

Introduction/Plan

Review the current process in discharge and streamline process to reduce readmission rates and focus on engagement in the discharge process. Four big areas of focus

- ❖ Follow up appointments and phone calls
- ❖ Medication reconciliation
- ❖ Red flag teaching items around diagnosis
- ❖ Discharge envelope and discharge instructions

Barriers include:

- ❖ Poorly defined roles
- ❖ Limitations within software
- ❖ Time constraints
- ❖ Education materials

Team to review and analyze data on discharge follow up phone calls, determine action items and revise all electronic assessments around the discharge process.

Objective

Strategic goal for Capital Health is to provide safe discharge for patients. Areas of focus that impact patient communication and links to readmission are reviewed and changes made to enhance outcome

Materials & Methods/Do

Discharge process is multidisciplinary. Key Stakeholders

- ❖ Patient/Family/Care Givers
- ❖ Nursing
- ❖ Care Management
- ❖ Pharmacy
- ❖ Care Transitions
- ❖ Provider's
- ❖ Nutrition
- ❖ Rehab

❖ Incorporate discharge envelope concept into the checklist

❖ Standardize Electronic documentation

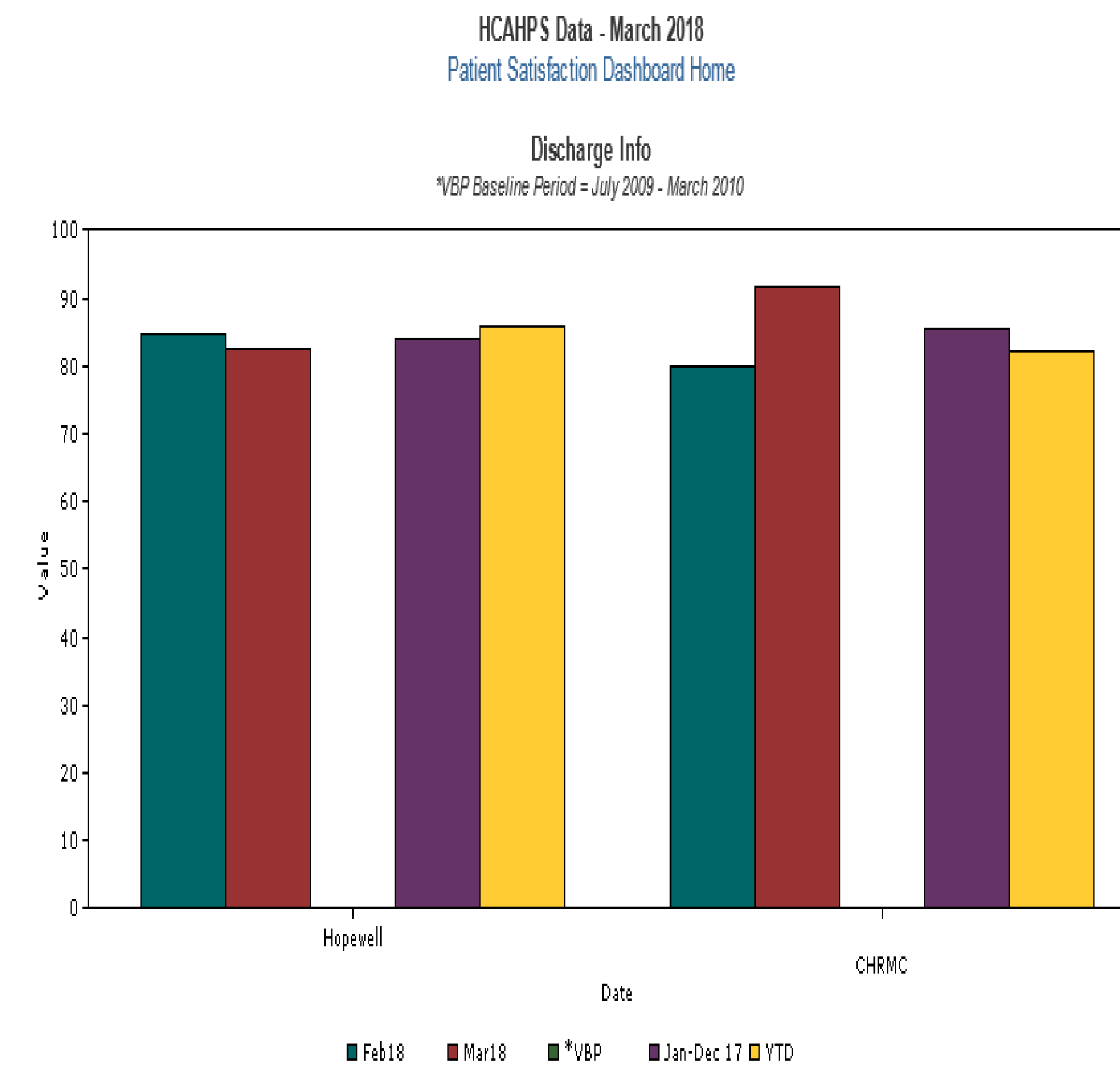
❖ Keep it simple and engage patient

- ❖ During the transition of care every patient will receive discharge envelope which includes detailed instructions, updated medication list including new prescriptions, educational materials on drugs, disease and treatment.

- ❖ Universal transfer form used for every patient going to another facility or having agency care for the patient and is completed electronically.

- ❖ Discharge summaries to be completed by physicians and patient services staff must print and send with documents. The discharging nurse ensures that appropriate documents are copied and ready for transport with patients

Outcome/Check

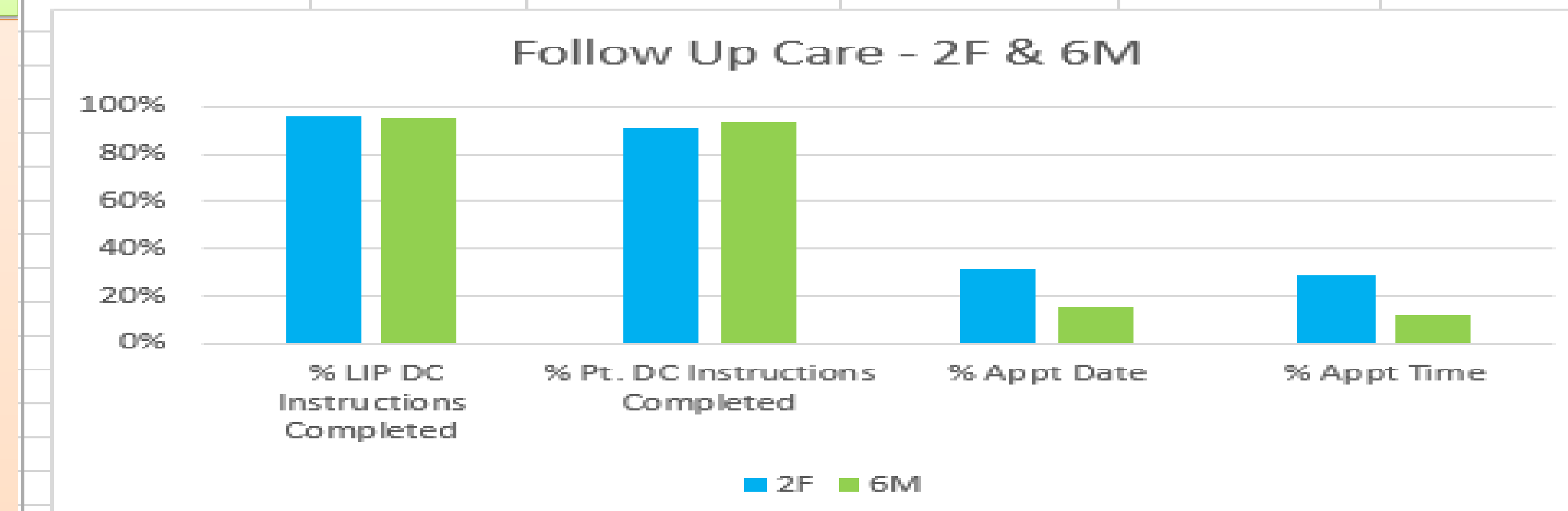


Date	Campus	Value
Mar 2018	Hopewell	82.6%
Mar 2018	CHMC	91.7%
Feb 2018	Hopewell	84.9%
Feb 2018	CHMC	80%

