



# Changing the Healthcare Landscape in Louisiana

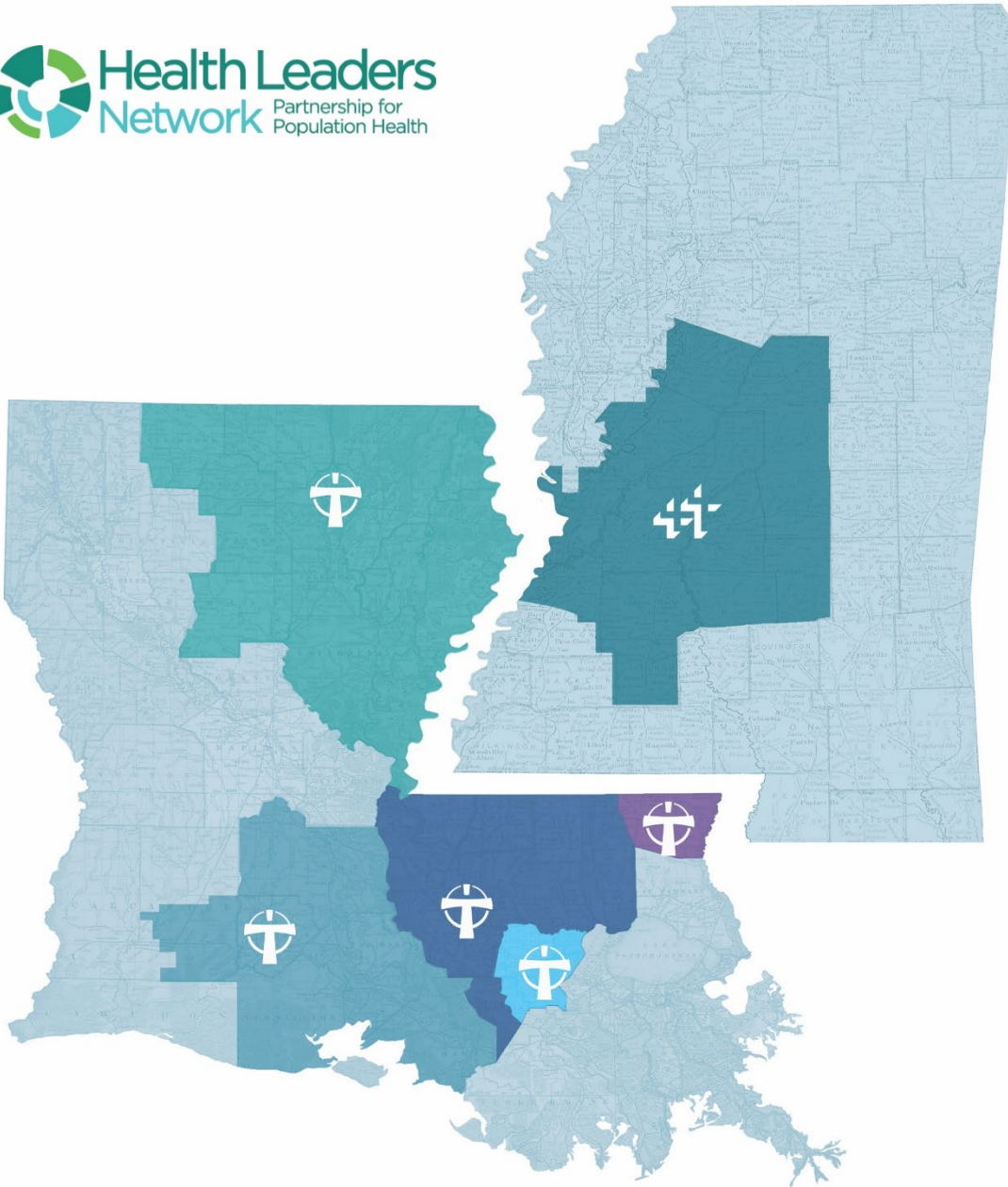
---

Terrie P. Sterling, MSN, MBA, RN, FACHE

Executive Vice President, Strategic Initiatives

Our Lady of the Lake Regional Medical Center | Baton Rouge, Louisiana

July 24, 2019



FMOLHS' service area includes almost 50% of the population of Louisiana and parts of Mississippi with recent acquisition of St. Dominic





## Community Health Needs Assessment

- HIV and other STDs
- Mental Health and Substance Abuse
- Obesity
- Overuse of Emergency Departments
- Barriers to Healthcare
- Cancer
- Diabetes
- Heart Disease and Stroke
- Negative Lifestyle/Behaviors
- Vulnerable Population



