



# Seamless Care: Safe Patient Transitions Between Facilities

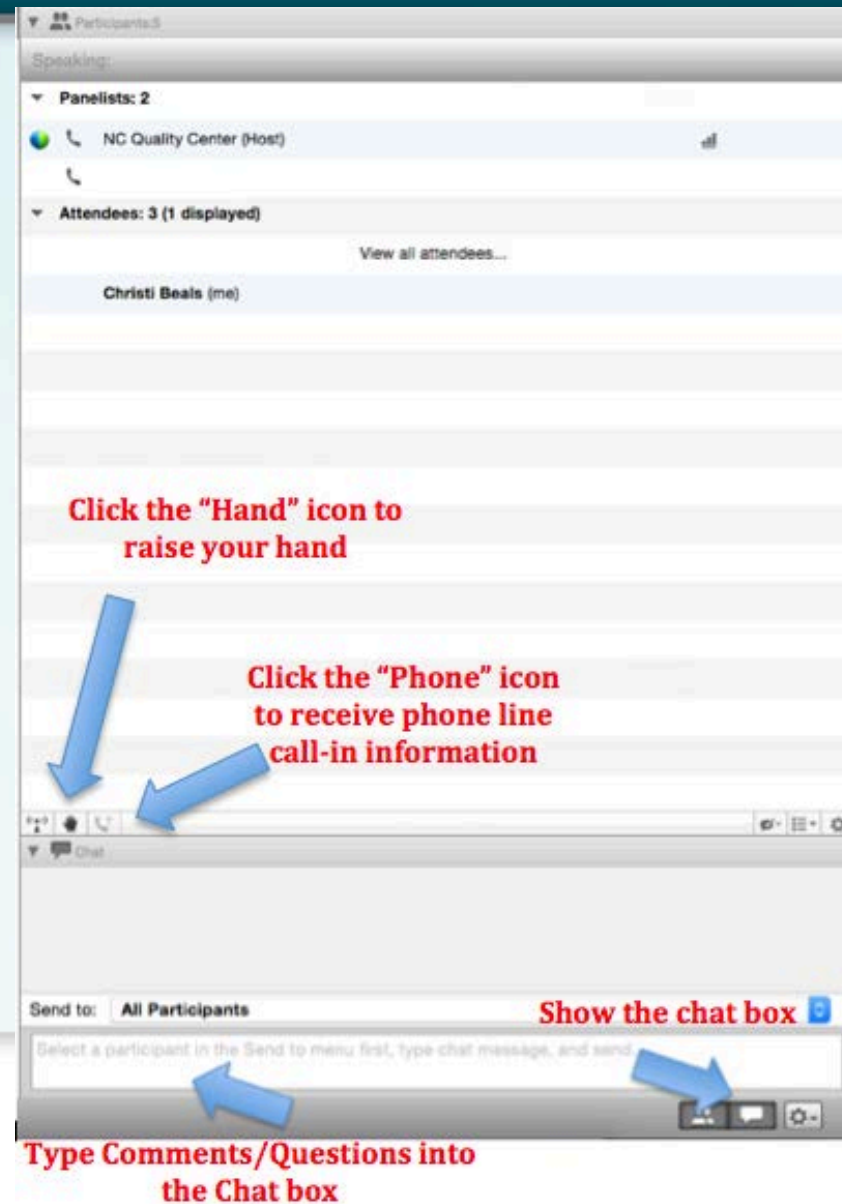
January 14, 2016



North Carolina  
Quality Center

# How to Participate in the Session

- If you have called in by phone, you can “raise your hand” by selecting the hand icon
- If you would like to call in by phone, select the “phone” icon to receive call in information
- Select the “Chat Bubble” icon to show the comments box and type your comments and questions in the chat box throughout the session



# Agenda

- Welcome and Collaborative Overview
- EDTC Measures Overview
- Data Submission to NCQC
- Current Results for North Carolina
- Transitions of Care Model
- Improvement Team
- Next Steps

