Funding Acknowledgements

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Community Outreach, Improvements, and Barriers

REMINDER: Nurses **MUST** add first/last names into MAIN Collaborative Session room **chat feature** at beginning and complete evaluation via link at end of session to secure contact hours/CE.

1. **Large Group Session (25 minutes)**
   - Jennifer Donathan, MPH, will present community outreach strategies to support your EDs clinical care processes and Mohsen Saidinejad, MD, MS, MBA, FAAP, FACEP, will present on recent improvements reported by teams and addressing barriers

1. **Breakout Groups: QI Summer Project Updates (50 min)**

1. **Return to Large Group for Discussion and Next Steps (15 min)**
   - Report out for a small win or update your site experienced over the summer (big or small)!

Please stay until the end of the session to complete the session evaluation poll. Thank you!

Objectives

After participating in this collaborative session, attendees will be able to:

1. Describe community outreach strategies that will support your ED

2. Summarize improvements resulting from change strategy implementation

3. Review top barriers to progress and strategies to overcome them

4. Engage in summer updates

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What is a Community Partnership?

Definition of a <u>community</u>: The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio-economic similarities.

Definition of a <u>community partnership</u>: A relationship of working together cooperatively toward a common goal.

- Includes a range of levels of participation by organizations and members of the community.
- Levels are determined by:
  - Degree of partnership
  - Frequency of communication
  - Equity of decision making
  - Access to information
  - Skills and resources of residents

Community collaboration is a **<u>dynamic, ongoing process of working together</u>**.

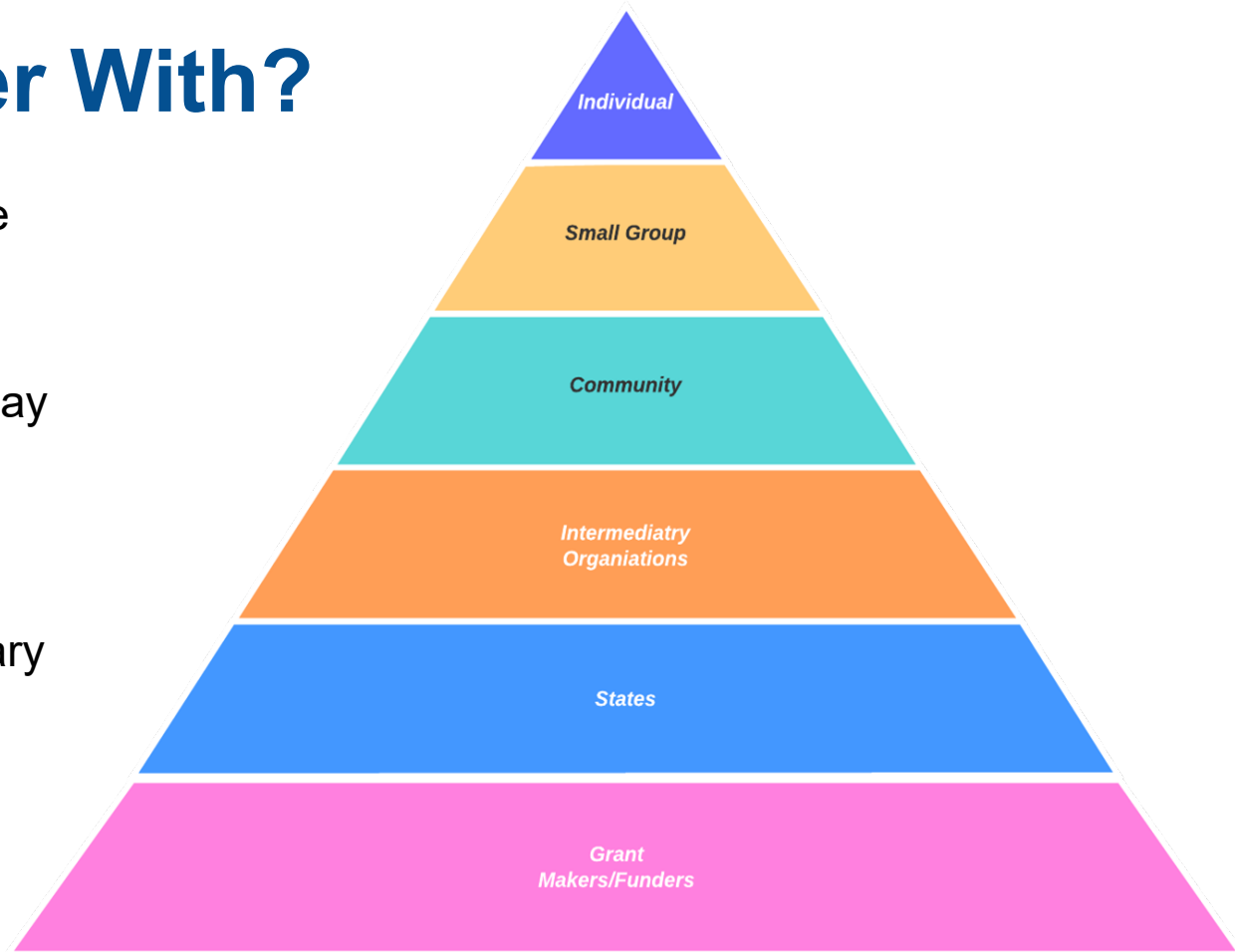EMSC Quality Improvement Collaboratives

Who to Partner With?

