

# H2H2H Change Package Clinic Menu

The purpose of this menu is to assist practices in organizing their improvement activities by grouping some potentially better practices into key focus areas. Review each focus area and consider asking: *What have you already done? Where do you want to start?* Consider mapping out your clinic's journey. (see example on page 2)

Options in **[hot pink boxes]** highlight particularly important potentially better practices.

## Pre-Work

Sign up for CII/CPAR

Review and Consider change packages for:

- Panel Processes
- Care Planning
- Access to Continuity

## Clinic Foundations

1.1 Establish an inter-professional improvement team and consider including a patient

2.3 Partner with your PCN when you are accepting new patients to your panel

3.3 Implement strategies to provide access for patients post discharge

5.1 Establish clear roles and responsibilities for supporting patients in transitions

## Care Coordination in Hospital

2.1 Develop a process to confirm receipt of admit notification

2.2 Develop a process to identify patients discharged from hospital (CII/CPAR)

4.1 Standardize processes to document notifications for patients discharged from hospital

6.1 Establish effective communication processes to facilitate transitions of care

## PMH Processes after Hospital discharge

1.3 When appropriate, invite patients to bring a caregiver or family member to a follow-up appointment

3.1 Ensure risk of re-admission has been completed for each discharged patient, and if not, complete the assessment

4.2 Standardize entry of patient risk for hospital readmission in EMR

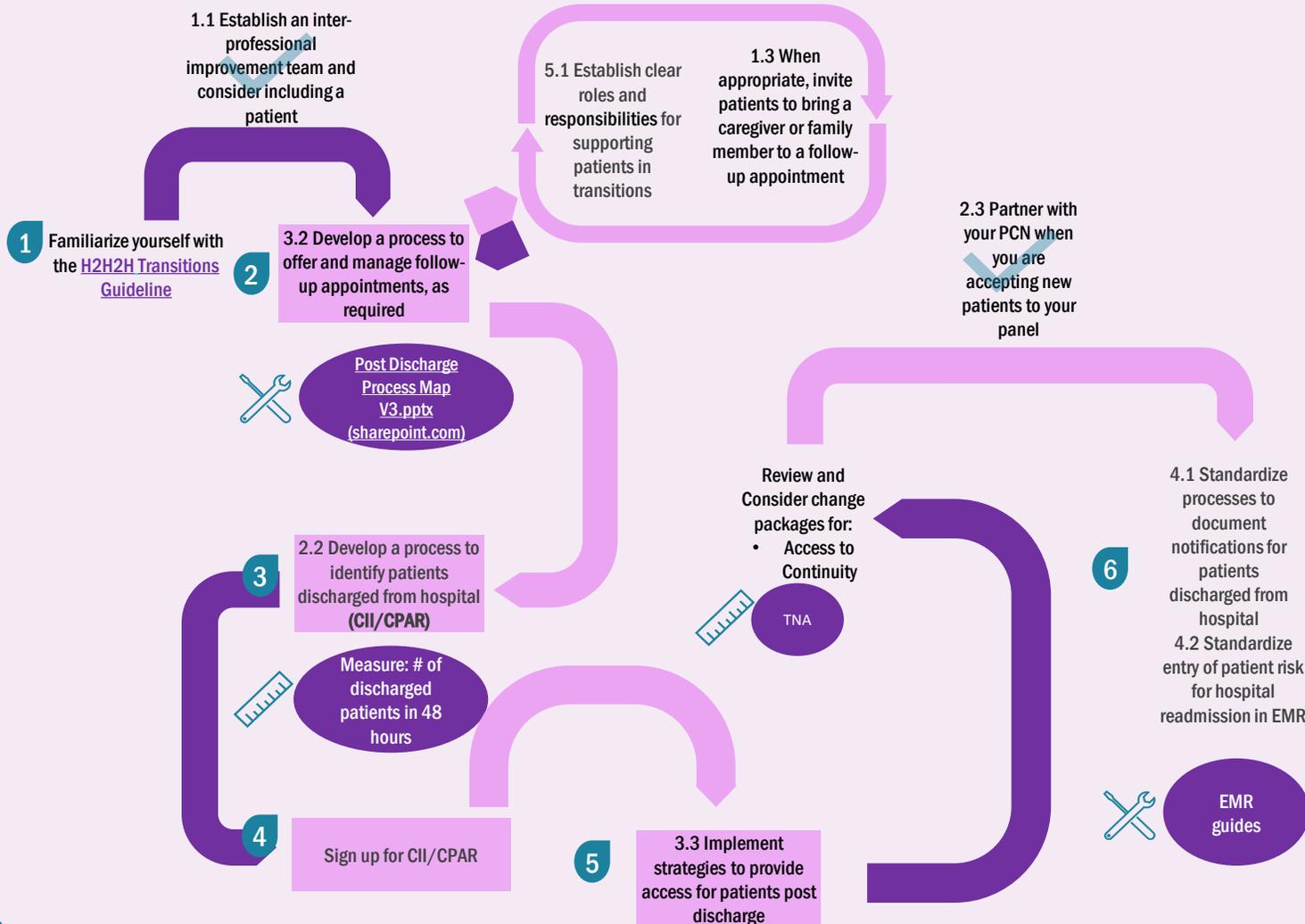
3.2 Develop a process to offer and manage follow-up appointments, as required

Familiarize yourself with the [H2H2H Transitions Guideline](#)



# CLINIC JOURNEY EXAMPLE

Blue Meadows clinic is exploring the H2H2H change package. They have heard about CII/CPAR but have not yet signed up.



1

Blue Meadows begins by reading the Guideline. They have a regular QI team, with a patient representative already and decide this is the same team that will support H2H2H

2

The team decides to start with standardizing what happens in a post-hospital discharge follow-up appointment. Through use of process mapping, they establish a process. This involved having to look at team roles and responsibilities and inviting patients to include a family member or caregiver.

3

Soon, the team realized they may not be identifying all the patients discharged from hospital in a timely way. They monitor their faxes and incoming discharge summaries and track how many patients are discharged in a given 48-hour period.

4

They decide that signing up for CII/CPAR might help them better identify discharged patients through e-notifications.

5

When they are able to identify the number of patients requiring follow-up appointments, Blue Meadows decides to focus on implementing access improvement strategies, so they don't cause delays in care for other panelled patients. They already have a process established with their PCN if they have an open panel.

6

Finally, Blue Meadows decides to take a look at their EMR processes to ensure that everything is being documented in a standard way.