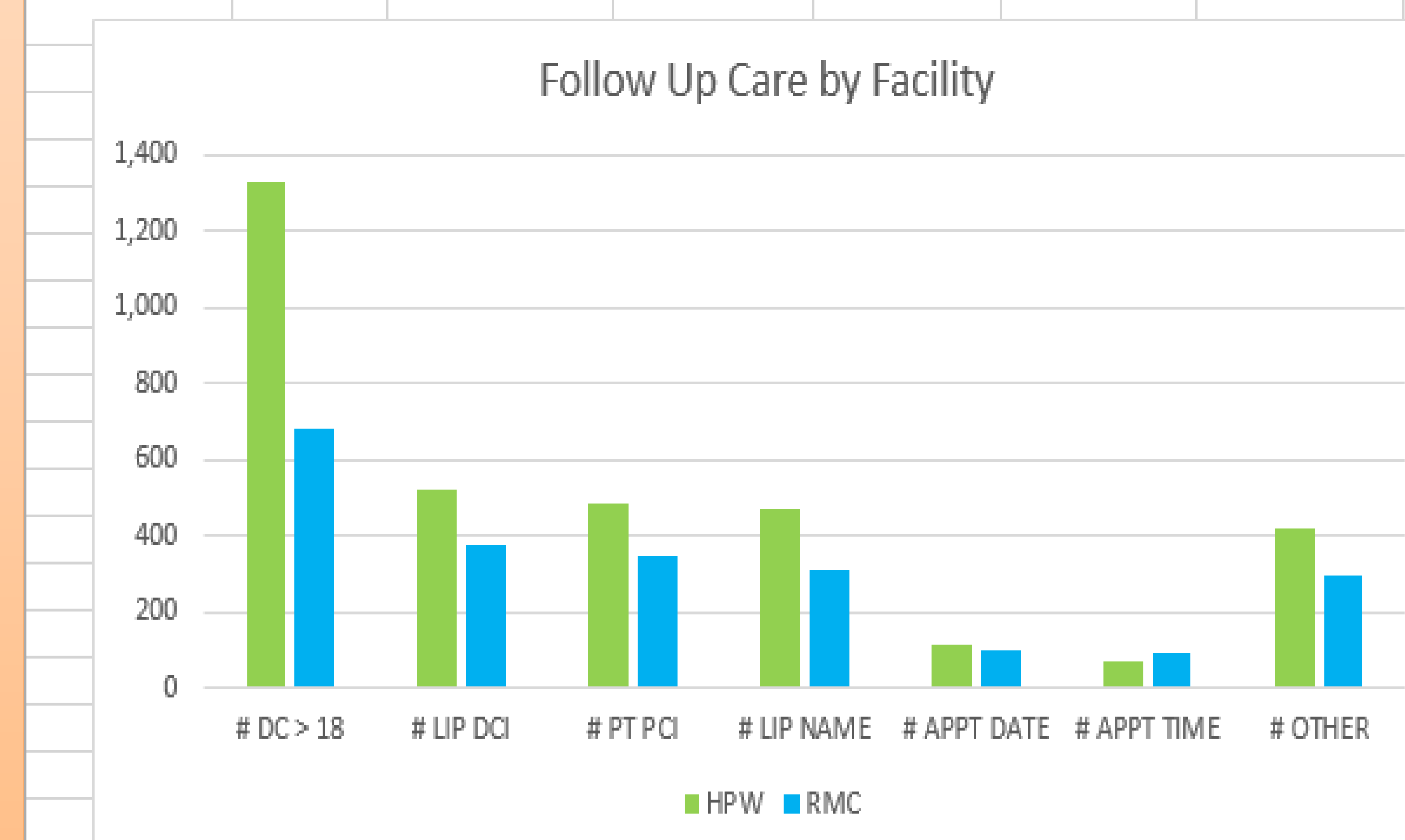
Follow Up Care Breakdown - 04/01/18 - 04/30/18

Breakdown By Volume						
Unit	# DC > 18	# LIP DC Instructions Completed	# Pt. DC Instructions Completed	# Appt Date	# Appt Time	
2F	113	109	103	35	33	
6M	137	131	128	21	16	
Grand Total	250	240	231	56	49	