# Collaborative Learning Network – Year 1

## Enroll Hospitals Convene ED Improvement Teams

Outpatient Core Measures	Care Transitions	Immunization	HCAHPS & Patient Family Engagement
<ul style="list-style-type: none"> <li>• Conduct Assessment</li> <li>• Training/Education               <ul style="list-style-type: none"> <li>○ QI Basics</li> <li>○ Establishing an Improvement Team (including patient/family advisors)</li> <li>○ Developing an Action Plan</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Conduct Assessment</li> <li>• Capture Current ED Transfer Processes Communications</li> <li>• Evaluate Processes for Improvement Opportunities               <ul style="list-style-type: none"> <li>○ Prioritize Opportunities</li> <li>○ Develop Action Plans</li> <li>○ Include Patient/Family Advisors on Improvement Teams</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Review Hospital Policies and Practices</li> <li>• Conduct Gap Analysis</li> <li>• Identify Areas for Improvement</li> <li>• Training/Education               <ul style="list-style-type: none"> <li>○ Best Practices</li> <li>○ Policy and Practice Development (involve patient/family advisors)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Review and interpret HCAHPS Scores</li> <li>• Inventory Current PFE Practices</li> <li>• Training/Education               <ul style="list-style-type: none"> <li>○ Connection Between HCAHPS Scores and PFE</li> </ul> </li> </ul>

# Collaborative Learning Network – Year 2

Outpatient Core Measures	Care Transitions	Immunization	HCAHPS & Patient Family Engagement
<ul style="list-style-type: none"> <li>Review Processes for Managing AMI Pts.</li> <li>Evaluate Processes for Improvement Opportunities</li> <li>Prioritize &amp; Develop Action Plans                             <ul style="list-style-type: none"> <li>Improve OP-1, OP-2, OP-3 and OP-5 Measures</li> <li>Share Performance on Measures</li> </ul> </li> <li>Training/Education                             <ul style="list-style-type: none"> <li>Best Practices</li> <li>Identifying Areas for Improvement, Developing Action Plans, and Implementing Improvements</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Implement Action Plans</li> <li>Track Submission and Performance of Measures</li> <li>Share Improvements within the Learning Network</li> <li>Training/Education                             <ul style="list-style-type: none"> <li>Intermediate Quality Improvement Strategies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Monitor Adherence to Policies and Best Practices</li> <li>Training/Education                             <ul style="list-style-type: none"> <li>Effective Communication on Immunization Topics</li> <li>Introduction to “Learning from Defects” Analysis Tool                                     <ul style="list-style-type: none"> <li>Understand What Happened When Policy Was Not Followed</li> <li>Identify Improvement Opportunities</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Offer Individual Coaching on Engaging Patients and Families to Improve Immunization Rates, HCAHPS and Required Outpatient Core Measures                             <ul style="list-style-type: none"> <li>Directed toward C-Suite Executives and Accountable Line Staff</li> </ul> </li> <li>Review Best Practices for Improving HCAHPS Scores                             <ul style="list-style-type: none"> <li>Identify and Implement Two Best Practices</li> </ul> </li> </ul>

# Collaborative Learning Network – Year 3

Outpatient Core Measures	Care Transitions	Immunization	HCAHPS & Patient Family Engagement
<ul style="list-style-type: none"> <li>• Monitor Measures</li> <li>• Spread Involvement from Management of AMI Patients to All Patients</li> <li>• Shift Focus to Pain Management and Prevention of Patients Leaving Without Being Seen                             <ul style="list-style-type: none"> <li>○ OP-20, OP-21, OP-22</li> </ul> </li> <li>• Share Performance on Measures with Collaborative</li> <li>• Continue Emphasis on Inclusion of Patient/Family Advisors on the Improvement Team</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain Improvements                             <ul style="list-style-type: none"> <li>○ Standardize processes and tools for long-term continuous improvement</li> </ul> </li> <li>• Complete Second Round of Process Maps for ED Transfer Communication                             <ul style="list-style-type: none"> <li>○ Analyze for Additional Improvement Opportunities</li> </ul> </li> <li>• Conduct Assessment of Discharge Planning and Medication Reconciliation</li> <li>• Share Best Practices</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor Adherence to Hospital Policies</li> <li>• Monitor Adherence to Following Best Practices</li> <li>• Encourage and Support Analysis of Cases That Do Not Follow Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain Best Practices Implemented in Yr. 2</li> <li>• Implement an Additional Best Practice</li> <li>• Plan for Long-Term Sustainability</li> </ul>

