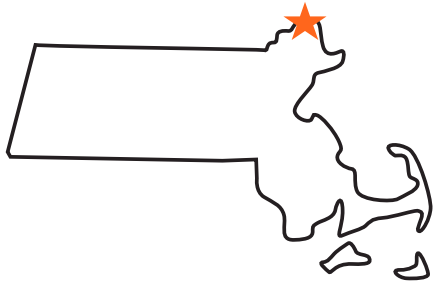


The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program



Anna Jaques Hospital



Total Investment
\$1,674,490

Phase 1 HPC Investment:
\$333,500

Phase 2 HPC Investment:
\$1,041,627

Phase 2 Focus Area: Reducing inpatient readmissions

Phase 2 Target Populations: Patients with high inpatient or emergency department (ED) utilization; patients at risk for high utilization

Phase 1 Capacity Building: Anna Jaques Hospital provided change management trainings for hospital leaders and staff to facilitate improvement projects, including implementation of a care management software tool, creation of a centralized database of care plans for use by ED staff, and enhanced communication between nursing homes and hospital staff.

Phase 2 Care Model: Anna Jaques Hospital deployed a multidisciplinary care team to support patients with complex medical conditions being treated in the ED or inpatient setting. The team developed care plans and linked patients to services before discharge, while a pharmacist provided medication education. Elder Services of the Merrimack Valley provided transitional coaching and followed patients in the community for up to 180 days post-discharge.

Key Transformation Achievements:

- Developed and refined ability to conduct near-real-time target population identification
- Developed a risk stratification method to target patients in need of intensive services
- Developed new modes of communication with community partners

26%

reduction in readmissions

4.5

unique ED patients were served per day

1.2

unique admitted patients served per day

Patient Story

“The case managers are a great resource for my team...[They] provide us with an understanding of the backstory on some of the most challenging patients and helped us to get on the same page in addressing their needs.”

– ED Physician



An older adult patient on multiple medications was flagged for medication reconciliation during an inpatient stay.



A CHART pharmacist conducted medication reconciliation and identified that the patient’s spouse was not always able to fill the prescriptions.



The pharmacist worked with the patient’s care team and referred the patient to a pharmacy with home visiting services.



With the additional support, the patient and spouse were better able to manage the medications.

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).