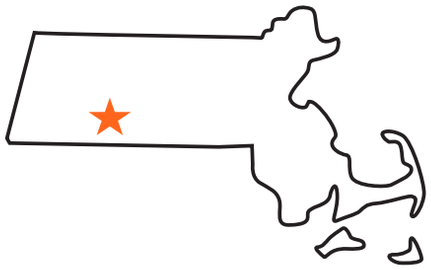
The Community Hospital Acceleration, Revitalization, and Transformation (CHART) Program

MASSACHUSETTS HEALTH POLICY COMMISSION

Baystate Noble Hospital



Total Investment
$1,655,583

Phase 1 HPC Investment:
$344,665

Phase 2 HPC Investment:
$1,040,100

Phase 2 Focus Area: Reducing inpatient readmissions and emergency department (ED) revisits

Phase 2 Target Population: All patients discharged to a skilled nursing facility; all patients with high ED or inpatient utilization

Phase 1 Capacity Building: Baystate Noble Hospital adopted a universal scheduling system and central scheduling hub for all departments across the hospital to streamline the scheduling process, increase efficiency, decrease wait times, and improve patient experience.

Phase 2 Care Model: The Baystate Noble Hospital Complex Care Team (CCT) assessed eligible patients in the ED, and provided individualized care plans, medication optimization, and referrals to community-based services. In the inpatient setting, the CCT participated in multidisciplinary rounds, coordinated services (including palliative care), and facilitated warm handoffs to in-hospital services. To ensure that all patient needs were met, the CCT provided in-home follow-up within 48 hours, medication review and reconciliation, and care navigation post-discharge.

Key Transformation Achievements:

- Developed and refined ability to conduct near-real-time target population identification
- Developed new modes of communication with community partners
- Enhanced relationships with community partners through embedded staff and/or other shared team model

6,782 patient care coordination contacts by the CCT

32% reduction in ED revisits

"CHART is … a program with endless potential for change and community growth. We are able to focus on the individual, getting to learn their story and journey, and then working with them to identify the resources and supports that can assist them now and in the future.'"

- CHART Mental Health Clinician

Patient Story

A patient with a substance use disorder and chronic conditions visited the ED every 4-6 weeks.

The CCT helped the patient contact their primary care provider and insurer to obtain preventive services every 3-4 weeks to manage the chronic condition and prevent flare ups.

The CCT also referred the patient to education services to avoid other risks.

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).