



# Indiana University Health

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## Transitional Care Management Bloomington, IN.

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## History

-Inception: January of 2012

-Modeled after Mary Naylor Transitional Care program

# TCM-IU Health Bloomington



## Program Objective:

-to reduce 30 day inpatient readmissions through patient education, interventions, and post discharge monitoring.

## Patient Population:

-Primarily Traditional Medicare with any of the following diagnoses:

-CHF, COPD, Pneumonia, or Sepsis

## Post Discharge Interventions:

- Help patients with medication and durable medical needs. (eg. Medication dispenser training, refill assistance, prescription precertification etc)
- Connecting patients with resources such as agencies on aging, home health care, palliative care, and placement in extended care facilities.



## Post Discharge Interventions (cont)

-Informing or updating physician with worsening or assisting with follow up appointments. (eg. Accompanying patient, confirming time and date)

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## Patient Education

- Early warning signs of exacerbation of condition
- Assisting patient with journaling weights, blood pressure, and when to contact physician.
- Special meal planning
- Conservation techniques to enhance breathing ability
- Smoking cessation
- Health literacy on patient specific chronic disease symptoms.

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## Program Achievements:

- Received \$30,000 Verizon grant in conjunction with Bloomington Hospital Foundation which enabled us to provide low income patients with free pulse oximeters, blood pressure monitors, and scales.
- Creation of formalized continuity of care collaboration between the hospital and ECF's.

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## Program Achievements (cont):

- Partnered with IU IPE student teams, which enabled us to expand or accept more participants.



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## Barriers:

- Large 6 county target outreach with finite resources that limit number of home visits.
- Prioritizing which patient's are most in need of TCM interventions
- Patients declining free TCM service or resistant to suggested interventions.
- ECF resistance due to erroneous perception of hospital interference in quality of care.

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## What Patients are saying about the Program:

*“I think this is a very good program, they helped me out by telling me things about my meds. and exactly what they were for and how they worked.”*

*“I really can not thank you enough. My blood pressure has been up a couple of times, if not for you I would not have known what to do.”*

*“thank you for sending a nurse when I came home from the hospital after having pneumonia and water on my lungs.”*

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## What Patients are Saying about the Program (cont):

*“I was unable to afford the items needed to monitor my health daily.... Now I can take charge of them on my own.”*

(regarding IPE student visits)

*“I really liked talking to them. One day they stopped by and my sugar was ok at first, and then it dropped. They all helped and the sugar went back up. They were good people.”*