

Compassionate Care Management in a Moment of Need

Fairfield Community Health Partners, LLC (FCHP) is the Accountable Care Organization (ACO) of Fairfield Medical Center, an extensive health system that serves patients across 27 care venues in Central Ohio. The ACO has partnered with Lightbeam since 2019, and in the last year, Lightbeam's Clinical Transformation team has worked to help the care managers of FCHP build workflows and standardize reporting for their newly instituted care management program.

During these clinical transformation efforts, a nurse of FCHP, Millie Pritchard, RN, found and engaged a patient in dire need of assistance. Leveraging Lightbeam's risk stratification methods, she identified a high-risk patient and obtained the life-saving medical supplies and care she lacked.



“Using Lightbeam’s comprehensive patient roster, I identified a 58-year-old woman with stage I squamous cell lung cancer and stage IV chronic obstructive pulmonary disease (COPD). The patient’s Johns Hopkins ACG® risk score was 4.527, and she was at a 10 out of 10 for Lightbeam’s Ability to Impact (ATI) algorithm.

The patient was first hospitalized in 2020 with respiratory failure and acute exacerbation of COPD. The patient decompensated and required ventilator support, resulting in a tracheostomy and PEG tube placement. They were then discharged to a skilled nursing facility (SNF) to begin ventilator weaning.

After three months in the nursing facility, the patient required supplemental oxygen via a trach mask during the day and ventilator support at night. Once she was discharged, her primary care physician connected her to a home health agency for the necessary durable medical equipment (DME) and supplies. The patient received home health care for approximately five months before it was decided she no longer required it. She was still missing some of the critical DME she needed.

Later in the year, we identified this patient as an excellent candidate for care coordination, so we contacted her and her daughter to offer our services. We learned the patient was not receptive to assistance because she was opposed to having a conversation about hospice and end-of-life planning. After a lengthy conversation and understanding her sensitivity to the topic of hospice, I focused on framing the conversation around supporting her and her family while ensuring she has what she needs. She finally agreed to accept help.

During our initial assessment, we learned the home health agency had discharged her from their services before securing a hospital bed and wheelchair for her, even though both had been previously ordered. We discovered the patient had been sleeping on a couch in her daughter’s living room, something very unsafe due to the risks of not keeping the head elevated while ventilated.

Due to her small size, she needed a pediatric trach mask, but the DME provider continued to send adult ones for her. She also needed tracheostomy kits, disposable gloves, and dressing supplies that allowed her daughter to keep the trach site clean. The patient and her daughter were purchasing these things with their limited resources even though they had Medicare and Medicaid.

After enrolling the patient in the care coordination program, she had her hospital bed, wheelchair, trach and ventilator supplies, and incontinence supplies within two months. She was approved for a waiver program to have a nurse tend to her while her daughter works, and she also received an emergency response button in case something happens during the brief times she is alone. Since getting the DME, supplies, and services in place, the patient has been able to manage her condition more comfortably.”

Millie Pritchard, RN, ACO Care Coordinator

Since enrolling the patient in a formal care management program to keep a closer eye on her, the patient has experienced only one emergency room visit for shortness of breath and zero hospital stays. Considering her fragile state, these are remarkable numbers, and without Lightbeam’s ability to identify patients at risk, her outcome may have looked very different.

