

Providence Health & Services
Closing the Loop – Assessing and Documenting Smoking Status after Discharge
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Please answer the following three questions and submit as a Word file or PDF (2 pages max.) via Dropbox:

1. *What, if any, proposed activities were not completed? Briefly describe those activities, the reasons they were not completed and your plans for carrying them out.*

The staff training modules were not completed. The reason they were not completed is because we're still trying to confirm final workflow. In our initial plans, the referral would be part of the discharge navigator in Epic which the physician would use to place and sign off on the referral. However, after testing we learned that physicians don't remember to place the referral and it would be best to have the RN's place the referral through the navigator then the physician would just "sign off" at discharge. We had to go back, get approval and workflow through nursing, ensure nursing had the right discharge navigator view to place the referral then run a pilot. We are currently testing that process with inpatient units and getting feedback at the end of January. Once we are confident the workflow is the right one, the training materials will be developed. We have the resources identified with a implementation timeline of Q2 of 2015.

2. *Briefly tell us about any other unexpected issues, concerns or successes you have had during this reporting period.*

We had many unexpected issues/successes arise over the last two years. The top 3 are listed below:

1. **Limited Epic resources:** Providence was and is new to Epic. We had many issues with our go lives. When the grant started we hadn't even completed live implementations in all our hospitals. In addition, we had limited FTE's available to complete the work. There was a time with huge turnover in analysts, hiring freezes and lack of qualified candidates to fill vital roles. We had to fight and be creative in how we secured resources to keep the grant work moving forward. We learned even if you have money, that doesn't guarantee you'll get help.
2. **Staff engagement:** Our clinical staff didn't respond well to implementing another new workflow. They were burned out and frankly argued with us over

whose role it was to make the referral. We are moving to a new culture of anyone can refer at any time and we should! Even when working with physicians we came across lack of engagement. One Dr. said, "I'm not going to do that, I just don't have time". It was helpful, so we're trying to find an easy process that works for everyone. One thing that became very clear during this work is any mandated or optional Joint Commission requirement should be part of the basic Epic build. That way it's included in the basic training and all workflows from the beginning.

3. **Partnering with Diabetes:** As we were struggling to get Epic resources, we discovered that Diabetes Outpatient Services was also struggling. We realized we had the same needs and similar workflows. We partnered, shared meetings, resources and follow up items. We got a lot further together and are continuing to work with other outpatient services to strengthen our inpatient referrals.

3. *Is there anything else you want to tell SCLC or Pfizer?*

Providence is extremely grateful for this grant and the opportunity to work on such an important issue. As we move healthcare to outcome based, these connections are vital to making a true impact in population health. Providence is still completely committed to seeing all aspects of this grant through to completion with implementation in all 5 states. We greatly enjoyed the face to face meeting in Nov of 2013. That was a great way for us to connect, learn from each other and move our work forward. We look forward to continued learning and partnerships!