



Luke Hansen <luke.hansen1@gmail.com>

BOOST follow up

Mallin, Emily <Emily.Mallin@bannerhealth.com>

Fri, Nov 30, 2012 at 12:41 PM

To: Luke O Hansen <l-hansen@northwestern.edu>

Cc: Mark V Williams <markwill@nmh.org>, "Amanda J. Creden" <acreden@nmh.org>, "Maynard, Gregory" <gmaynard@ucsd.edu>

Hi Luke,

I am always happy to hear from you and to chat about BOOST! I will tell you that this project has led to some big improvements in our transitions process, though I also regret that we are still far from perfect (tell me I'm not alone!!). I am cc'ing Greg to see if he has any input, but here are my thoughts on timeframe of BOOST at Good Sam.

I know the pre-period data you have is from Sept-Nov 2009, however according to my notes, we started with a big provider educational project in June 2009 and implemented a couple of BOOST tools right around September/October. I can try to get the LOS/readmissions data for March-May 2009 if you think that will be a better reflection before anything was started, but as you can imagine, other system projects were being rolled out at that time – our pharmacist involvement in med rec, a study I was doing on quality of discharge summaries, and other things, making the best “pre-intervention period” really hard to determine.

During the intervention period, our efforts included:

- Collaborative rounds on the pilot ward
- Identification of high-risk patients on pilot ward
- Hospital-wide medication reconciliation program
- Discharge summary quality improvement study of residents (used on all teach patients, hospital-wide)
- Teach-back implementation on pilot ward
- BOOST tools (pt education, d/c checklist, high-risk assessment forms) were modified for Good Sam and implemented on pilot ward.

On June 6, 2010, Cerner launched at our institution and paper charts/forms were eliminated. As I'm sure happened with your institution during the first few months of the EHR, everything was affected. While it's true that the official “BOOST” tools did not survive the transition, the other interventions did seem to continue, so I think the post-period of Sept-Nov 2010 may be appropriate. Also, if we keep the same months of the year for pre- and post- , other potential confounders may be eliminated.

Let me know if there is anything else I can do for you. I'm really looking forward to seeing the results from the study at large. Thanks for everything you all have done for me, for SHM, and for patients across the country!!!

EM

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From: luke.hansen1@gmail.com [mailto:luke.hansen1@gmail.com] **On Behalf Of** Luke Hansen

Sent: Thursday, November 29, 2012 12:26 PM

To: Mallin, Emily

Cc: Mark Williams; Creden, Amanda Jane

Subject: BOOST follow up

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