

# REDESIGNING CARE TRANSITIONS: STANDARDIZING THE INTERPROFESSIONAL DISCHARGE PROCESS AT THE VA PORTLAND HEALTHCARE SYSTEM (VAPORHCS)

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## Background:

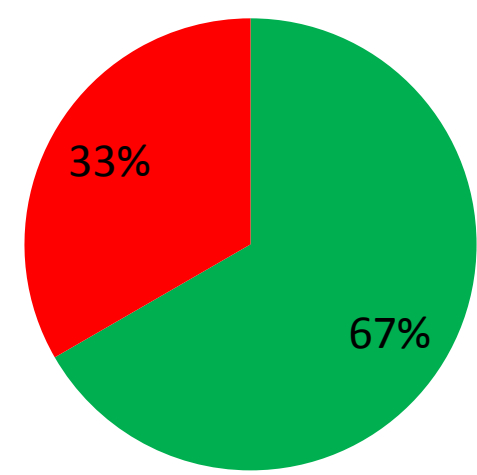
- Hospital admissions provide interventions that require ongoing management after discharge
- Communication of transitional care needs between inpatient and outpatient settings is facilitated primarily by discharge documentation
- Inpatient care documentation is often not targeted toward the appropriate outpatient audience
- Increased risk of errors occur by unclear or incomplete documentation
- Standardization of discharge planning and documentation is associated with more complete follow-up care and lower readmission rates and can improve the safety of care transition<sup>1,2</sup>

## Current State:

Reviewed discharge documentation from 100 randomly selected patients discharged from the VAPORHCS medicine service July 2013 – June 2014 which showed:

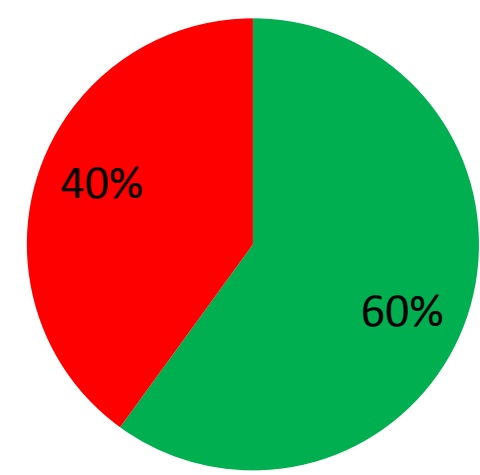
- 41% lacked an accurate, complete reconciled medication list
- 54% had no clear delineation of follow up care responsibility
- 46% lacked complete list of post-discharge follow up appointments

