



SENIORS ALONE
GUARDIANSHIP & ADVOCACY SERVICES



NSHORE
PATIENT ADVOCATES

Making the Case for Patient Advocacy: Hospital Benefits

Teri Dreher RN CCM iRNPA BCPA

NShore Patient Advocates

Seniors Alone Guardianship and Advocacy Services

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The Advocacy Movement

Emerging profession: ten years

Professional org: APHA, NAHAC 2009

National accreditation evolving

Experience

VS

Education

Care management

VS

Private Advocates?

NSPA niche: very complex, need nursing or medical assessment and oversight

Why Advocacy Now?

The Affordable Care Act

New provider organizational models

Insurance/billing challenges

Shift to community-based care

Medical error, quality and safety concerns

Increasing complexity and fragmentation of care
perception by public



Keeping the Patient at the Center Prevention of Hospitalizations

Personal,
relational

Patient
empowerment:
education

Dependable,
ethical,
committed

Confidence,
safety

Passion
for safety

Quality referrals
and oversight of
all caregivers



Advocates benefit different demographic groups

Patients (Clients)

Care management, medication management, billing, insurance, research, vetting providers

MD's

Closer oversight on complex patients or senior "orphans" who need extra help

Hospitals

Improve communication, reduce error, law suits, save time, lower admission rates

Attorneys

Keep clients safe and well-supported

SNF's, home care, home health

Referrals

Etc.

The Medical Profile: Safety

Medical Profile for Mary Smith

DOB 10-11-1924

123 West Prospect Ave, Lake Bluff, IL 60044

Phone # 815-382-8000

Vital Signs: BP: 161/89 HR: 87 R: 18 Temp: 98.4

Past Medical History: Mrs Smith is a delightful and intelligent 90 yo white female who lives at home with her daughter Anne, independent with self care activities despite being legally blind, caused by macular degeneration; she still has some right peripheral vision. Additionally she has a history of NIDDM, HTN, hypothyroidism, osteoporosis, uterine cancer and basal cell carcinoma of nose x2, all successfully treated surgically. She experienced a TIA episode in 1995, with no recurrent sx since. Recently she has experienced a deep tissue injury to her left dorsal foot, notable due to history of diabetes.

Past Surgical History: Total abdominal hysterectomy with BSO 1997, Appendectomy 1949, Partial Colectomy 1961, Cholecystectomy 2007, Left foot bunion surgery 2006, Cataract surgery (some years ago)

Continues with meds, allergies, care providers, pharmacy, contacts, etc.

The Discharge Plan



Four main choices

No need for follow up:
great family support,
independent



Skilled care needs:
PT,RN,OT

Rehab/skilled
inpatient
(?? Observation)



High risk for
readmit but no skill
found

Elder orphans,
adults with
disabilities?

Advocates fill gaps
and improve
communication

Advocates vs Care Managers

Community GCMS: 60% social workers or CSA's

60%

25% of PPHA's are nurses or MD's; not all advocates have clinical experience

Both models reduce hospital readmission

NShore: RN care managers/advocates: care management, assessment/early intervention, insurance mediation, oversee home care

Both models: private pay only, cost 100-200/hr on average

Senior orphans or adults with disabilities with no family and ability to pay

Longer term relationship than home health RN



Greater National Advocates

Consortium of advocacy companies

Bridging the gap: reduction in hospital admission,
avoidance of medical error

June 2016: Chicago Advocacy Symposium at Northwestern

October 2019: First ICOPA in Chicago

Quickly growing field that benefits patients, hospitals,
providers and insurance companies

What can we do to help you and your patients, your hospital?

The ACA's Impact

More coverage of uninsured: 8.6%

Rising costs of individual plans

Competition: ACO's, narrow networks

Pharmaceutical costs

More documentation

No improvement in safety stats

Medicaid: nursing homes

Medicare: closing of donut hole



Primary Hospital Benefits

Reduction in 30 day readmission rates, <1%/8 yrs

Reduction in medical error due to communication gaps/no family members to advocate

Save time for clinicians

Improved patient compliance (education)

Smooth and rapid discharge

We can serve as POA for Health

SAGAS: guardianship if lack of capacity

Improved satisfaction/safety/engagement



THANK YOU

Teri Dreher RN CCM iRNPA BCPA



Owner/Founder

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www.northshoreRN.com



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Chair

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