Clinical-Community Connection to Prevention/Intervention Programs through the EMR

Learning Objectives
Objective 1: Participants will understand the challenges in having clinicians refer patients to community-based programs.
Objective 2: Participants will learn the steps taken to create an ambulatory referral in the Electronic Medical Record.
Objective 3: Participants will identify clinical and community partners to build a referral program.

Statement of Purpose
Participation for our community-based prevention/intervention programs had decreased. Traditional marketing wasn't reaching the audience and providers didn't understand the breadth and depth of our programs. Working with hospital leadership, hospital-based community health educators, our electronic medical record team, and more we were able to create an ambulatory referral to our programs; an easy button for providers. Utilizing an ambulatory referral in the EMR can increase participation and success in improving health.

Methods
Working with providers we determined best work-flow and necessary information to make referral easy in EMR. We developed a process to engage all community-based prevention and intervention programs within the hospital and how to navigate referrals to program leaders. A tracking sheet was created to keep track of the number and types of referrals and outcomes to report back to providers in EMR. Attended staff meetings to introduce ambulatory referral and how to utilize it. Created quarterly newsletter to highlight programs within referral. Quarterly meetings with community health educators to fine tune process. Continuous communication with clinical leadership team to ensure referral process is meeting their needs.

Results
Providers became more aware of community-based programs that could improve their patients' health and were more apt to refer patients through the ambulatory referral in the EMR. An increase in enrollment in certain programs with participant success in improving health. Trial project with the ED to address need to engage patient with primary care as well as a non-urgent behavioral health referral.

Conclusions
We saw an increase in referrals from providers to community-based prevention and intervention programs including older adult fall prevention. Patients were referred to Community Paramedics for home intervention and/or Stepping On Fall Prevention program. Through this project we were also able to identify gaps in programming and bring on additional community-based partners from outside the hospital walls as well as secure funding for other programs to expand their outreach. The program is now being expanded to two additional hospitals within our system.

Janet Werst
Janet Werst, BS in Education has worked in health promotion and education for over 20 years. The last 14 years have been spent working in Injury Prevention at UCHealth, including working with older adults to reduce their fall risk. She is a 2011 graduate of the Johns Hopkins Bloomberg School of Public Health’s Principles and Practices of Injury Prevention and the Evaluation of Injury Prevention Programs. Her expertise is in collaboration building to reduce duplication of services and utilize community resources to their fullest extent. She has successfully coordinated an injury prevention coalition for over 20 years and has used that expertise to assist in the coordination of a community coalition to specifically address older adult falls. She currently supervises all aspects of the UCHealth Injury Prevention Program, including oversight of Stepping On (fall prevention program), older adult falls coalition, Car Fit, and Chronic Disease Self-management and the staff whom run the programs.
Moving Research to Practice: The Implementation of an Evidence-Based Violence Prevention Intervention into Emergency Department Standard Care

Learning Objectives
Describe how to implement an evidence-based youth violence intervention into standard clinical care
Understand the potential barriers to moving research to practice
Discuss strategies for overcoming barriers to implementing evidence-based research into practice

Statement of Purpose
SafERteens 2.0 is the result of the translation and implementation of an evidence-based violence prevention intervention into Emergency Department (ED) standard care.

Methods
The SafERteens brief intervention (BI) is a 30-minute BI for patients (age 14-18) in the ED. The SafERteens 2.0 team worked with ED staff to create a program package (www.SafERteens.org), including: training videos, online implementation support (e.g., screening questions, BI delivery tool), and text message boosters over two months. The translation phase involved a pilot randomized controlled trial. Based on the availability of on-site clinical staff, participants were randomized to usual care, or BI (in-person or remote BI) with outcomes assessed at 3-months. The maintenance phase involved observation of continued program use.

