

REGION 3 anchor updates

ANCHOR WELCOME



February is all about **LOVE!** We **love** that there are no HHSC deadlines. The St. Joseph's partial hospitalization program is an example of all the great work of our **lovely** providers. We **love** working with other Regions around the state to learn best practices and steal ideas. Most importantly, we would **love** to spotlight your organization's work throughout the state. Please don't forget to complete the Promising Projects questionnaire for any of your projects. This will be particularly helpful for HHSC's application for an extension of the 1115 Waiver. Looking ahead, DY4 will include many important milestones and Spring is right around the corner! We look forward to another exciting Learning Collaborative and discovering the impact of DSRIP activities Region-wide. ◀



PROJECT SPOTLIGHT

St. Joseph Medical Center

St. Joseph Medical Center is a 792-bed licensed facility located in the heart of downtown which has been serving the community for 125 years. Because many shelters and agencies serving the low income are housed in and around St. Joseph Medical Center, the hospital frequently admits and treats indigent or underinsured clients.

The city does not currently have the capability to serve the many indigent people with mental illness who reside in the area and there is a great need for more outpatient psychiatric programs to meet the needs of the mentally ill. There are several partial hospitalization programs servicing the outlying areas of our community, however, few programs of this sort target clients in or around the downtown community.

St. Joseph's partial hospitalization program serves both clients discharging from the inpatient unit as well as clients coming from outside referral sources. ◀

To learn more about the partial hospitalization program [CLICK HERE](#)



Left to right: Marvin Coleman, Tech/Driver; Shaunta Eggleston, RN; Tammy Arnold, Tech/Driver; Candy Matallano, LMSW; Taiwana Tillman, LMSW; Eric White, Tech/Driver; Beverly Cook, LCSW & Maria Verdeja, LMSW - Manager

LEARNING MOMENT

Institute for Healthcare Improvement Patient Experience: Transformation First

Improvement is not enough. When we seek to improve something, we are saying that the basics are in place and to our liking. Home improvements might be replacement windows, new paint, or upgrading appliances.

Taking the analogy further, we move up to renovation. Again, the basic structure remains the same, but by adding a second floor or an open-concept kitchen, perhaps a patio with hot tub, we will change the way the house functions.

These two examples are analogous to what I see happening in health care. There are changes, improvements, and in some cases innovation that really is changing the way the health care system functions. What I do not see, however, is transformation. And transformation is what we need because the basic structure is not good. ◀

Source: Kimberly Mitchell, "Patient Experience: Transformation First," Institute for Healthcare Blue Shirt Blog, February 4, 2015, 11:00am http://www.ihl.org/communities/blogs/_layouts/ihl/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=106

[CLICK HERE to view entire article.](#)



Region to Region: Featuring RHP7 & RHP9

As collaboration continues within Region 3, it is also important to connect and learn from other Regions. Check out RHP7's DSRIP impact videos and RHP9's Transforming Care Spotlight article on Children's Health!

RHP7: [CLICK HERE](#) to check out RHP7's video series demonstrating the human impact of the DSRIP program.

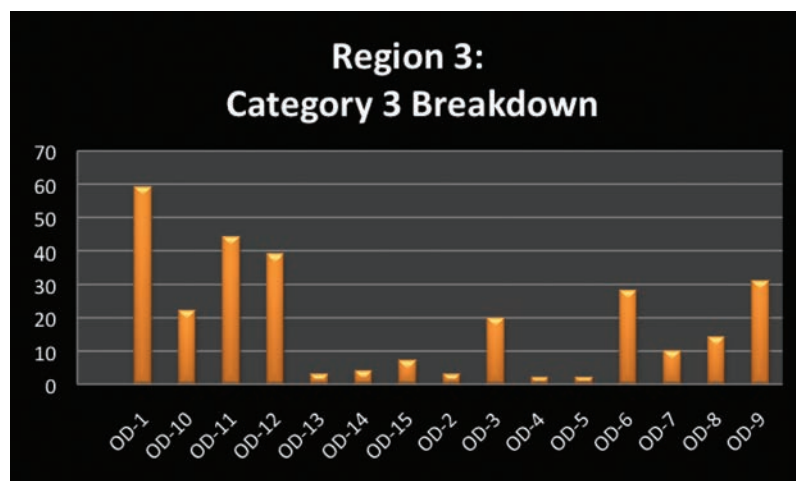
RHP9: On Sept. 1, 2014, Children's Health debuted its Complex Care Medical Services (CCMS), an inter-disciplinary service designed to optimize care for children with medical complexity. Approximately 500 pediatric patients at Children's Health see five or more pediatric specialists on a regular basis, and experience significant unnecessary utilization of emergency department, inpatient, and specialty care visits because of the lack of comprehensive primary care. Complex chronically ill children account for less than 5 percent of total patients in a pediatric population, but account for approximately 50 percent of the costs.◀

To view the complete article, [CLICK HERE](#)



Connecting through Category 3

Recently, several providers have collaborated on Category 3 measures. These providers have shared their experiences measuring the data, barriers they encounter and overall results. This collaboration is not only within the Region, but also across the State. Below is a snapshot of how the OD selections measure in Region 3. If you are interested in seeing what providers outside the Region share Category 3 measures, [CLICK HERE](#) for the master database. For any questions please contact your Anchor Project Manager.◀



REGION 3 DSRIP TIMELINE

January - March 2015 - Provisionally Approved Metrics to be reviewed by HHSC.

February/March 2015 - Estimated completion date of Mid-Point Assessment.

February 18, 2015 - Provisionally approved metrics response from HHSC.

February 2015 - Category 3 goals to be confirmed by HHSC.

February 1 - May 1, 2015 - Project Withdrawal Period.

March 3, 2015 - Performance Logic Training - please email James.Conklin@harrishealth.org for more details.

March 6, 2015 - Provisionally Approved metrics responses due to HHSC.

April 30, 2015 - Round 1 DY4 Reporting Opportunity.

June 17, 2015 - Second DY4 Learning Collaborative Conference (SAVE THE DATE!).