Community partnerships are **NOT** just local

Three distinct groups that play vital roles:
- State and community partnerships
- Support and intermediary organizations
- Grantmakers - Private Foundations

Individual

Small Group

Community

Intermediatry Organisations

States

Grant Makers/Funders

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Where to Start?

Levels	Purpose
Networking	‣ Dialog and common understanding ‣ Clearinghouse for information ‣ Create base of support
Cooperation or Alliance	‣ Match needs and provide coordination ‣ Limit duplication of services ‣ Ensure tasks are done
Coordination or Partnership	‣ Share resources to address common issues ‣ Merge resource base to create something new
Coalition	‣ Share ideas and be willing to pull resources from existing systems ‣ Develop commitment for a minimum of three years
Collaboration	‣ Accomplish shared vision and impact benchmarks ‣ Build interdependent system to address issues and opportunities

Lower → Level of Engagement → Higher

Source: Michigan State University: https://www.canr.msu.edu/news/five_levels_of_community_partnerships

Develop Your List of Partners

1. Identify who needs to be involved in order to accomplish your goals.

2. Review for completeness.

3. Begin outreach - consider "emerging leaders."

4. Share your goals - share the why, the impact, and vision for collaboration.

5. Establish trust.

Establish a Charter

Role of the Charter

- Lays out roadmap for the project work.

- Provides rationale for the work being done.

- Outlines scope of the work.

- Defines roles and responsibilities of team members.

- Creates transparency for all involved.

PMHCA Partners

- State legislators
- Primary care offices
- Hospital physicians, providers, and staff
- Psychiatrists
- Social Workers
- Parents
- Public health departments
- School administrators
- Local and regional mental and behavioral health resources in their states
- EMSC State Partners (early stages)

- Local chapters for national organizations (AAP, AACAP, ACEP)
- Hospital administrators
- Workforce development departments
- Universities
- *Future: youth voice*

Improvements Resulting from Change Strategy Implementation

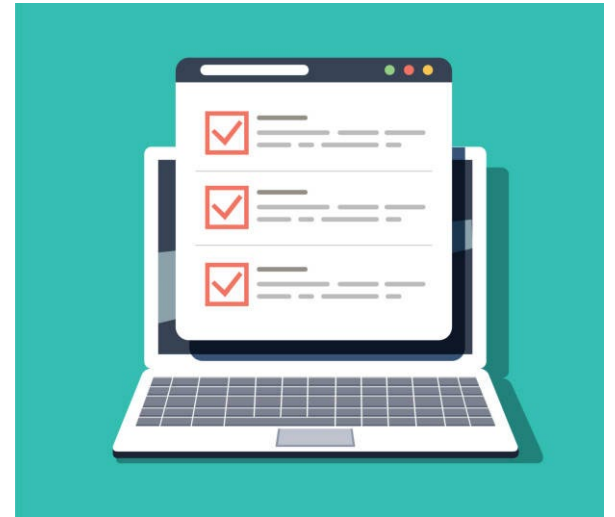Mid Collaborative Check-in Survey Results

Improvements Resulting from Change Strategy Implementation

Survey Data:

34/78 teams completed ED STOP Check-in Survey
- Suicide Screening: 16 teams

- Mental Health Assessment: 2 teams

- ED-Based Interventions: 13 teams

- Discharge and Safety Planning: 22 teams

Improvements Resulting from Change Strategy Implementation

- **34/34 (100%)**: Identified a strategy to improve clinical care processes

- 24/34 (71%): Have implemented/plan to implement a strategy to improve clinical care processes

- 32/34 (94%): Have not yet been able to demonstrate an improvement as a result of that strategy