# The Collaborative

- Alleghany Memorial Hospital
- Angel Medical Center
- Cape Fear Valley – Bladen County Hospital
- Cannon Memorial Hospital
- Chatham Hospital
- Doshier Memorial Hospital
- FirstHealth Montgomery Memorial Hospital
- Murphy Medical Center
- Pender Memorial Hospital
- Pioneer Community Hospital of Stokes
- St. Luke's Hospital
- Swain County Hospital
- Washington County Hospital



*Ensuring appropriate  
and timely care beyond  
organizational silos is  
essential to  
transforming health  
care.*





# Transfers from the ED...



- Series of handoffs
- Unfamiliarity with settings and care delivery details of receiving facility
- Inadequate communication to support effective care

# Ineffective Transitions...



- Poor outcomes
  - Delays in diagnosis
  - Medication errors
  - Adverse events
  - Inappropriate/unnecessary treatments
- Patient complaints
- Increased length of stay
- Increased costs

# Emergency Care in Rural Hospitals

- The size of the hospital and geographic realities make organizing triage, stabilization, and transfer of patients more important.
- Communication between providers promotes continuity of care and may lead to improved patient outcomes.



# Did You Know That...

- Communication problems are a major contributing factor to adverse health care events in hospitals, accounting for 65 percent of sentinel events tracked by The Joint Commission.
- An estimated 80 percent of serious medical errors involve miscommunication between caregivers when responsibility for patients is transferred according to TJC Center for Transforming Healthcare.

# Why is EDTC Important?

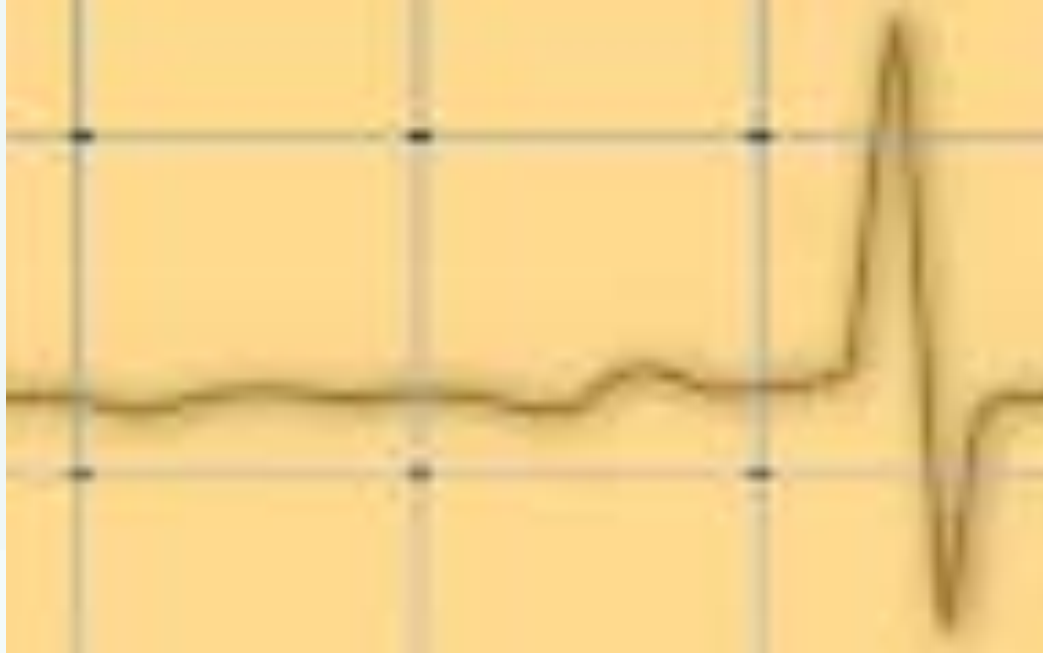
- Assesses how well patient information is communicated from ED to other health care facilities
- Helps EDs provide patients with time-sensitive care that includes transfer to a tertiary care center effectively
- The ability to assess, arrange and transport the patient out the door with the necessary and appropriate information can be of life or death importance

