TRANSITION FROM INPATIENT TO OUTPATIENT: AN IMPROVED PEDIATRIC EXPERIENCE

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Disclosure Information

The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the U.S. Government.

Background

- The Joint Commission is focused on improving effectiveness of Transitions of Care to provide safe, high quality healthcare to patients.¹
- Only 12-34% of discharge summaries reach follow-up providers²
- Follow-up management is adversely impacted in 25%²



Background

- Appropriate transitions of care allow for optimization of care by primary care managers (PCM)³
- Readmission rates higher for patients with inadequate communication ⁴
- AAP recommends a discharge summary be sent to all providers involved in subsequent care of a child ⁵
- No system was in place in our institution



Our Institution

- Single payer organization
- Provide care to active duty and retiree dependents
- Separate outpatient and inpatient EMR's



- Plan-Do-Study-Act Methodology
- Project selected as the 2016 Continuity Clinic quality improvement (QI) measure
- Residents elected to continue this project in 2017

AIM: Improve discharge email communication with NMCSD follow-up and primary care providers to 75% by 31 MAY 2018



- QI Team members included
 - Clerk staff
 - Division officers
 - Nurses
 - Resident and Staff Physicians
 - Nursing Informatics



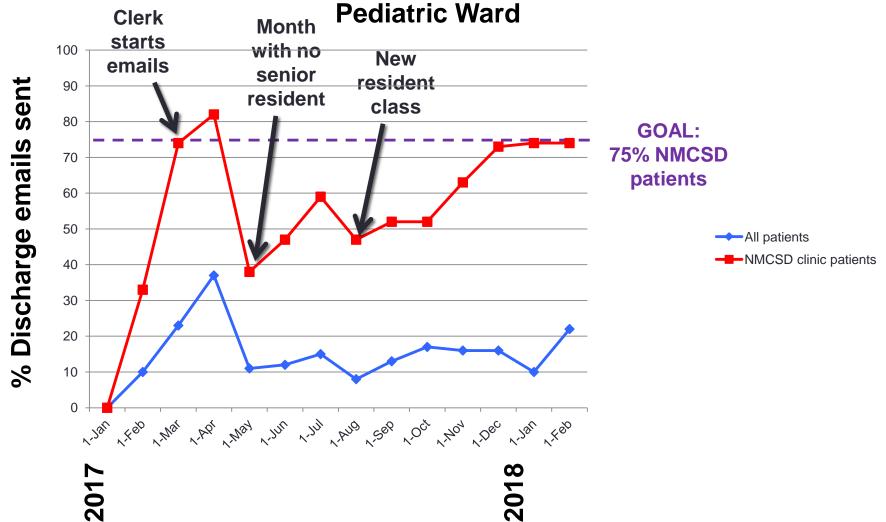
- HIPAA compliant emails:
 - Follow-up provider
 - PCM
 - Clinic Nurse Listserv
- The ward clerk documents:
 - Name of patient
 - Follow-up provider with appointment date and time
 - PCM
 - Hospital course summary

- Discharged patients logged by ward clerk
- Data collected by two residents
- PDSA cycles completed quarterly

Name	DOB	DODID	Admission	Discharge	Clinic	F/u provider	PCM	Email Sent	Weekend?)

Results





Lessons Learned

- Successful implementation of an administrative process
- Providers report satisfaction with discharge emails
- Email generation can be time consuming
- EMR cannot generate emails
- Incomplete tracking of discharges on weekends

Discussion

- Improved transitions of care from inpatient to outpatient
- Addressing AAP and Joint Commission recommendations
- Process remains labor intensive

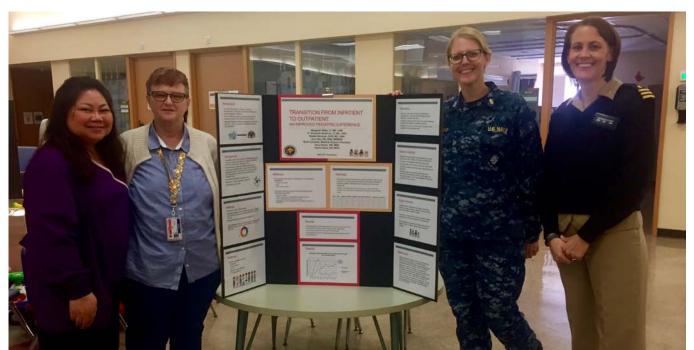


Future Directions

- Developing an EMR discharge summary tool
- Formally obtain provider input and satisfaction re: emails
- Continue quarterly PDSA cycles
- Expand project to external sites

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