

IMPACT NEWSLETTER

ADDING VALUE: Meaning, Merit, Worth

While much of the country was focused on healthcare in 2009, NTOCC took the opportunity to take our 2009 goal of improving communication in transitions of care to a new level. We met with and heard from policy makers, healthcare professionals, the media, patients, families and their caregivers who shared how NTOCC information was used.



NTOCC resources were used to craft healthcare reform language. Patients and family care experiences were made better and improved the quality and quantity of patient level information necessary for safe care. Healthcare professionals related ways transitions of care improvements were brought about in their hospitals and clinics. The media reached out to NTOCC for information to share on national and local levels.

But all that is in the last decade, former year, prior achievements. While everyone involved with NTOCC is pleased with the achievement of 2009, we're now preparing for 2010. The new challenges are: How to make even greater strides in improving transitions of care? How to continue to grow a relatively young coalition? How to impact peoples' lives in an even greater way? The solution? By setting our sights in 2010 on a new goal.

New Decade, New Year, New Challenges

NTOCC's Associate Members and Subscribers have provided feedback, comments, and suggestions. We have listened to the reform debate, we have checked measures, stats and data. We've listened to patients, family and caregiving situations and dialogued with policy and media representatives. The

challenge is on! We want people to get more value from our work..better understand the message and purpose, enable users to turn information into action, see more quality in standards, get more tools and resources into the hands of patients, families and caregivers. Meaning, merit and worth defines and declares NTOCC's new challenge!

WE LISTENED TO YOU

Coming soon to www.ntocc.org:

SEARCH →

A "Search Function" on the website that will allow you to easily enter and find the tool or resource you want to review and use!

In Case You Haven't Noticed: NEW TOOLS ARE AVAILABLE!

Find them at www.ntocc.org today

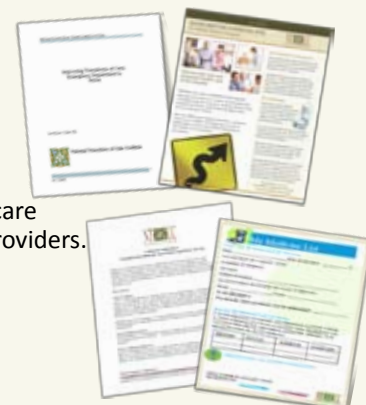
- 📄 Emergency Department to Home & Hospital to Home Case Scenarios
- 📄 Cultural Competence: Essential Ingredient for Successful Transitions of Care
- 📄 Guidelines for a Hospital Stay with Helpful Definitions for Patient, Family & Caregiver
- 📄 *Taking Care of MY Health Care* tool in Francais and Español
- 📄 *My Medicine List* in Francais and Español



We Challenge You to Improve Transitions of Care in 2010

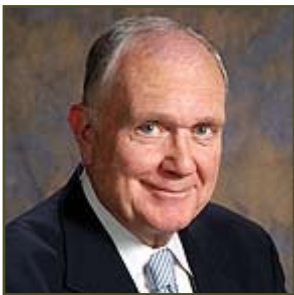
All NTOCC tools and resources are free of charge. Download our tools and resources and learn how you can make a difference. Some examples are included below:

- Use NTOCC tools as a template, modify them for your particular setting, add your logo if you wish (such as *My Medicine List*).
- Examine the Care Coordination Hub diagram (In the NTOCC Measures paper) to better understand the importance of the sender and receiver when transferring information with/or for the patient.
- Give a copy of *Taking Care of MY Health Care* to a patient or family member who is struggling with healthcare issues, so they can keep current health care records and improve communications with their healthcare providers.
- Improve transitions from your Emergency Room by utilizing the ER to Home Case Scenario.
- Use the Spanish and French translations of *Taking Care of MY Health Care* to foster better communication with your Latino and French patients.
- High re-admission rates? Consider the Hospital to Home Case Scenario.



CMSA's National Transitions of Care Coalition Featured on AARP Radio

Mike Cuthbert of Prime Time Radio Interviews NTOCC Project Director and Coordinator



AARP Prime Time Radio host Mike Cuthbert interviewed NTOCC representatives in January in Washington, DC.

Turn up the radio! The National Transitions of Care Coalition was featured in a 30-minute program by AARP Radio Network in Washington, D.C., focusing on issues surrounding health care case management and transitions of care.

The interview was conducted by Mike Cuthbert, host of *AARP Prime Time Radio*, a one-hour weekly interview program that focuses on the wide-ranging interests and concerns of Americans 40 and older.

Featured guests were Cheri Lattimer, RN, BSN, Executive Director of CMSA and Project Director for NTOCC and Debbie White, NTOCC Project Coordinator, and former caregiver for an elder family member.

"Although transitions of care can affect patients at any age, in a large majority of cases, seniors are most seriously affected, and it is important to educate the 40-plus audience on how to address such is-

suess," said Lattimer. "NTOCC is here to provide health care professionals, patients, caregivers, and families with information and tools to better understand, and improve, transitions of care challenges."

AARP *Prime Time Radio* is heard on radio stations across the country as well as on AARP's web site. It is available for podcasting at Celebrity Radio Productions.

Founded in 1958, AARP is a nonprofit, nonpartisan membership organization that helps people 50 and over improve the quality of their lives. AARP has grown to 40 million members and has offices in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.



Please click the link below for AARP radio stations and air times:
http://www.aarp.org/aarp/broadcast/aarp_radio/ptr_stations/
 Download this program to your iPod or other MP3 player here:
http://www.aarp.org/aarp/broadcast/aarp_radio/radio_prime_time/articles/case_management.html

2010 Value Under Development Within NTOCC Work Groups

MEASURES WORK GROUP

- Development of consensus guidelines for use with existing regulatory entities to insure measures are in place to close gaps and barriers in transitions of care which have not been recognized.
- Distill information points so measures needed are easily communicated and understood.
- Framework for an NTOCC Outcomes Project with a hospital or integrated health system with the application of NTOCC tools.
- Build a tool kit that health care providers can incorporate into their setting. Be proactive in educating on the issues



and importance of transitions in care measures.

HEALTH INFORMATION TECHNOLOGY WORK GROUP

- Continued Development of HIT Concept Paper.
- Collaboration with Measures Work Group to assure quality data elements are addressed in regard to EMR's for inclusion in HIT paper.

EDUCATION & AWARENESS WORK GROUP

- Identify and reach out to healthcare specialist groups highly affected when poor transitions of care are done and provide education and resources to them as they seek ways to improve transitions of care.



ANNUAL NTOCC ADVISORY TASK FORCE MEETING

May 18 – 19, 2010,
 Chicago, Illinois

About the National Transitions of Care Coalition

The National Transitions of Care Coalition (NTOCC) was formed in 2006 bringing together thought leaders, patient advocates, and health care providers from various care settings dedicated to improving the quality of care coordination and communication when patients are transferred from one level of care to another. Transitions in care include a patient moving from primary care to specialty physicians; within the hospital it would include patients moving from the emergency department to various departments, such as surgery or intensive care; or when patients are discharged from the hospital and go home, into an

assisted living arrangements or into a skilled nursing facility. NTOCC is comprised of a diverse group of national associations and organizations addressing the critical issues surrounding transitions of care. NTOCC views transitions of care as a major challenge to health care delivery and realizes it can only be solved by breaking down the silos and barriers between different health care settings and working collaboratively for the good of the patient. Whether you are a patient, care giver, health care professional, policy maker or media representative, NTOCC can provide you with information and tools to better understand, and improve, transitions of care challenges.