### Discharge Instructions



Complete Incomplete

### Follow-up Completion

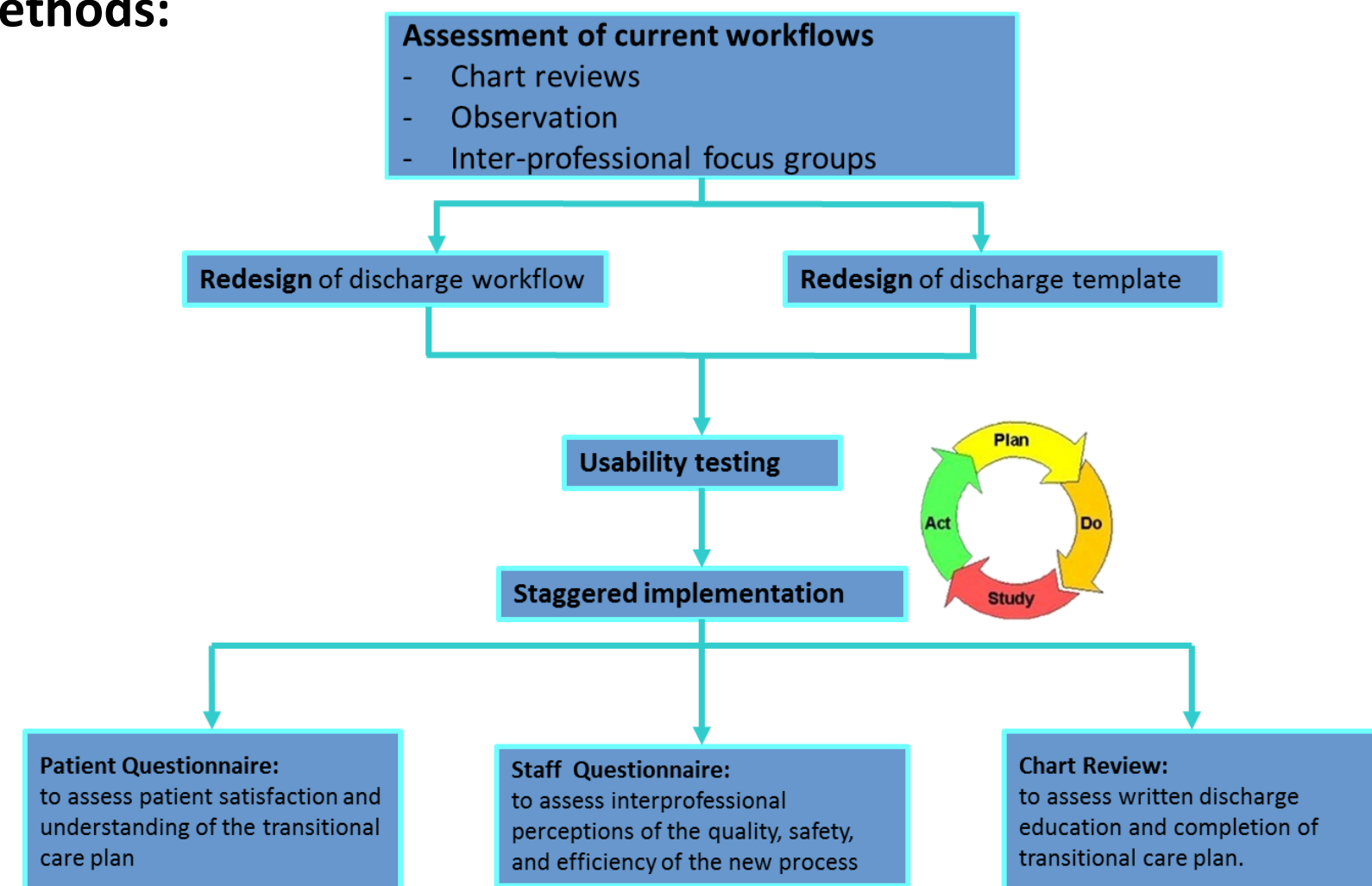


Complete Incomplete

## Interventions:

- A novel interprofessional discharge instructions note was created to include:
  - standardized patient education
  - Prompts for essential but frequently omitted components
  - embedded orders to streamline workflow and decrease errors of omission
- Discharge workflow changed to facilitate congruity between physician, pharmacy, and nursing counseling to the patient