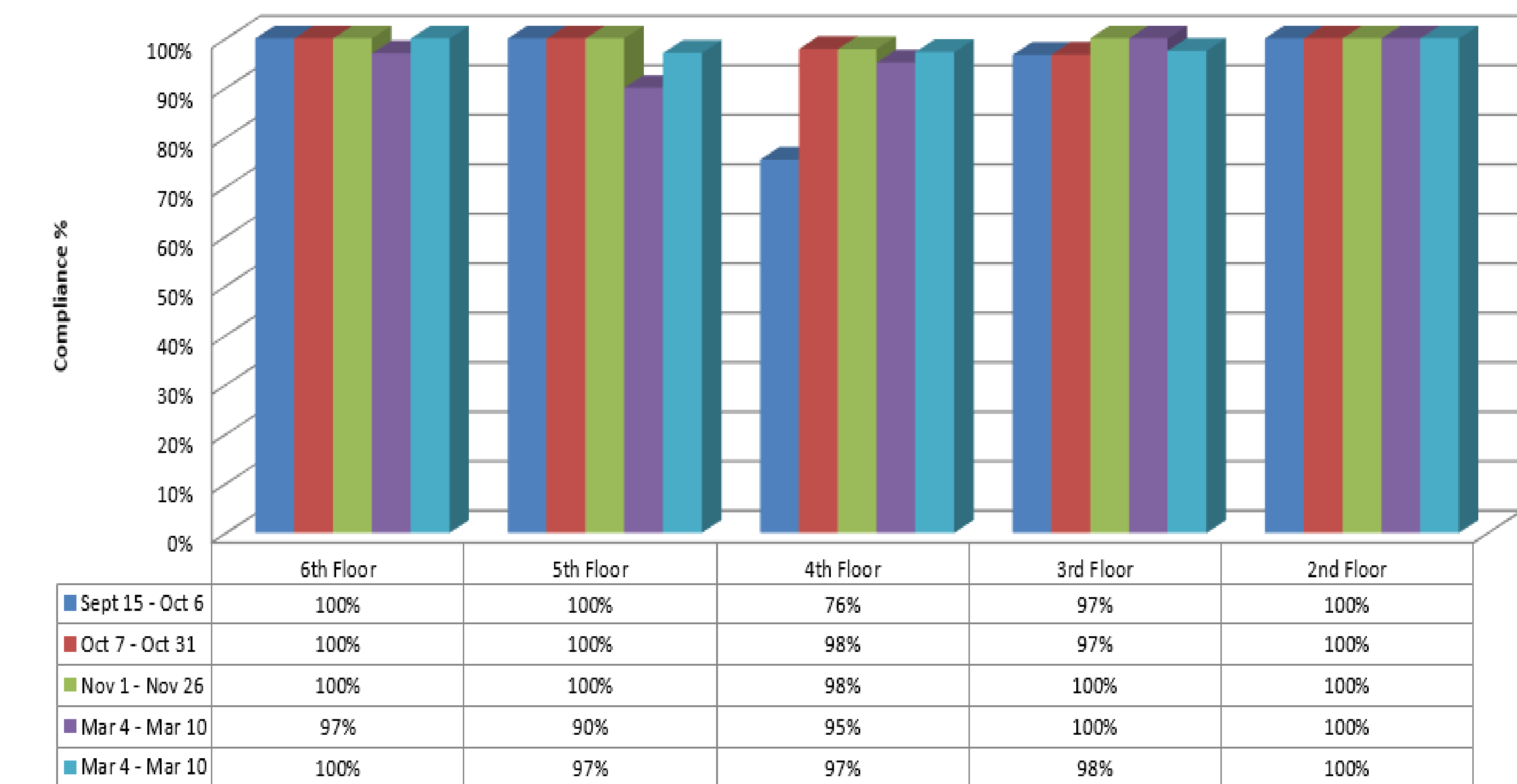
Breakdown By Rate						
Unit	% LIP DC Instructions Completed	% Pt. DC Instructions Completed	% Appt Date	% Appt Time		
2F	96%	91%	31%	29%		
6M	96%	93%	15%	12%		
Grand Total	96%	92%	22%	20%		



Breakdown By Volume - All Units							
Facility	# DC > 18	# LIP DCI	# PT PCI	# LIP NAME	# APPT DATE	# APPT TIME	# OTHER
HPW	1,329	523	484	467	113	72	421
RMC	679	379	348	309	97	91	299