# The Seven Elements of EDTC

- ☐ Administrative communication
- ☐ Patient information
- ☐ Vital signs
- ☐ Medication information
- ☐ Physician information
- ☐ Nurse information
- ☐ Procedures and tests



# Quality Data System (QDS)



## Data Entry



# North Carolina Aggregate Data

Based on Reporting CAH's

# Current Benchmarking Data

MBQIP Measure		NC Average 4Q14 - 3Q15 (N=2,674)	NC Average Current Quarter (N=749)	National Average Current Quarter (N=33,981)
EDTC-1	Admin Communication	98%	96%	90%
EDTC-2	Patient Information	93%	95%	93%
EDTC-3	Vital Signs	96%	98%	92%
EDTC-4	Medication Information	94%	96%	91%
EDTC-5	Practitioner Information	96%	97%	90%
EDTC-6	Nurse Information	86%	90%	84%
EDTC-7	Procedures and Tests	99%	100%	95%
All EDTC		82%	84%	64%

# Collaborative Targets

MBQIP Measure		Collaborative Baseline 2014	NC Average Current Quarter (N=749)	Collaborative Target 2018
EDTC-1	Admin Communication	99%	96%	99%
EDTC-2	Patient Information	88%	95%	95%
EDTC-3	Vital Signs	90%	98%	95%
EDTC-4	Medication Information	89%	96%	95%
EDTC-5	Practitioner Information	89%	97%	95%
EDTC-6	Nurse Information	82%	90%	95%
EDTC-7	Procedures and Tests	99%	100%	99%