Themes Found in Current or Future Implementation Plans

- Universal screening
- Mental health handoff tool
- Care notes, resource packets
- EHR integrated ED discharge checklist items
- Daily activity and distraction kits (NE)
- Sensory Cart for neurodivergent youth
- C-SSRS and SAFE-T Risk Assessment
- Age adjustment for screening from 12 to 10
- Family information sheet related to mental health ED visit process
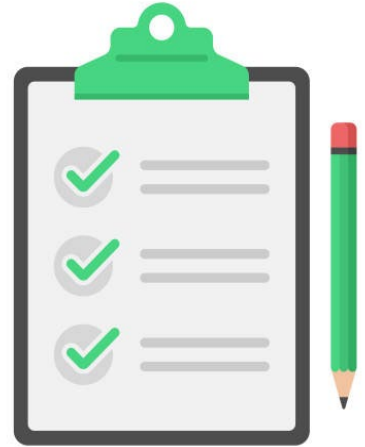
Barriers & Challenges

Review top barriers to progress and strategies to overcome them

Barriers (what teams have shared)

Change is not easy

- Support for change - Is this a better way to do this (evidence)
- Culture
- Buy-in from staff
- Buy-in from institutional leadership
- State level buy-in
- Staffing and personnel adequacy
- How to get the word out

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Barriers (what teams have shared)

Not part of traditional ED initiatives

- Change takes time (if lone voice)

- Building discharge planning for mental health in the EHR (across EHRs)

- Mental health educational resources not part of traditional ED care sets

- What to do with low-risk patients?

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Barriers (what teams have shared)

Difficult to prove effectiveness and utility

- How to measure outcome of interest

- How to define success

- How to benchmark

- No clear evidence to support initiative

Barriers (what teams have shared)

Difficult to outsource

- Cost to the community for referrals to mental health care services
- How to best provide ongoing and consistent mental health services for patients

Strategies to Overcome Barriers

Staff buy-in: Include staff in planning process of work so they feel they are playing a role in the change

EHR integration: Work in larger health networks/ other sites in their network/ Leveraging adult ED strategies

CHANGE MANAGEMENT

Strategies to Overcome Barriers

Staffing and Personnel:

- Learn how to grow team
- Reduce overall goal of project
  - Make it more feasible and achievable in a shorter period of time
- Focus on policy or leveraging this work in other capacities i.e. going for Pediatric recognition to get leadership buy-in

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Strategies to Overcome Barriers

Application to low risk patients:

- Smart phrases, trainings, pre-printed discharge instructions, standardized tools (e.g. Stanley Brown adaptation)

BOTTOM LINE: You are pioneer. This is not a well traveled road. You may feel a strong headwind but the ultimate glory awaits when you don't accept failure and trust yourself and your team.

Transition to Breakout Groups

- 50 min in Breakout Groups
  - Team QI project and summer updates
  - Report back on a small win or QI project status
  - Interactive conversations

Breakout Group 1 and 2: Saturday Night Fever / Rural Rules!

Facilitators: Lisa Gray, Julie Shelton

Team 7: Geisinger Community Medical Center - Pennsylvania

Team 8: Springhill Medical Center - Louisina

Team 19: PeaceHealth Peace Harbor Medical Center - Oregon

Team 22: Centura Health - Porter Adventist Hospital - Colorado

Team 25: Mercy Health - Lourdes Hospital - Kentucky

Team 58: St. Vincent's St. Clair - Alabama

Team 77: UPMC Lock Haven - Pennslyvania

Team 79: Person Memorial Hospital - North Carolina

Team 17: Ascension Mercy Hospital - Wisconsin

Team 26: Hiawatha Community Hospital - Kansas

Team 28: Western Wisconsin Health - Wisconsin

Team 32: Labette Health - Kansas

Team 33: Nemaha Valley Community Hospital - Kansas

Team 54: McLaren Thumb Region - Michigan

Team 67: Stewart Memorial Community Hospital - Iowa

Team 68: Atchison Hospital - Kansas

Team 70: Sparrow - Clinton Hospital - Michigan

Team 86: Scheurer Hospital - Michigan

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Breakout Group 3: ALLIES: Advocate, Listen, Learn, Impact, Educate, Share

Facilitators: Eleni Balourdos, Steve Czekalinski

Team 3: Claremore Indian Hospital - Oklahoma

Team 5: Wayne HealthCare - Ohio

Team 16: Loyola MacNeal Hospital - Illinois

Team 30: Tomah Health - Wisconsin

Team 42: Prisma Health Upstate - South Carolina

Team 49: Adventist Medical Center - Illinois

Team 50: Memorial Hospital and Health Care Center - Indiana

Team 51: OSF Saint Anthony Medical Center - Illinois

Team 56: Ascension St. Vincent - Indiana

Team 73: Prairie Ridge Health - Wisconsin

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Breakout Group 4: The Fantastic Four

