

## Award Application

1	Project Title	Inflammatory Bowel Disease Navigation Program
2	Clinical or Operational Area	Gastroenterology
3	Healthcare System	Kootenai Health
4	Hospital or Entity Name	Kootenai Clinic Gastroenterology
5	Applicant Name	Kim Christen
6	Applicant Title	Clinical Program Manager
7	E-mail Address	<a href="mailto:kchristen@kh.org">kchristen@kh.org</a>
8	Telephone	208-625-4000
9	Mailing Address, City, State, Zip Code	2003 Kootenai Health Way, Coeur d' Alene, Idaho 83814
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	David Johnson, MD	Gastroenterologist
	Nadia Ghosop	Nurse Navigator
	Amy Williams	Physician Assistant
	Molly Waller	Director
	Jeanne Atha	Executive Director
11	Name of Senior Risk Management or Corporate Insurance Representative	Helen Holmes Executive Director, Quality & Risk Management
12	Mailing Address, City, State, Zip Code	2003 Kootenai Health Way, Coeur d' Alene, Idaho 83814

13. The best practice/improvement submitted for consideration is a: *(Check all that apply)*

- Clinical Policy  
 Performance Improvement Strategy *(Six Sigma, etc.)*  
 Communication Strategy *(Briefing before surgical procedure, senior management rounds, etc.)*  
 Other *(Please specify)*

Click or tap here to enter text.

14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations?  Yes

No

15. Briefly describe the project: *(two paragraphs maximum, please attach any supporting documentation)*

This project's focus is to improve the quality of care provided to inflammatory bowel disease (IBD) patients in our community, while subsequently reducing fragmented care, the need for emergency room care, and hospital admissions. The project focus included establishing an "IBD team" focused on seeing the patients at frequent intervals, ensuring all recommended health maintenance activities are achieved, and that a treat to target approach is being followed. A nurse

navigator partners with the providers in the practice to provide patient education, triage patients in flare, and make proactive contact to patients to ensure follow up activities are complete.

16. Describe how this project has reduced the potential for liability and improved patient safety. *(one paragraph maximum)*

IBD patients are believed to be high-risk for malpractice litigation due to rapidly changing treatment paradigms, significant side effects of immunosuppressive therapy, frequent requirement for surgery, relatively young age and the overall complexity of their illness.

9 months into this program we have seen the following results:

- We have nearly doubled the number of patient visits for IBD care (up from 902 in 2022 to 1804 annualized for 2024)
- We have reduced the volume of patients treated with prednisone for flare from 9% to 4.4%
- We have reduced the volume of patients being treated with opioids by 5%
- We have increased the volume of patients on immunotherapy by 5.4%
- We have seen a 20% reduction in ER visits and a 50% reduction in IBD admissions (annualized 2024 to actual 2023 volumes)

17. What metric(s) have been used to measure and/or sustain success? *(one paragraph maximum)*

- ED encounters
- Hospital admissions
- Volume of patients on immunotherapy
- Volume of patients treated with mesalamine
- Volume of patients treated with opioids
- Volume of patients treated with prednisone for flare.
- Imaging and biomarker testing

18. Are you willing to share this project with other members of AEIX?  Yes  No

19. Was this project an original concept created by the project team?  Yes  No

20. Was this project based on successful practices evaluated from literature or other healthcare providers?  Yes  No

21. Is this project being implemented in your health system for the first time?  Yes  No

22. Do you have plans to publish the project results in a professional publication or networking forum?  Yes  No

23. Is there anything else you'd like to share about this project?

[Click or tap here to enter text.](#)

Thank you for completing the application. Please follow these next steps.

- Please save this document in Word format and gather your supporting documentation.

- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by Friday August 16, 2024.*

## Evaluation of Award Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

**1. How will this project improve safety and/or reduce liability?**

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

**2. What is the potential to share this project or practice with other AEIX members?**

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited - i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

**3. What level of impact will this project or practice have on the severity of risk exposure?**

- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

**4. What level of innovation best describes this project?**

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

**5. Share your comments or recommendations.**

Inflammatory bowel disease is a complex illness that greatly impacts patients' quality of life. Our IBD navigator program helps to ensure that patients are actively engaged in their health and that they receive timely, coordinated care. The results presented above are evidence that the program is working. From a risk management perspective, this should reduce claims exposure related to misdiagnosis, delayed treatment, and the long-term impacts of steroid use. The team is currently working on expanding this program to chronic liver disease.

**Helen Holmes, Executive Director, Quality & Risk Management**  
E-Signature

Title

**8/12/24**

Date

Send the completed application in Word format, supporting documentation, and signed evaluation to [ana\\_taylor@premierinc.com](mailto:ana_taylor@premierinc.com) by *Friday August 16, 2024*.

**Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.**