# Cost Per Patient Day Decreases 58%

---

Base Year \$4,137

Year One \$1,819

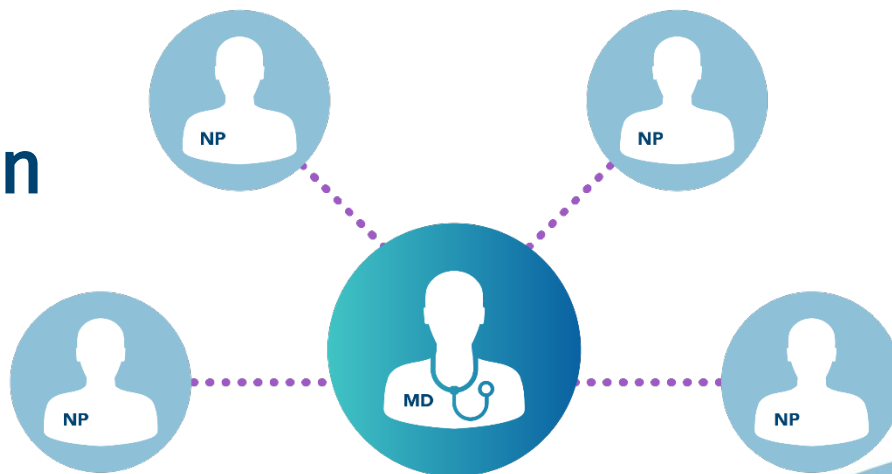
Year Two \$1,690

Year Three \$1,750

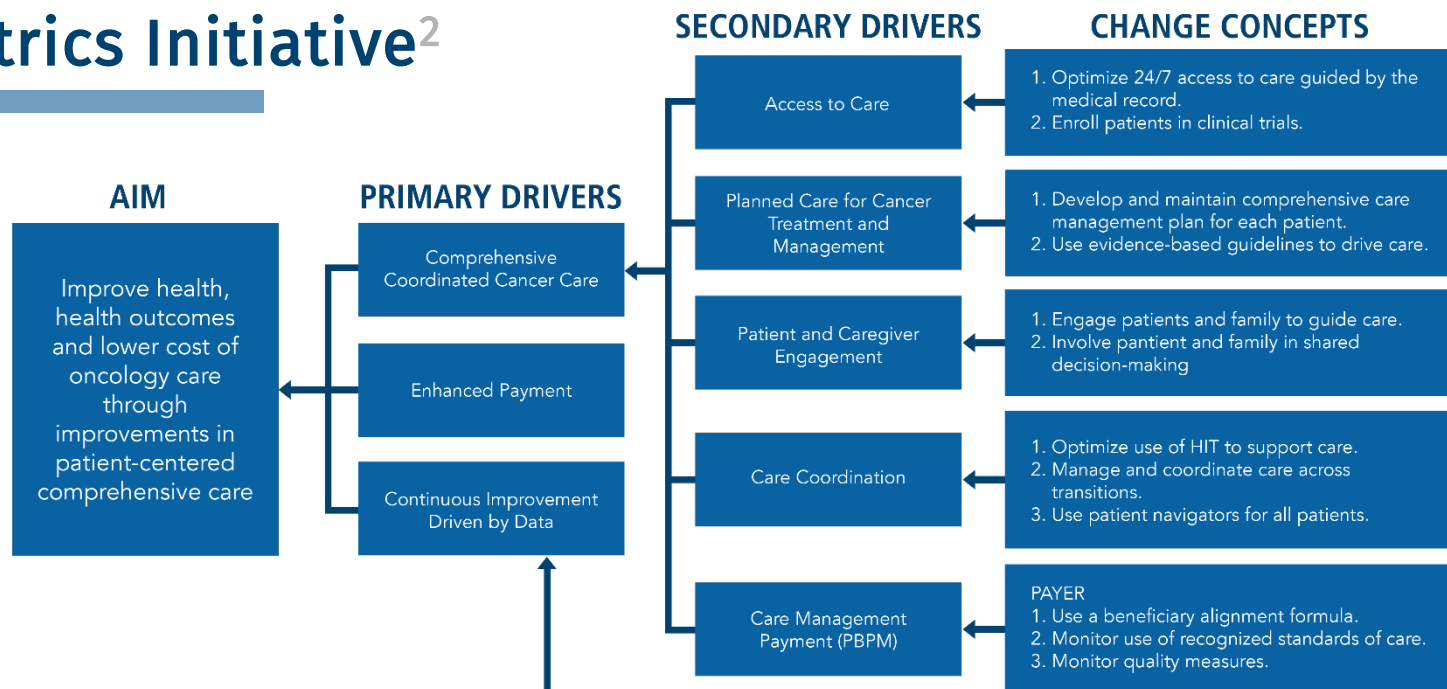
Able to leverage the existing operations and efficient systems without many new fixed costs.

