



COHE Quarterly Status Report

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| COHE Name: | COHE at UW Medicine Harborview Medical Center |
| Staff Name: | Scott Green, Program Coordinator |
| Date Submitted: | April 10 th , 2015 |
| Reporting Period: | FY15 QTR2: Jan 2015 - Mar 2015 |

MAJOR ACCOMPLISHMENTS

COHE Provider Recruitment & Enrollment

- Provider count: 193 after removal of duplicate entries, 13 participating clinical areas.

COHE Provider Training

- 55 providers completed annual training via clinic-based HSCs

COHE Staff Training

- Rehab clinic managers received 90 minutes of education from Carolyn Hoppe, HSC
- Fifth floor specialty clinic manager education and recruitment with Reneschia Brown, HSC
- UW ED staff training with Sean Conner, Deniz Taskesen, and Scott Green
- Adult Medicine Business Operations Supervisor received 30 minutes of education with Scott Green, HSC

COHE Advisors

- COHE Advisors met in January, February, and March and discussed COHE expansion in a two-pronged approach, both clinical and institutional.

Health Service Coordination

- 7 HSCs and 2 HSC assistants
- 80+ hours/week of volunteer support. Volunteers prep for upcoming WC appts, work L&I correspondence, assist clinic-based HSCs process paperwork and are building employer database

Communication & Community Outreach

- A COHE electronic message template highlighting best practices and including contact information was created and submitted by Reneschia Brown, HSC. Electronic message boards are located throughout the Hospital.

Best Practices & Quality Improvement Methods

- HMC ED Process Improvement is now fully implemented.
- UWMC ED Process Improvement is nearly fully implemented, needing only a day shift contact person.

Technology

- Smart Set notes in EpiCare have continued to evolve and new features have been added including a "Return to work" speed button and a "No Show" form letter.
- Created and received approval for a new scanning cover sheet for submitting documents to medical records.

COHE SUCCESS STORIES

- I. HSC and Claim Manager Cooperation: The HSC had an IW who had not received approval for their claim a month into treatment. The HSC contacted the claim manager because she could not find a reason for the delay in CAC. The claim manager and the HSC went over the case together and the claim manager opened the case as soon as they were done.
- II. HSC: The IW had his request to add a diagnosis denied by the CM. The HSC looked into the situation and found that even the IME agreed this was a legitimate diagnosis to add. The HSC contacted the CM and directed them to the relevant medical records and sections of the IME. The CM then added the diagnosis and the IW could receive the care they needed.
- III. HSC directs the employer to benefits programs: When the employer was contacted by the HSC regarding light duty for the IW they responded enthusiastically, pointing out that they provide light duty whenever possible. After hearing the WSAW program explained they immediately wanted to participate but would need help with an official job description and light duty description. The HSC referred them to the ERTW and WSAW programs and with the assistance they received they were able to get the IW into an MD approved light duty job and receive compensation.

COHE CHALLENGES & LESSONS LEARNED

Obviously the greatest challenge this quarter was the passing of our program manager and leader, Jon Reynolds. Jon's passing left a hole in our department. Despite this loss we have continued on with the mission of COHE and learned that a dedicated leader is instrumental in maintaining direction and progress. We have found that implementing the process standardization and improvement in the UW ED is more difficult than we anticipated due to staffing and communication issues related to the fact that the point person for L&I there works the night shift. We've learned we need a daytime point person as well and are working on this. COHE expansion into more high volume departments has been slower than desired. We have learned from past efforts that a steady approach involving as many decision makers and patient care advocates in the clinics as possible often yields the best results.



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II. PROVIDER ENROLLMENT

Providers/Facilities added to the COHE:

Number of providers/facilities, major changes/purchases in the COHE catchment area, providers/facilities you are actively recruiting.

UW Emergency Medicine Department (for both Harborview & UW Medical Center) orientation & expansion is complete, all 97 ED providers (physicians and mid-levels) are now participating in the program. All ED residents also completed the orientation.

HMC COHE Provider count: 193 providers

Participating Clinics include:

Bone & Joint Surgical Center:

Burn & Plastic Surgery Clinic

Emergency Department:

Eye Institute & HMC Ophthalmology Clinic;

Family Medicine Clinic

Foot & Ankle Institute

Hand Clinic

Occupational & Environmental Medicine Clinic

Orthopedic Trauma Clinic

Rehabilitation Clinic

Spine Center – Surgical

UW Medical Center Emergency Department

Providers/Facilities no longer participating in the COHE (**voluntarily** removed):

Number of providers/facilities, major changes/challenges in the COHE catchment area.

N/A

Providers/Facilities removed from the COHE (**involuntarily** removed):

Name of providers/facilities.

N/A