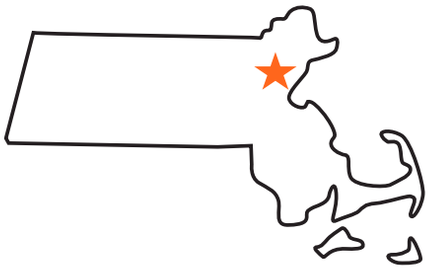
The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program

MASSACHUSETTS HEALTH POLICY COMMISSION

Winchester Hospital



Total Investment
$3,301,246

Phase 1 HPC Investment:
$286,500

Phase 2 HPC Investment:
$1,000,000

Phase 2 Focus Area: Reducing inpatient readmissions

Phase 2 Target Populations: Patients with high inpatient utilization; all discharges to post-acute care

Phase 1 Capacity Building: Winchester Hospital created a care management team to coordinate care through medication reconciliation, increase family involvement in patient education, and discuss palliative care services with eligible patients. The hospital also implemented care management services in its emergency department (ED).

Phase 2 Care Model: Winchester Hospital's CHART program included two components: a nurse-led Complex Care Team (CCT) and cross-setting collaboration. The CCT responded in real time to patients in the ED and developed, managed, and shared individual care plans with an emphasis on medication optimization and reconciliation for their patient population. Cross-setting collaborations consisted of formal partnerships with skilled nursing facilities and other service providers in the community.

Key Transformation Achievements:

- Developed and refined ability to conduct real-time target population identification
- Developed new modes of communication with community partners
- Spread CHART-driven improvements in care delivery throughout hospital

45% reduction in the average readmission rate for the high-utilizer population

155 patients served by the CHART program each month

> "Inpatient nurses have the opportunity to collaborate with the CHART staff...to develop a better individualized plan of care for each patient to potentially prevent a readmission. The CHART nurses offer valuable insights into the needs of the patient so that a safe discharge back home can occur."
>
> - CHART Staff Member

Patient Story

An older patient was discharged from a short-term rehabilitation facility, and the patient's spouse struggled to provide support at home.

The patient was admitted to the hospital as their condition worsened.

The patient had been connected to palliative care, but the patient's spouse did not want the patient to enroll in hospice or discontinue treatment.

The team worked with the patient, spouse, and rehabilitation staff to discuss end-of-life care, and ultimately helped them create a plan that included admitting the patient to hospice.

About CHART

The Massachusetts Health Policy Commission (HPC) launched the Community Hospital Acceleration, Revitalization, and Transformation (CHART) program in 2014, which invested approximately $70 million in 30 community hospitals. Profile information comes from multiple sources, including contract documents, program updates, and data submissions by awardees to the HPC (see Data Sources and Methods for additional details).