Results
Our team trained and conducted fidelity checks with 19 HMC staff who delivered the SafERteens BI. During the effectiveness phase, research staff screened 375 patients, with 54.1% (n=203, mean age=16.4 (SD=1.5) years, 61.6% female, 40.8% African American) screening positive for aggression. 47% of patients in the in-person group and 73% in the remote BI received the intervention; 80% completed 3-month follow-ups. 82% of participants found it very/extremely helpful to talk to their therapist about fighting and staying safe. 83% of participants would recommend this program to someone else. The pilot RCT showed self-efficacy to avoid fighting and attitudes towards non-violence significantly improved in the interventions relative to control. During the maintenance phase, 587 youth were screened (22.7% positive; n=133), and 47 received the in-person intervention (35.3%).

Conclusions
The SafERteens implementation package harnesses technology to facilitate integration into clinical care, standardization of the BI, and sustainability. Availability of onsite staff to deliver interventions is a challenge requiring further attention, with remote therapy delivery being a potential solution. SafERteens 2.0 fills a gap between science and practice by providing a system to integrate an evidence-based, low-cost violence prevention intervention as part of standard care. The SafERteens implementation package is available to interested sites nationwide.

Jessica S Roche, MPH
University of Michigan Injury Prevention Center
Ms. Roche is the Managing Director of the University of Michigan Injury Prevention Center. She has been a part of the CDC-funded U-M Injury Prevention Center since 2010 and has worked in the field of injury prevention science since 2009. Ms. Roche has several years of experience managing hospital injury data, and managing hospital-based youth violence prevention interventions. Ms. Roche has expertise in developing, evaluating, and translating evidence-based programs into practice.
Impacts, Strengths, Limitations and Lessons Learned from a Hospital Engagement Network Quality Improvement Program

**Learning Objectives**

In this session, participants will:
1. Learn about the process of a peer-to-peer learning collaborative,
2. Engagement of leadership for tailored support across a hospital healthcare setting,
3. And gain understanding of the importance of individualized support to facilitate change.

**Statement of Purpose**

This presentation will review key findings and outcomes from hospital participation in a Hospital Engagement Network (HEN) quality improvement program, as related to seven specific hospital acquired conditions (HACs) and one patient safety outcome area. It will illuminate the process of improvement and important lessons learned, such as how peer-to-peer learning accelerated the diffusion of quality improvement and injury prevention practices at all organizational levels and the importance of individualized support to facilitate change.

**Methods**

Econometrica implemented a mixed-methods approach interviewing subject matter experts (SMEs) and HEN representatives and engaging hospitals in a complimentary survey in 2017. The interviews assessed influential factors in hospital success in the quality improvement program. The hospital survey assessed perceptions of HEN effectiveness, changes in hospital behavior, and changes in motivation to address patient safety concerns resulting from participation in the quality improvement program. We distributed the survey to leadership of HEN-aligned and nonaligned hospitals participating in the CMS Inpatient Prospective Payment System (IPPS) within Medicare. Econometrica used logistical modeling to assess the survey and qualitative analysis to pull themes from the data. We integrated the results to tell the story of the program.

**Results**

Respondents implemented widespread changes to address the HACs and patient safety areas the HENs focused. Our analysis finds that survey respondents participating in the HEN perceived the initiative as helpful in addressing their patient safety needs, which is expected to be mirrored as strong motivation to improve patient safety within each respondent's hospital. Respondents identified indicators of success of the HEN initiative as using peer-to-peer learning, inspiring a culture of safety from the executive level throughout the staff, and tailoring then institutionalizing evidence-based practices to specific hospital settings as the drivers of success.

**Conclusions**

Hospital safety culture was a core component of success, and stakeholders thought that hospitals that had leadership focused on making patient safety a priority and integrating safety into everyday work were more likely to be successful. Our results demonstrate the effectiveness of a learning collaborative structure to streamline work and make goals seem attainable to all levels.
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Ms. Simmerman has more than 9 years of experience in program management, training and technical assistance, and research in the fields of public health and healthcare. She demonstrates strong cultural competence and excels at creating opportunities for partners to share best practices, engaging stakeholders, aligning dissimilar partners to common goals, and solving problems creatively.