

Athol Memorial, Heywood, and Health Alliance Hospitals

ATHOL, GARDNER, AND LEOMINSTER, MA

*FUNDED THROUGH HOSPITAL-SPECIFIC AWARDS

Athol Memorial, Heywood, and HealthAlliance hospitals are in neighboring communities and serve many shared patients who travel between the hospitals for care. Although Athol Memorial and Heywood are not connected with HealthAlliance through a formal affiliation, they collaborated with community partners to address the behavioral health needs of patients in the region. The joint initiative aimed to enhance coordination and cooperation across varying environments of behavioral health care throughout the hospitals' communities.

CAPABILITY AND CAPACITY BUILDING



REGIONAL BEHAVIORAL HEALTH COLLABORATIVE MEETINGS HELD DURING CHART PHASE 1.

The goal of the Regional Behavioral Health Collaborative was to provide a forum for dialogue across the North Central and North Quabbin communities to discuss and develop best practices to improve early identification of mental illness and to increase access to behavioral health care. Areas of focus included integrating primary and behavioral health services, improving care coordination, using technology for identification of high-risk patients and to enhance access, mapping community resources, and aligning advocacy activities.

The hospitals partnered closely with community organizations including Community Health Connections, Community Healthlink, Gardner Public Schools, and Athol Public Schools. The Collaborative created a universal patient consent form to enable care coordination and efficient information sharing among institutions. It also drafted a uniform individual care plan template as a resource for sharing up-to-date information on each patient that visits area organizations. The three emergency departments treated 471 high-risk patients in total during CHART Phase 1, further informing the regional planning activities.

CHART PHASE 2 AWARD

Heywood, Athol Memorial, and HealthAlliance Hospitals received a joint award in CHART Phase 2 to enhance behavioral health care across the North Central and North Quabbin communities. A multipronged approach including school-based care, emergency department high risk care teams, care-coordination, and enhanced inpatient and outpatient behavioral health services aim to reduce emergency department use by behavioral health patients. These initiatives enhance and scale the hospitals' CHART Phase 1 pilots as well as build out the services coordinated by the Regional Behavioral Health Collaborative developed by these hospitals and community partners in CHART Phase 1.

Universal patient consent form

Universal Consent to Treatment and Universal Consent to Release Personal Health Information	
Athol Memorial Hospital, a Member of the HeywoodHealthcare Family Clinical and Hospital Services (CHS) Community Health Connections, Inc. Community Healthlink, Inc., a Member of Athol Memorial Health Care HealthAlliance Hospital, a Member of Athol Memorial Health Care Heywood Hospital, a Member of the HeywoodHealthcare Family	Patient Name: _____ Date of Birth: _____ Patient DOB: _____ Patient Sex: _____
The facilities listed above have agreed to use this Universal Consent and Universal Consent to Release of Personal Health Information Form as a method of expediting transfers between responsible facilities. This form will serve as documentation of a patient's agreement to services and release of information during their visit and throughout the transfer process. The facility to which the patient is transferred, may want to have the patient sign their own Consent to Treatment and Release of Personal Health Information Form on the date of the visit transfer.	
<p>1. General Authorization</p> <p>a. I hereby authorize the physicians and other health care providers involved in my care to perform any diagnostic tests, procedures, and administer any treatment as may be necessary or advisable.</p> <p>b. I realize that among those who attend patients at this facility are medical, nursing and other healthcare personnel on duty, who unless requested otherwise, may be present during patient care as part of their education.</p>	
<p>2. Release of Personal Health Information:</p> <p>a. I hereby authorize the facilities to release any information from my medical record as required by my insurance or other third party, to determine eligibility or entitlement to benefits, so long as the policy or certificate under which claim is made permits such access.</p> <p>b. I hereby authorize the disclosure any and all of my medical record, including records related to my mental health, (highlighted above, sexual assault, sexually transmitted diseases, abortion, genetic testing, HIV/AIDS, domestic violence, or other information I may consider sensitive. If there are exclusions, I have indicated them in writing below.)</p> <p>List any exclusions here: _____</p>	
<p>3. Responsibility for Personal Belongings:</p> <p>a. I understand that any personal items I choose to keep with me while at any of the facilities named above are my responsibility and that none of the facilities will be held responsible for their loss. (Values may be located in the facility safe where available.)</p>	
<p>4. Notice of Privacy Practices:</p> <p>a. I hereby acknowledge that I received, either today or at a previous visit to any of these facilities, a copy of the Joint Notice of Information Practices. I understand that the "Notice" describes how the facilities use and disclose my health information and describes my rights, including how I may receive additional information.</p>	
I have read this form and any questions I may have had been answered to my satisfaction.	
Signature of Patient	Date
Signature of Patient Representative	Date Relationship to Patient
Patient is unable to sign: <input type="checkbox"/> Due to medical or physical condition <input type="checkbox"/> Patient is a minor <input type="checkbox"/> Verbal consent obtained <input type="checkbox"/> Patient refuses to sign	
Signature of Witness/Patient Access/Registration Representative	Date

*Athol Memorial Hospital's award dollars spent=\$478,413, Heywood Hospital's award dollars spent = \$302,833, and HealthAlliance Hospital's award =\$410,000