## Methods:



## Results

### Usability Metrics :

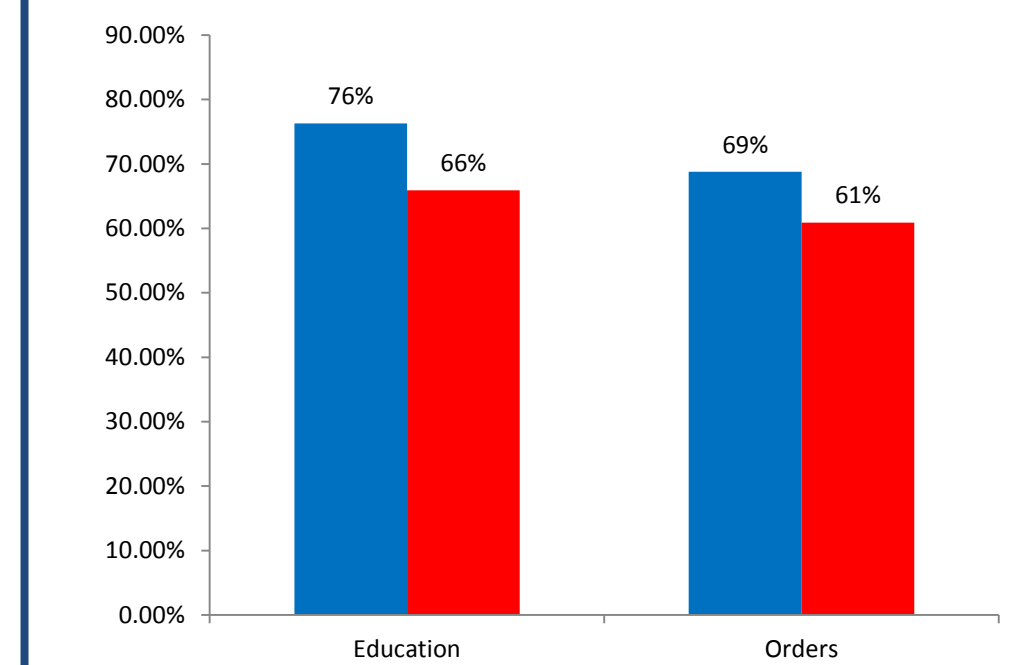


Figure 1: Usability data, by education items included in the discharge documentation, and orders placed (1 point allotted per item). When this data was examined by level of training, it appeared that the old discharge process was better for residents, but that the new process was better for hospitalists (attending). When this data was examined by difficulty of the case, the new process seemed to perform better for less complex cases.

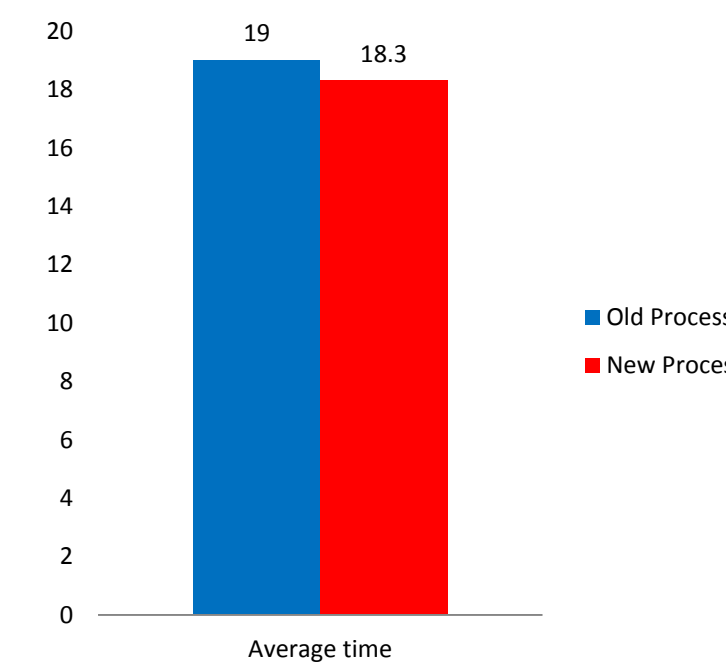


Figure 2: Usability data, by average time spent on discharge process. There was no significant time difference between the new and old discharge processes.

