Atlanta Community Based Care Transitions Program

Atlanta Regional Commission/AAA

Emory University Hospital Midtown, Gwinnett Medical Center, Piedmont Hospital, Southern Regional Medical Center, Wellstar Cobb Hospital, and Wellstar Kennestone Hospital

OUR COLLABORATION

Hospitals

- 2 with high readmission rates
- 4 with existing care transition initiatives
- 2 with diverse patient populations

Georgia Medical Care Foundation (QIO)

- Connections with key hospital leaders
- Guidance on Root Cause Analysis (RCA) process
- Provided readmission rate data

Community based aging services organizations

- Timely provision of services for support package

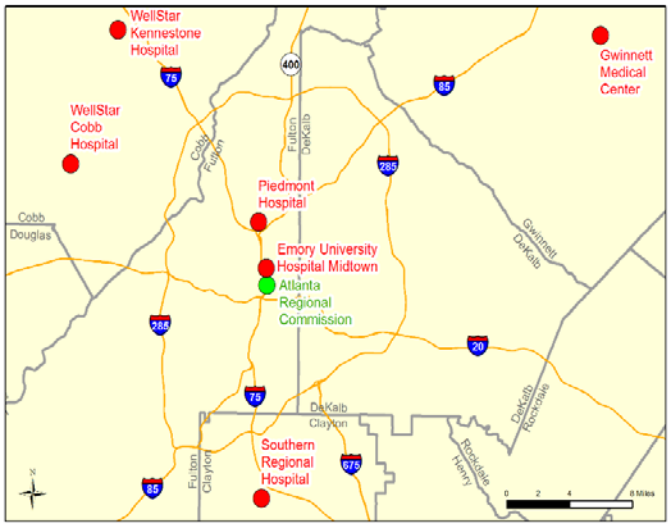
OUR PREVIOUS EXPERIENCE

Atlanta Care Transitions pilot project:

- 3 hospitals participated
  - Coleman coaching model
  - Service support package
- Integration of care transitions practices into the Area Agency on Aging (AAA) work.
  - Information and assistance
  - Existing care management systems
  - Community education

OUR COMMUNITY

1. Emory University Hospital Midtown, Fulton County, Atlanta 30308
2. Gwinnett Medical Center, Gwinnett County, Lawrenceville 30046
3. Piedmont Hospital, Fulton County, Atlanta 30309
4. Southern Regional Medical Center, Clayton County, Riverdale 30274
5. WellStar Cobb Hospital, Cobb County, Austell 30106
6. WellStar Kennestone Hospital, Cobb County, Marietta 30060



OUR TARGET POPULATION

National statistics and the individual Root Cause Analysis (RCA) findings of the 6 participating hospitals supported targeting these 3 diagnoses:

- AMI
- CHF
- PNEU

OUR IMPLEMENTATION STRATEGY

Our intervention is two pronged and consists of:

- Coleman coaching model
- Short term supportive service package (as needed)
  - 14 home delivered meals
  - 2 round trip transportation trips to medical appointments
  - In-home services provided for 2 hours/day for up to 3 days

These interventions were based on our Root Cause Analysis (RCA) findings including:

- Non-compliance and lack of self-management skills
- Poor medication management
- Lack of follow-up with primary care physician
- Lack of adequate community supportive systems and services