Facilitators: Moh Saidinejad, Anna Goldman

Team 2: Kaiser Permanente Sunnyside Medical Center - Oregon

Team 21: Bon Secours Southside Regional Medical Center - Virginia

Team 29: Titus Regional Medical Center - Texas

Team 31: Carilion Roanoke Memorial Hospital - Virginia

Team 34: Baylor Regional Medical Center at Grapevine - Texas

Team 36: Gritman Medical Center - Idaho

Team 41: Emerson Hospital - Massachusetts

Team 55: Cedars Sinai Medical Center - California

Team 57: Geisinger Medical Center - Pennsylvania

Team 63: Good Samaritan Hospital Medical Center - New York

Team 75: UPMC Passavant - Cranberry - Pennsylvania

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Breakout Group 5: Fabulous Fivers!
Facilitators: Kate Remick, Shari Snyder, Tishia Gunton
Team 9: Covenant Hospital - Michigan
Team 13: ProMedica Russell J. Ebeid Children's Hospital - Ohio
Team 38: Baptist Health Hardin - Kentucky
Team 40: Northwestern Medicine - Delnor Hospital - Illinois
Team 44: Advocate Good Samaritan Hospital - Illinois
Team 59: HSHS St. Elizabeth's Hospital - Illinois
Team 60: Silver Cross Hospital - Illinois
Team 69: Rush-Copley Memorial Center - Illinois
Team 76: UPMC Williamsport - Pennsylvania

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Breakout Group 6: Sunshine Mood Movers

Facilitators: Kasey Petika, Kim Burkhardt

Team 6: Pomona Valley Hospital Medical Center - California

Team 35: MemorialCare Long Beach Medical Center - California

Team 43: Cape Fear Valley Medical Center - North Carolina

Team 46: Medical City Alliance -Texas

Team 48: Regional Medical Center - Greenville - Texas

Team 52: Pikeville Medical Center - Kentucky

Team 64: Torrance Memorial Medical Center - California

Team 74: County - Harbor UCLA Medical Center - California

Team 78: UNC Rex Healthcare - North Carolina

Team 80: UPMC Hamot - Pennsylvania

Team 82: WakeMed Health and Hospital - North Carolina

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Breakout Group 7: CEASES: Children's ED Advocates for Suicide Evaluation and Support

Facilitators: Laura Aird, Vera Feuer

Team 1: Children's National Hospital - Dist. Col.

Team 10: Nationwide Children's Hospital - Ohio

Team 12: Robert Wood Johnson University Hospital - New Jersey

Team 15: Johns Hopkins Hospital - Maryland

Team 18: Connecticut Children's Medical Center - Connecticut

Team 23: Randall Children's Hospital at Legacy Emanuel - Oregon

Team 62: Akron Children's Hospital - Ohio

Team 66: Rhode Island Hospital - Hasbro Children's Hospital - Rhode Island

Team 72: Seattle Children's Hospital - Washington

Team 85: C.S. Mott Children's Hospital - Michigan

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Breakout Group 8: Suicide Squashers

Facilitators: Jen Donathan, Hanna De Hoyos

Team 11: Norton Children's Hospital - Kentucky

Team 20: Ann and Robert H. Lurie Children's Hospital of Chicago - Illinois

Team 27: Texas Childrens Hospital The Woodlands - Texas

Team 37: El Paso Children's Hospital - Texas

Team 39: Monroe Carell Jr. Children's Hospital at Vanderbilt - Tennessee

Team 45: Cook Children's Medical Center - Texas

Team 53: Nemours Childrens Hospital - Florida

Team 71: University of North Carolina Hospitals - North Carolina

Team 84: University Hospitals Rainbow Babies and Children's Hospital - Pediatric ED - Ohio

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Transition to Breakout Groups

Welcome Back!

- Report outs will start with Breakout Group #8: Suicide Squashers
- Share any small wins or updates the sites experienced recently

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Breakout Group Reports

Order of Report Outs:
- 8: Suicide Squashers
- 7: CEASES: Children's ED Advocates for Suicide Evaluation and Support
- 6: Sunshine Mood Movers
- 5: Fabulous Fivers!
- 4: The Fantastic Four
- 3: ALLIES: Advocate, Listen, Learn, Impact, Educate, Share
- 1+2: Saturday Night Fever / Rural Rules!

New Resource - Joint Policy Statement

Next Steps

- **Continue your Improvement Journey**
  - Compare progress to SMART Aim
  - Decide what still needs to be done moving forward
  - Consider how to sustain results

- **Next up: Final two ED STOP Suicide QI Collaborative sessions on October 5, 2023, and November 2, 2023 from 12:00-1:30pm CT**

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Please Complete Session Evaluation

Thank you!

We look forward to seeing you on October 5th, 2023!

Nursing - CE hours
September 7, 2023

- Enter your first and last name in the chat if you have not done so already
- Scan the QR code to complete the session evaluation by 1700 (Pacific) on **9/09/2023** to be eligible for CE hours

BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

If you have any questions, please contact Robin Goodman at **robin.goodmanrn@gmail.com**

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