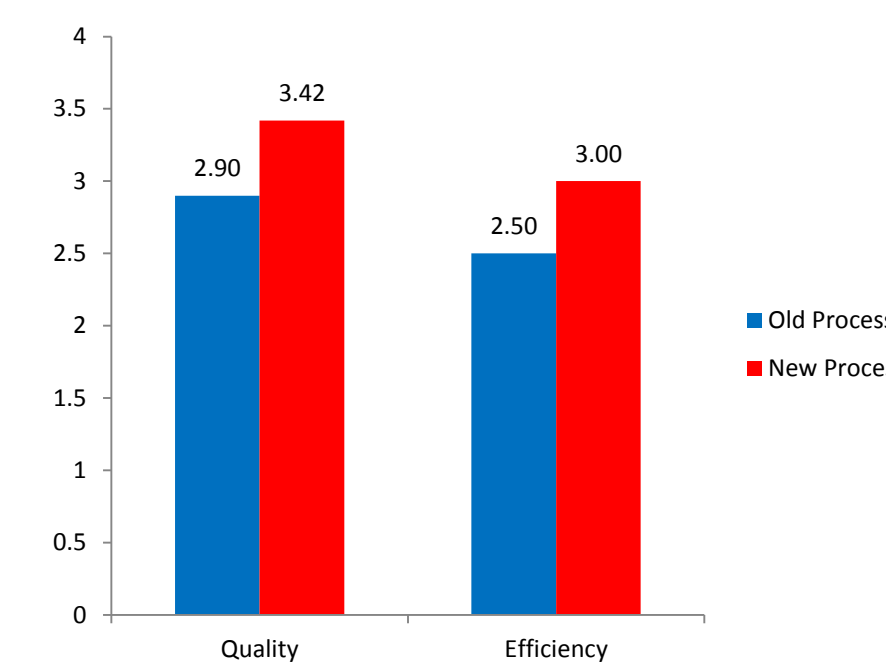
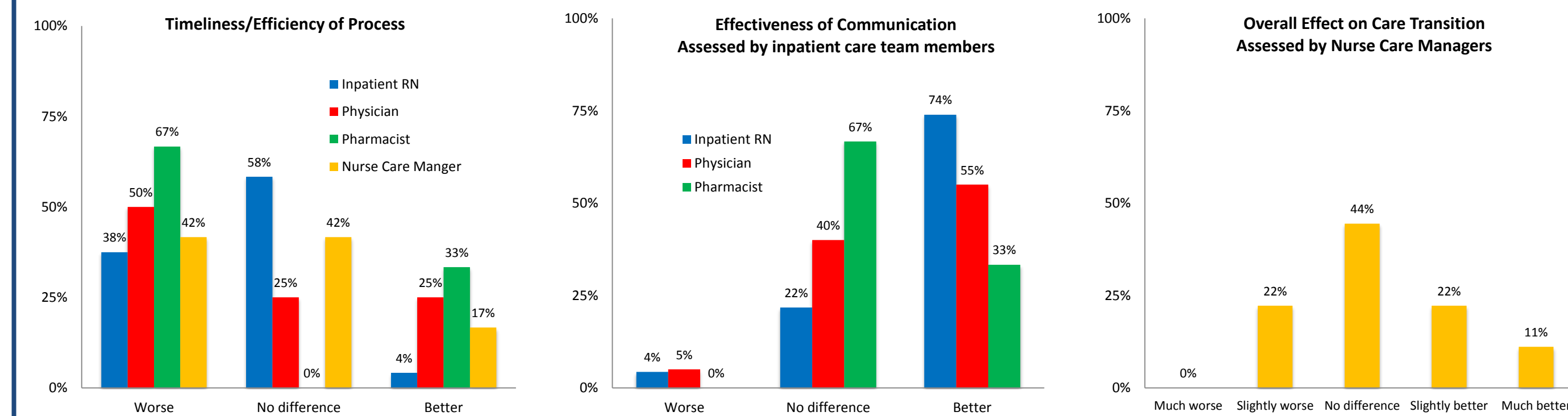
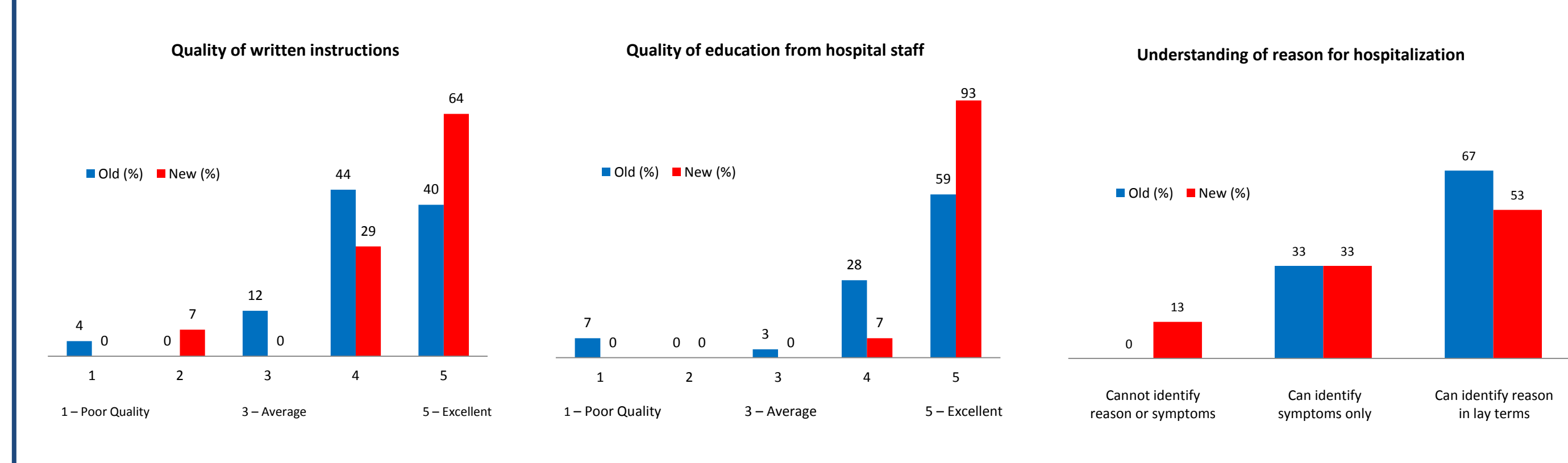


