

CHP Bright Spot

Failing Forward Together

From the Cincinnati Children's Hospital Medical Center

The AcademyHealth Community Health Peer Learning (CHP) Program aims to advance progress toward population health improvements through the expanded capture, sharing, and use of electronic health data from diverse sectors. Engaging ten Participant Communities and five Subject Matter Expert (SME) communities in a peer learning collaborative, the CHP Program builds community capacity and supports the identification of data solutions, acceleration of local progress, and dissemination of best practices and lessons learned. This Bright Spot profile highlights a key community activity or achievement that is grounded in practical experiences, notes key lessons, and shares useful insights relevant to those working as part of local initiatives to improve population health. Bright spots are intended to tell the story of a discrete project component, and offer inspiration for others.

What does an internationally recognized children's hospital do when there are unacceptable health outcomes (disproportionately higher bed-day rates) for children and families living just steps away? The Cincinnati Children's Hospital Medical Center (CCHMC) developed new strategies to gather the diverse perspectives and resources necessary to identify root causes and ultimately develop practice-based and community-based solutions that address the full spectrum of patients and families' health needs.

One valuable takeaway from CCHMC's experience in the Community Health Peer Learning Program is that learning from failure is a team sport: they could more effectively spot and address the social and environmental determinants contributing to poor health outcomes with the people representing those perspectives as part of the problem solving. A more comprehensive view of health "failures" (at both the patient and population level) uncovers different questions and answers that can change focus of a health improvement strategy. Now, social workers, pharmacists, school nurses, community members, and families are proactively engaged in CCHMC's efforts to improve transitions from the hospital back into the community.

Example 1: Post-Admission Team Huddle



Every morning, the CCHMC team receives an email alert detailing whether any child from the Avondale neighborhood has been hospitalized. In those instances, the team gets together to discuss unmet care needs, root causes of the admission, and how to facilitate a successful transition back to the child's home and community. The team huddle has been an evolution in terms of structure and strategy: first modeled after safety rounds, the discussion initially included only medical staff. Over time, the huddle has grown to include social workers, community members, and the school nurse (when possible). Looking forward, the huddle may expand further to include community pharmacists. CCHMC is fostering a partnership with the local Kroger pharmacy to help address the low-fill rates for many prescriptions in the community.

Takeaway: Successful community health interventions need a comprehensive, holistic view of the patient and their health and care needs.

Example 2: Cincinnati Child Health-Law Partnership



CCHMC benefits from an established health-law partnership, where legal aid advocates are embedded onsite to respond to health-harming issues that often have legal solutions (i.e., special education supports, adequate food stamps, eviction prevention, children's health insurance). For example, one family received a health-law referral because their infant suffered from breathing problems and lived in an apartment with no screens, cockroaches, and the threat of eviction if they turned on the air conditioner. When CCHMC overlaid available housing data with health care data, they identified multiple patients living in housing owned by the same absentee property owner with housing conditions detrimental

to child and family health (670 apartment units in 19 different buildings). With the health and legal need now identified, CCHMC is working with community partners to secure repairs and improve patient education, as well as to replicate similar data-driven pattern recognition and community insights.

Takeaway: Different perspectives, different antennae, pick up different things; a diverse team can more effectively identify and address health-harming issues -- “How did you know to ask about the landlord?”

Example 3: Morbidity and Mortality Conference



Many hospitals conduct “M&M” conferences after a health care “failure” (such as a patient safety event) to determine what went wrong and discuss potential solutions. These conferences are often rooted in a quality improvement mindset, where medical staff think about each step along a particular patient's journey and consider what went wrong, steps that may be amenable to future improvement, and strategies to mitigate risk. CCHMC recently conducted an M&M-style case review with families and community members, who helped to identify high-risk factors and provide feedback on the availability of community assets, as well as to suggest reasons that engagement did not occur (or was not successful). The CHP

team is eager to establish a standing meeting moving forward as part of its ongoing community engagement efforts, eventually inviting multiple families to share their experiences in a trusted environment among peers. Ultimately, it will be important to establish a feedback loop to demonstrate that CCHMC is utilizing this feedback to make a difference for families in the community.

“We have to make sure that everyone is grasping the information – make the data meaningful for people. The 90-year-old down the street may not understand charts or graphs, but they have grandchildren in the community and a personal connection to the relevant health issues. To succeed, we must look outside of our normal box of ideas in deciding who the relevant stakeholders are. When we do that, we gain welcome knowledge and trusted engagement leaders in a community.”

– Anita Brentley, Avondale Community Leader

The Cincinnati Children's Hospital Medical Center has worked with the CHP Program to reduce inpatient hospitalizations for pediatric patients with the use of electronic health records and geographic information systems in its community. [Read the CCHMC community profile.](#)

This Bright Spot was produced as a part of the Community Health Peer Learning (CHP) Program. In 2015, the Office of the National Coordinator for Health Information Technology (ONC) awarded AcademyHealth \$2.2 million to cooperatively lead 15 communities in the CHP Program. Through this two-year program, AcademyHealth is working to establish a national peer learning collaborative addressing community-level population health management challenges through expanded collection, sharing, and use of electronic data. Learn more at www.academyhealth.org/CHPhealthIT.