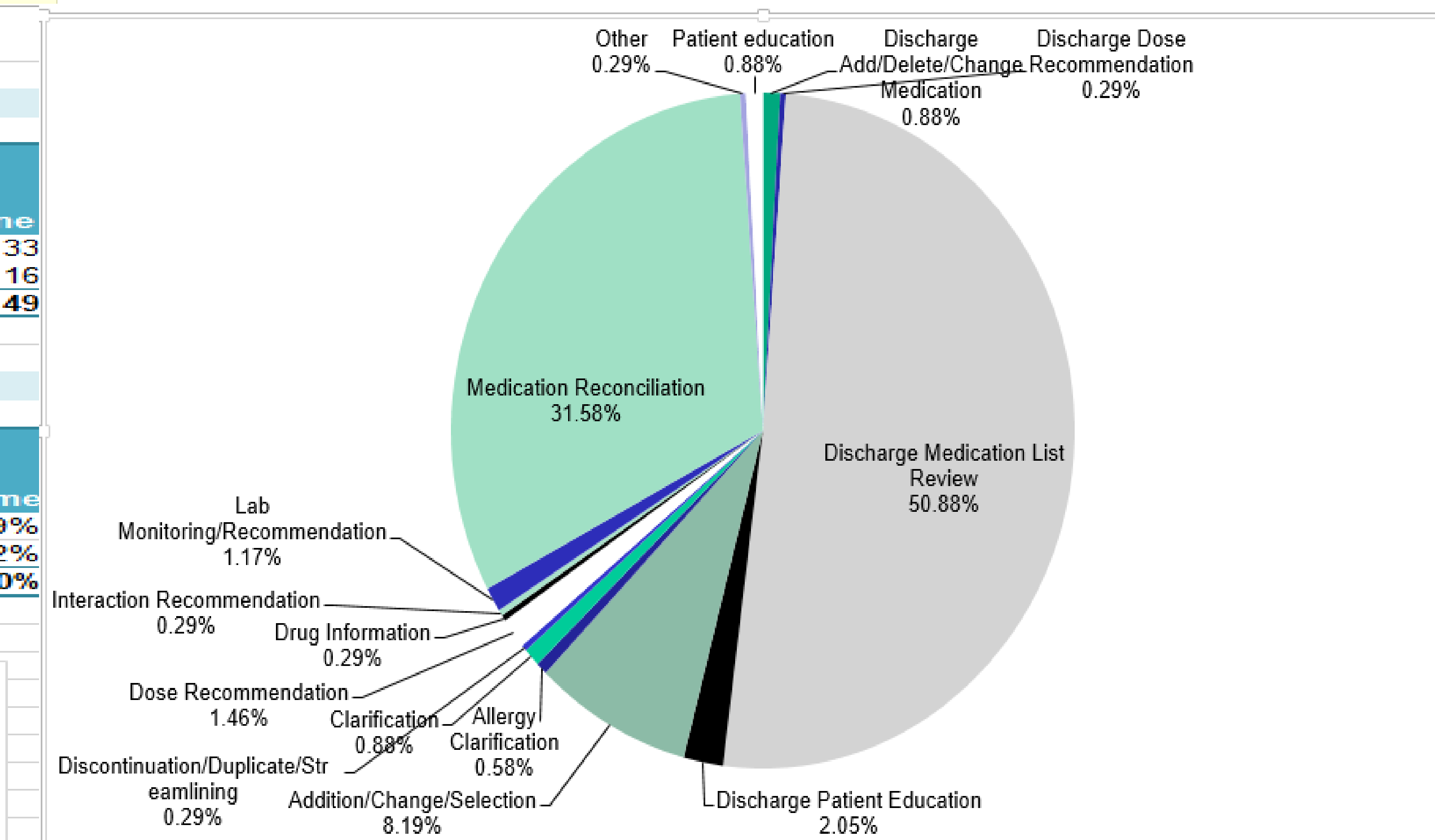
Inpatient Discharge Envelope Survey Compliance Hopewell: September 15th, 2017 - March 10th, 2018



Medication Reconciliation

Transitions of Care

- June - November, 2017 (6-month data)
- Number of pharmacist assessments made: 342



Capital Health Quality and Safety Metrics YTD January 2018					
Metrics	Hopewell	Trend		RMC	Target
Hospital-wide 30 day readmissions - All Payer	7.3%			12.9%	10.60%
Hospital-wide 30 day readmissions - Medicare	11.9%			13.7%	14.20%

Conclusion/Act

- ❖ Follow up actions
- ❖ Communicate HCAPS scores
- ❖ Supplies available
- ❖ Post implementation
- ❖ Discharge process between LIP, Nursing and Care Management
- ❖ Chart review
- ❖ Report outcomes to readmission steering/quality safety committee
- ❖ The process involves many users, needs frequent monitoring and reinforcement to drive improvements/outcome