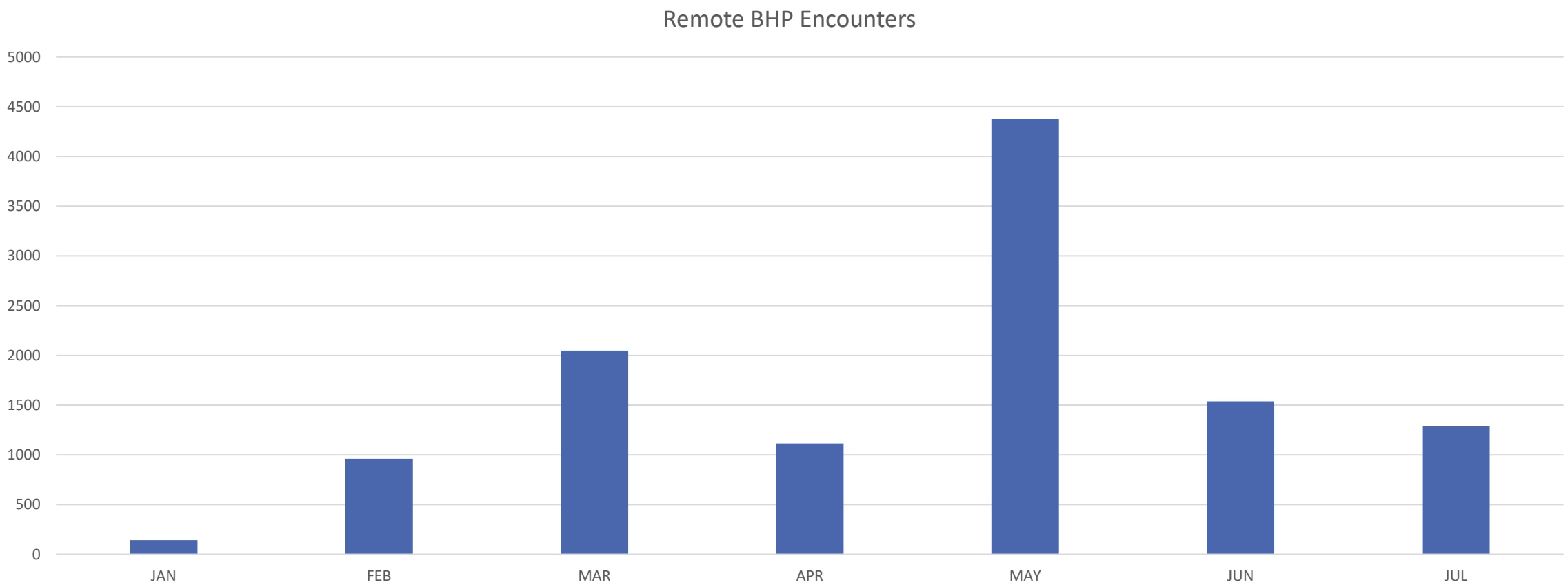
- Replace vacant on-site BHPs with BHPs working from regional office
  - Increased versatility and support to multiple facilities when challenges present

Site	Position Description	FTE	Explanation
Norton	BHP	-1.0	Remove 1.0 FTE BHP from Norton (NCF) and add 1.0 FTE BHP to Regional Office
Ellsworth	BHP	-1.0	Remove 1.0 FTE BHP from Ellsworth (ECF) and add 1.0 FTE BHP to Regional Office
Larned	BHP	-1.0	Remove 1.0 FTE BHP from Larned (LCMHF) and add 1.0 FTE BHP to Regional Office
KRO	BHP	+3.0	Add 3.0 FTE BHP and remove 1.0 FTE from each site, -1.0 NCF, -1.0 ECF, -1.0 LCMHF

Remote Behavioral Health Support

- Remote BHPs provided additional support for institutions struggling with coverage during COVID surges, paid time off, staffing shortages, medical leaves and other staffing challenges
- Task assignments include:
  - Monthly special needs visits
  - Sick call visits
  - Classification updates

Remote Behavioral Health Support



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- Questions?

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