# Discussion Questions

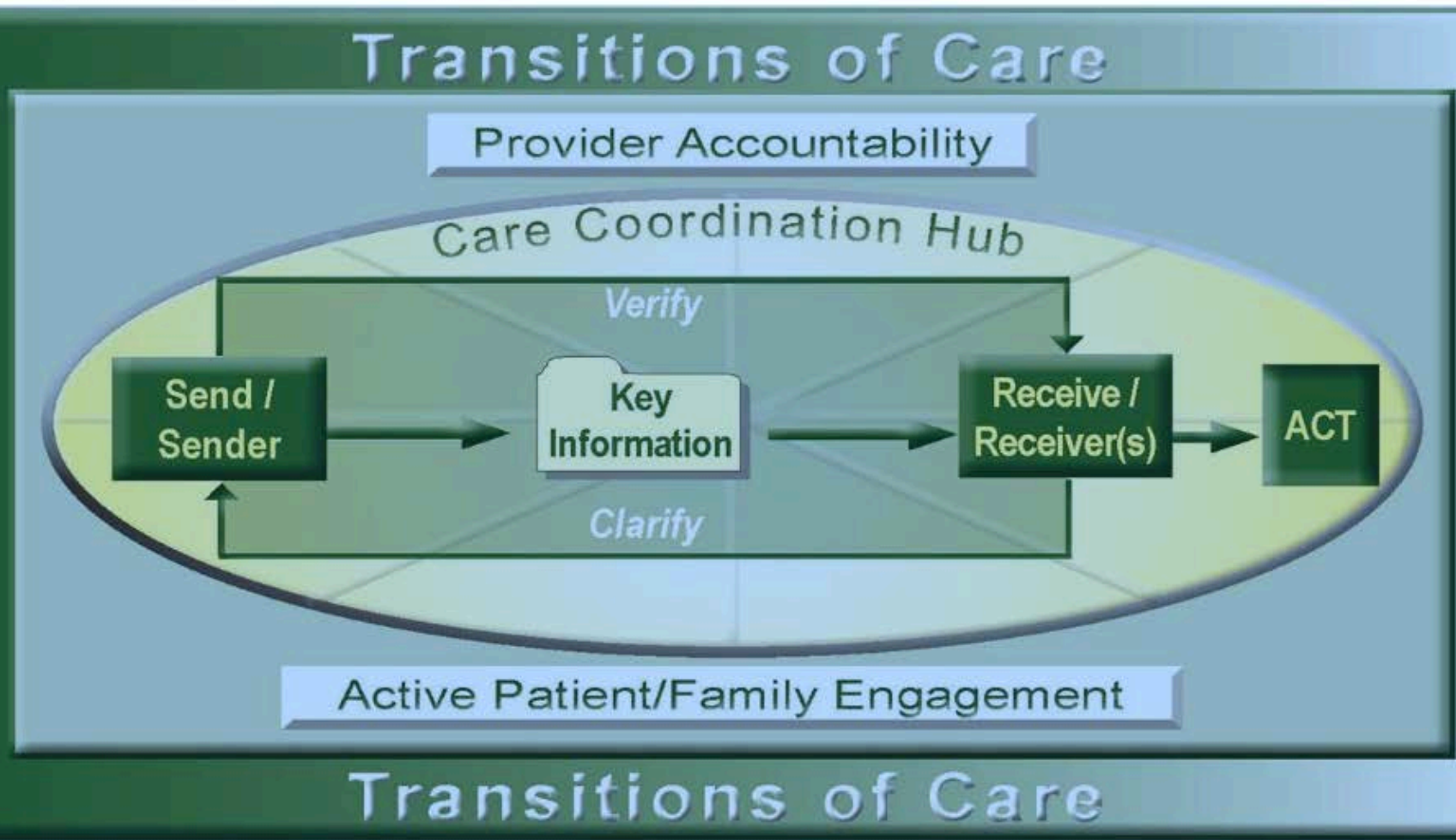
- Data Collection:
  - Challenges with data collection?
  - Particular “pain points”?
  - Tips for ease in data collection?
- Measure Performance:
  - Observations?
  - Is the measure performance reflective of the process performance?

# What Does Seamless Care Look Like?





# Conceptual Model of Transitions of Care



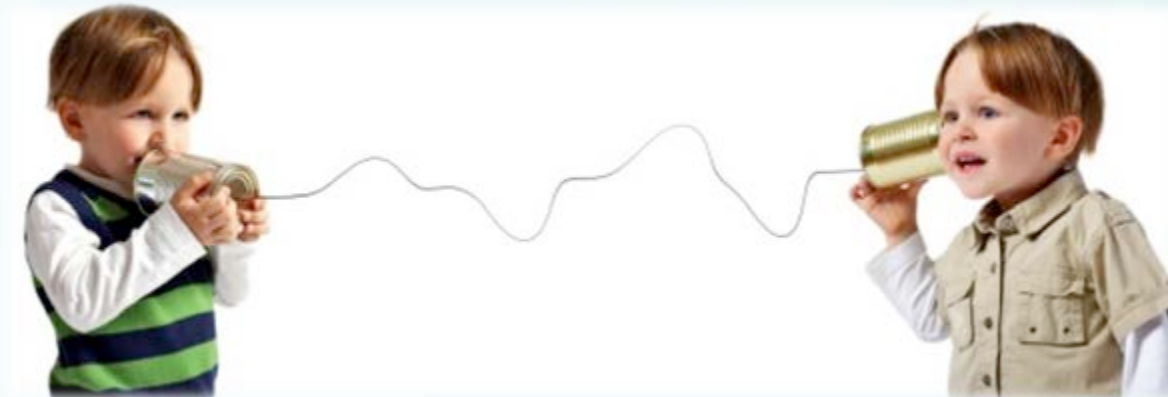
# Transition of Care Interaction

## Sender Accountabilities:

- Complete and timely transfer of key information
- Verification of receipt by intended recipient
- Availability to clarify or answer questions