## Care Coordination and Navigation

---

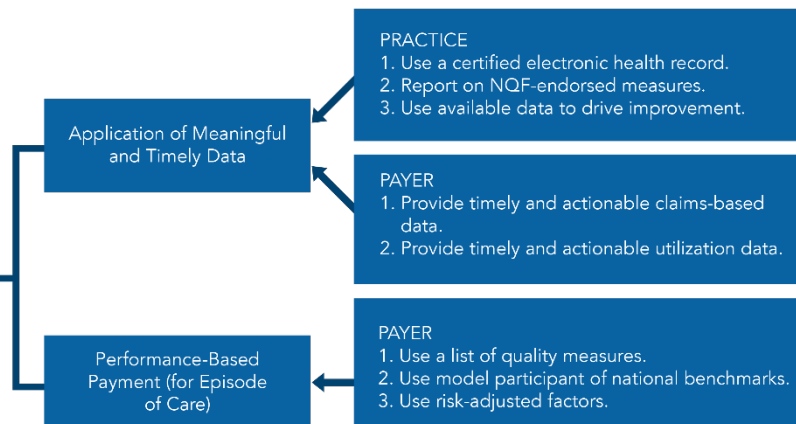


# AONN+ Metrics Initiative<sup>2</sup>



## AONN+ Knowledge Domains<sup>3</sup>

- Community Outreach and Prevention
- Coordination of Care/Care Transitions
- Patient Advocacy/Patient Empowerment
- Psychological Support Services/Assessment
- Survivorship/End of Life
- Professional Roles and Responsibilities
- Operations Management/Organizational Development/Healthcare Economics
- Research/Quality/Performance Improvement



# Registered Nurses working to top of license is essential to care redesign

## UR/UM Care Coordination

### RN Case Manager

- Care Coordination
- Screens for SDOH
- Supports transportation and home care needs
- Manages Transition

## Chronic/Complex Disease Management

### RN Navigator

- Community Outreach and Advocacy
- Treatment Compliance/Intervention/Education
- Self Management Optimization
- Psychosocial Support
- Patient Empowerment and Advocacy

## Registered Nurses

### Ambulatory Care

- Wellness and Prevention
- Coaching and Counseling
- Adherence Monitoring
- Continuity of Care

## Registered Nurses

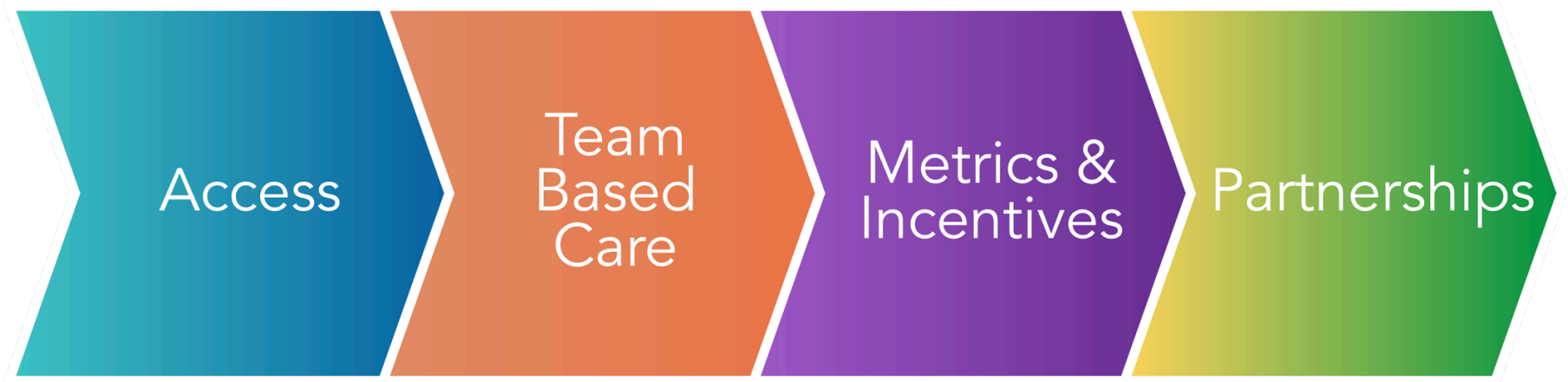
### Acute/Post Acute Care

- Person Centric
- Prevent Harm
- Engage and Educate
- Manage Barriers to Care and Discharge



# Drivers<sup>1</sup>

---









# References

---

1. Haas, S., PhD, RN, FAAN, Conway-Phillips, R., PhD, RN, Swan, B., PhD, CRNP, FAAN, De La Penta, L., MSN, RNC, C-EFM, Start, R., MSN, RN, NE-BC, & Brown, D. S., PhD, RN, CPHQ, FNAHQ, FAAN. (2019, May). Developing a Business Case for the Care Coordination and Transition Management Model: Need, Methods, and Measures. *Nursing Economics*, 37(3), 118-125.
2. Strusowski, T., RN, MS, Sein, E., RN, BSN, CBCN, & Johnston, D., MSN, BSN, RN, ONN-CG, CBCN. (2017, February). Academy of Oncology Nurse & Patient Navigators Announces Standardized Navigation Metrics. Retrieved from JONS-online.com
3. Strusowski, T., RN, & Johnston, D., MSN, RN, OCC-CG, OCN. (2018, June). AONN Evidence-Based Oncology Navigation Metrics Crosswalk with National Oncology Standards and Indicators. *Journal of Oncology Navigation & Survivorship*. Retrieved from JONS-online.com



# Contact Information

Terrie P. Sterling, CEO  
Consulting Services  
[terrie@terriesterling.com](mailto:terrie@terriesterling.com)