Figure 3: Provider perception, by quality of discharge process and efficiency of discharge process. There is a trend toward higher quality and efficiency ratings by physician providers.

### Provider Perceptions:



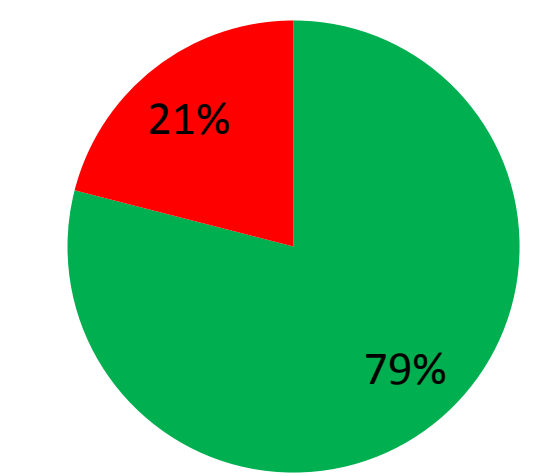
### Patient Satisfaction & Education:



## Outcomes Measures:

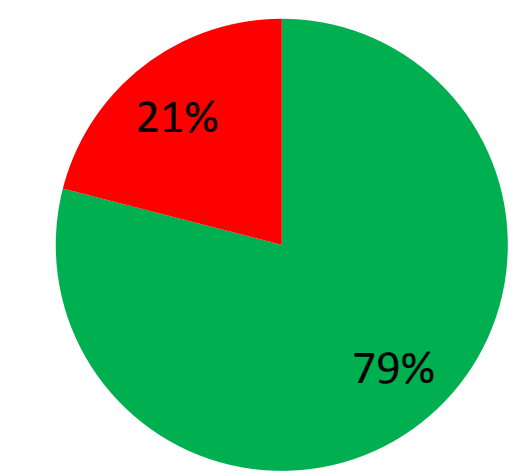
Reviewed discharge documentation from 100 randomly selected patients discharged from the VAPORHCS medicine service October 2015 – December 2015 which showed:

### Discharge Instructions



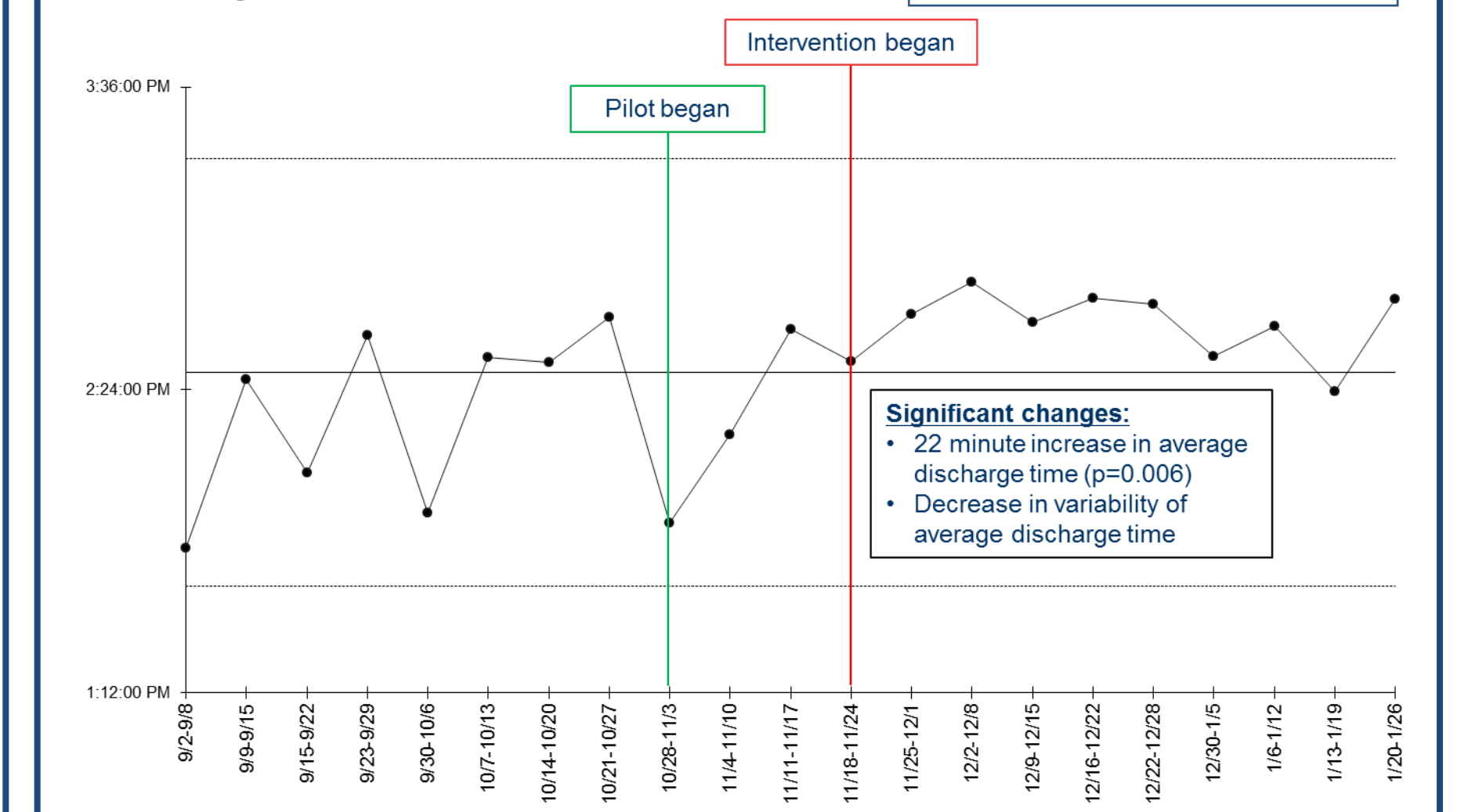
Complete Incomplete P = 0.079

### Follow-up Completion



Complete Incomplete P = 0.001

## Balancing Measures:



## Conclusions:

- The use of a new standardized discharge workflow and documentation resulted in improved completion of discharge instructions and patient follow-up
- No time difference was demonstrated in usability testing (despite perception from physicians that process takes longer), but discharges times were slightly delayed (and less variable)
- Perceptions of new process overall increased for inpatient team members, mixed for outpatient
- The new discharge process improved patient satisfaction with discharge instructions and education but did not improve patient understanding of their discharge care plan

## Next Steps:

- Evaluation of additional patient outcome measures (readmission rates, unscheduled care visits)
- Investigate and address root causes of dissatisfaction uncovered by feedback process
- Expansion to other specialties within VAPORHCS

## References:

- Shepard S, McClaran J, Phillis CO, Lannin NA, Clemson LM, Cameron ID, Barras SL. Discharge planning from hospital to home. - *Cochrane Database Syst Rev*. 2013 Jan 31;1:CD000313. doi: 10.1002/14651858.CD000313.pub4.
- Glasgow J, Kamath A, Kaboli P. Discharge documentation improvement project: Combined discharge summary, patient instructions, medication reconciliation, and nursing instructions. . 2011.