## Receiver Accountabilities:

- Timely acknowledgement of receipt of complete information
- Evaluation of information and determination of plan of care





# What are your top three challenges?

- Administrative communication
- Patient information
- Vital signs
- Medication information
- Physician information
- Nurse information
- Procedures and tests

# Establishing an ED Transfer Improvement Team

## Gaining commitment of hospital leadership:

- Show them the data!
- Share how improvements in ED transfer communication align with other priority health care efforts.
  - Continuity of patient care
  - Error reduction
  - Improved outcomes
  - Increased patient/family satisfaction



# Establishing an ED Transfer Improvement Team

## Establish an improvement team:

- 5-8 individuals
- Diverse group of individuals
  - Different roles
  - Different perspectives
- Regular meetings
  - Review performance data
  - Identify improvement opportunities
  - Make and monitor improvement plans



# Establishing an ED Transfer Improvement Team

## Improvement team composition:

- Champion
- Clinical leadership
- Technical expertise
- Day-to-day leadership
- Project sponsorship



# ED Transfer Improvement Team Resources

## Sample Emergency Department Transfer Communications – QI Project Team

### Hospital Name:

Project team members will vary by community. The project team will work to develop, evaluate and improve the emergency department transfer process. It is important to involve those that work directly with transferring patients from the hospital emergency department to another hospital/setting. As appropriate for your hospital and community, include team leader, physician champions, nurse leaders, case managers, those responsible for maintaining patient information, local EMS, and staff from the receiving hospital. Consider incorporating this work into an established team/workgroup that is addressing other quality/safety improvement initiatives and include this as part of the hospital's overall QI plan.

Role	Name	Title/Position	Telephone	Email
Project Team Leader/Champion				
Physician Leader				
Nurse Manager Leader				
Case Manager				
Medical Records Staff				
IT Staff				
Local EMS Leader				
Local EMS/Transfer Organization				
Receiving Hospital Staff				
Other Team Member				

Source: Minnesota Hospital Association, Safe Transitions Toolkit for Hospital Staff, Transitions Team Form, <http://www.mnhospitals.org/patient-safety/care-quality-initiatives/readmissions-safe-transitions-of-care/transitionsroadmap>

## Sample Agenda Emergency Department Transfer QI Meeting

Date, Time, Location

**Participants:** Project Leader/Champion, Physician Leader, Nurse Manager Leader, Case Manager, IT/Data Collection Staff and/or Patient Records Staff, Local EMS Leader, Other Local EMS or Transport Staff, and Recipient Hospital(s) Staff.

### Objectives:

- 1) ED transfer communications stakeholders are aware of QI challenges and are committed to making improvements.
- 2) QI Plan is developed and implemented to make improvements.
- 3) Outcomes are measured, tracked, and reported to all team members.

### Introductions

**Project Overview – Project Leader**  
Determine whether QI team assembled will meet QI project needs.

### ED Transfer Communications – Current State

- 1) Discuss ED transfer communications measure results
- 2) Identify challenges and opportunities within the current process.

### Action Plan - Development

- 1) Review opportunities and identify possible solutions
- 2) Identify areas where tests of changes can be implemented (PDSA cycles)
- 3) Assign roles and responsibilities
- 4) Determine timeline

### Questions and Next Steps

Identify Next Meeting Date, Location, and Time

Note: Not all areas need to be covered in each meeting, this is intended to be a general outline of meeting format to help move the QI team towards implementation of process improvements.

# Next Steps



**Reminder**

- Submit Immunization Policies
  - Inpatients
  - Healthcare Personnel
- Submit Data Agreements
- Complete Pre-Site Visit Survey
- Establish and convene your ED Improvement Team
  - Enter team information into QDS
  - Begin mapping the ED transfer communication process



# Thank You!

## QUESTIONS?

