

Care Transitions: “Time to Come Home”

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Key Findings

- Quality communication is essential to positive outcomes for patients whose care is shared. Information available at admission and at discharge must be clear, concise, and comprehensive to ensure appropriate continuity of care.
- The content and desired elements of care transition communications should be structured so they can be abstracted from electronic medical records. This would ensure a quick turnaround time for effective dissemination of the discharge summary.
- The next necessary step in measuring quality of the discharge process is to develop and field test tools that assess the transition back home. The purpose of such a tool would be to monitor quality in care-transitions and help identify problem areas that could lead to adverse events including unplanned readmissions.

Introduction

Effective care transitions require appropriate patient preparation, a uniform plan of care for health professionals, and adequate training of clinicians in transitional care.¹ These steps would also help in effective care coordination between primary care providers, their patients, and other professionals along the continuum of care. The importance of this issue is reflected in the renewed interest in care coordination with a specific focus on the Patient Centered Medical Home. While challenges to care transitions occur in all environments, the rural context presents added complexities.

Purpose of the Study and Approach

In this project, we look at one important component of care coordination: transition from inpatient care back to the community. The purpose of the project was to identify potential problem areas in such transitions and to identify relevant quality measures. This study expands earlier work on developing quality measures for rural patients whose care is transferred from emergency departments.² In the current study, special emphasis is placed on communications from larger referral hospitals back to rural residents and their rural primary care physicians. We suggest ways of measuring the quality of care coordination on discharge from the hospital.

We first describe the characteristics of patient interactions with physicians and the areas where care transitions occur. We then discuss the various care transition situations as they pertain to rural residents and the challenges the rural environment presents. Finally, we describe major components of a tool to measure the quality of the discharge process and transition back into the community. This is based on the background of a literature review along with the input of an advisory panel composed of clinicians experienced in hospital to rural primary care provider communication channels, challenges and solutions.

Results

As in other areas of care transition, the transition from the inpatient setting back home is an important one and is a potential area of concern. This transition via a discharge mechanism includes two components: the process of discharge, including patient education, and the discharge summary itself, meant to convey important medical information about the patient to another clinician.

A discharge summary should have the following components:

- *Administrative data*—including the dates of admission and discharge; details of the follow-up appointments recommended/scheduled and the reason for these follow-ups; involvement of other agencies and personnel; and name and contact information for the responsible hospital physician.
- *Medical data/technical component*—including the diagnosis, the hospital course, the procedures done, abnormal lab results, the status of the patient on discharge; and recommendations of any consultants.
- *Medications*—a medication reconciliation with any change or additions of medications from admission being mentioned with a comparison of the admit medications and discharge medications.
- *Patient information*—a summary of information given to the patient.

The following aspects are suggested to make the discharge summary effective:

- *Dissemination*—ensure availability of the discharge summary during follow-up visits.
- *Timeliness*—We recommend that the discharge summary be sent to the primary care physician by fax or electronically within 24 hours of the patient’s discharge.
- *Conciseness*—We recommend less than two-page summaries for a complicated hospital course. Pertinent medical data should be less than one page.
- *Well organized*—Layout of the discharge summary should promote easy readability with a structured layout and clear subheadings.
- *Common format*—A common format that would be easily identified by all providers regardless of the health system or type of electronic medical record used would help.

With the transition of medical records to electronic platforms, dissemination of the discharge summary requirements should be feasible. The content and desired elements should be structured so they can be abstracted from electronic medical records. This would ensure a quick turnaround time for effective dissemination of the discharge summary.

Discharge process quality measurement should look at the effectiveness of the communication and the satisfaction of the parties concerned. Effectiveness can be measured in terms of the timeliness of the discharge summary, the content, and patient and caregiver understanding of the elements of the discharge summary.

Future Directions and Challenges

The next necessary step in measuring quality of the discharge process is to develop and field test tools that assess the transition back home. Our literature review did not find a tool that measures quality of the discharge process. These tools need to be field tested in various settings, including small rural hospitals and larger tertiary hospitals. The field test would also be a way of gauging the usability and relevance of the tool and could include studies of patient and provider satisfaction with the use of the tools. A tool that measures the quality of the discharge process will need to include quality measures that look at the effectiveness of the communication and the satisfaction of the parties concerned.

References

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2. Klingner, J., & Moscovice, I. (2007, March). Rural hospital emergency department quality reports: Aggregate data report. Retrieved from: <http://flexmonitoring.org/documents/FlexDataSummaryReport3.pdf>.

Additional Information

The information in this policy brief is based on Upper Midwest Rural Health Research Center Final Report #9 by Shailendra Prasad, MBBS, MPH; Jill Klingner, PhD, RN; and Ira Moscovice, PhD.

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