IMPROVING 7-DAY POST HOSPITAL DISCHARGE PRIMARY CARE FOLLOW-UP VISIT

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Organization: Woodbine Family Health Team

Date: August 24, 2017

About Us

- Location:
  - Toronto West - Rexdale Blvd. & Hwy 27
- Provides primary care services in:
  - Etobicoke, Brampton, Malton and Woodbridge areas in the Central West Local Health Integration Network (CWLHIN)
- Interdisciplinary Team:
  - 5 Family Physicians
  - IHPs (1 Nurse Practitioner,1 Registered Nurse,1 Dietitian,1 pharmacist,1 Social worker)
- Active Patients:
  - 11,000

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Background

- Hospital readmission shortly after discharge is a common and costly phenomenon, particularly for patient with complex conditions (Harrison et al, 2011; Douglas et al, 2007).

- Most of these readmissions are the result of chronic disease progression in combination with inadequate post discharge care (Harrison et al, 2011).

- Best practices recommend that high risk patients should have a follow up visit with their family physician shortly after hospital discharge to reduce potential medical errors and ensuring ongoing management of care for patients (Hansen LO et al, 2011).

- Follow-up within 7 days was associated with % 19.1 reduction in readmission risk for patients with complex conditions (Jackson et al, 2015).

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Problem

- Approximately One-half of patients readmitted within 30 days of hospital discharge do not have a follow-up visit before readmission (Jackson et al, 2015; Jencks et al, 2009).

Opportunity for Improvement:

- Reducing hospital readmissions is a current priority for the Ontario Ministry of Health.
- Currently 20% of Woodbine Family Health Team patients are seen within 7 days (Ministry of Health report, 2015-16) .
- The FHT had no defined process.

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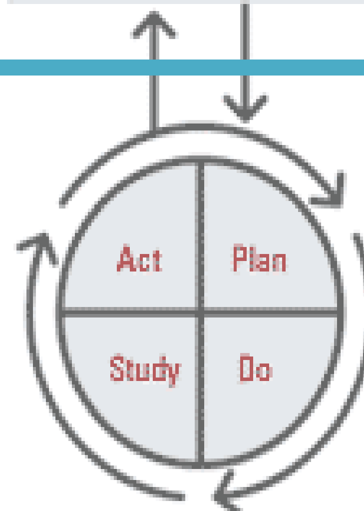
Model for Improvement

(IHI, Institute for Healthcare Improvement)

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



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PDSA # 1
(Mar – Dec, 2016)

- Assessed feasibility
- Created a team of improvement
- Examined the current context
  - Process mapping
- Collected baseline data:
  - Determined measures
  - Created a data collection sheet
  - Asked front desk staff to collect data

Current Processes

Physician receives discharge summary form the hospital

Gap

Physician sends a normal message to the front desk

Gap

Front desk calls patient

Gap

Patient unable to answer the phone

Staff leaves a call back message for patient

Gap

No timely follow-up process

patient answers the phone

Gap

Staff schedules appointment

patient does not show up for appointment

Gap

Staff does not have a follow-up process

Patient shows up for appointment

Physician sees the patient

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Data Collection Sheet

Post Hospital Discharge Follow up - Tracking Sheet - Mar-Nov 2016											
PATIENT	PHYSICIAN	DISCHARGE DATE (dd/mm/yyyy)	DATE OF D/C RECEIVED IN PSS (dd/m/yyyy)	***Delay in Discharge Summary Received***	DATE OF MSG FROM DR. TO STAFF (dd/mm/yyyy)	***Delay in Dr. MSG to Staff***	DATE PT. CALLED (dd/mm/yyyy)	***Delay in Contating Patient***	DATE BOOKED FOR F/U (dd/mm/yyyy)	***Delay in Patient Visit***	NOTES

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Baseline

- **Initial audit (Internal):**
  - 27 Discharge summaries received (Mar-Nov 2016)
  - 89% of hospital discharge summaries were received within 48 hours
  - 58% of patients had a follow-up visit within 7 days of hospital discharge
- **Lessons learned:**
  - No existing processes to identify high risk patients discharged from hospital.
  - No urgent action around discharge summaries for high risk patients.
  - No urgent communication with the front desk staff to contact patients.
  - No process for front desk staff to identify urgent patients for phone follow ups & no shows.
  - Hospitals delay in communicating discharge summaries.
  - Need to identify which hospitals FHT patients are admitted to and discharged from.

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Aim Statement

- To improve the rate of 7-day post hospital follow-up visits for high risk FHT patients***** from 58% to 90% by December 2017 .

**** High risk patients :*** *(Stroke (>= 45 years), COPD (>= 45 years)*
Pneumonia (all ages), Congestive Heart Failure (>= 45 years)
Diabetes, Cardiac (>= 40 years), GI problems, including (all ages)

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Measures

- **Outcome measures:**
  - % of high risk patients who had a follow-up visit within 7 days post hospital discharge
- **Process measures:**
  - # of discharge summaries received in a given period
  - % of discharge summaries received within 48 hours from discharge
  - % of no shows
- **Balancing Measures:**
  - Front desk staff experience
  - Provider experience

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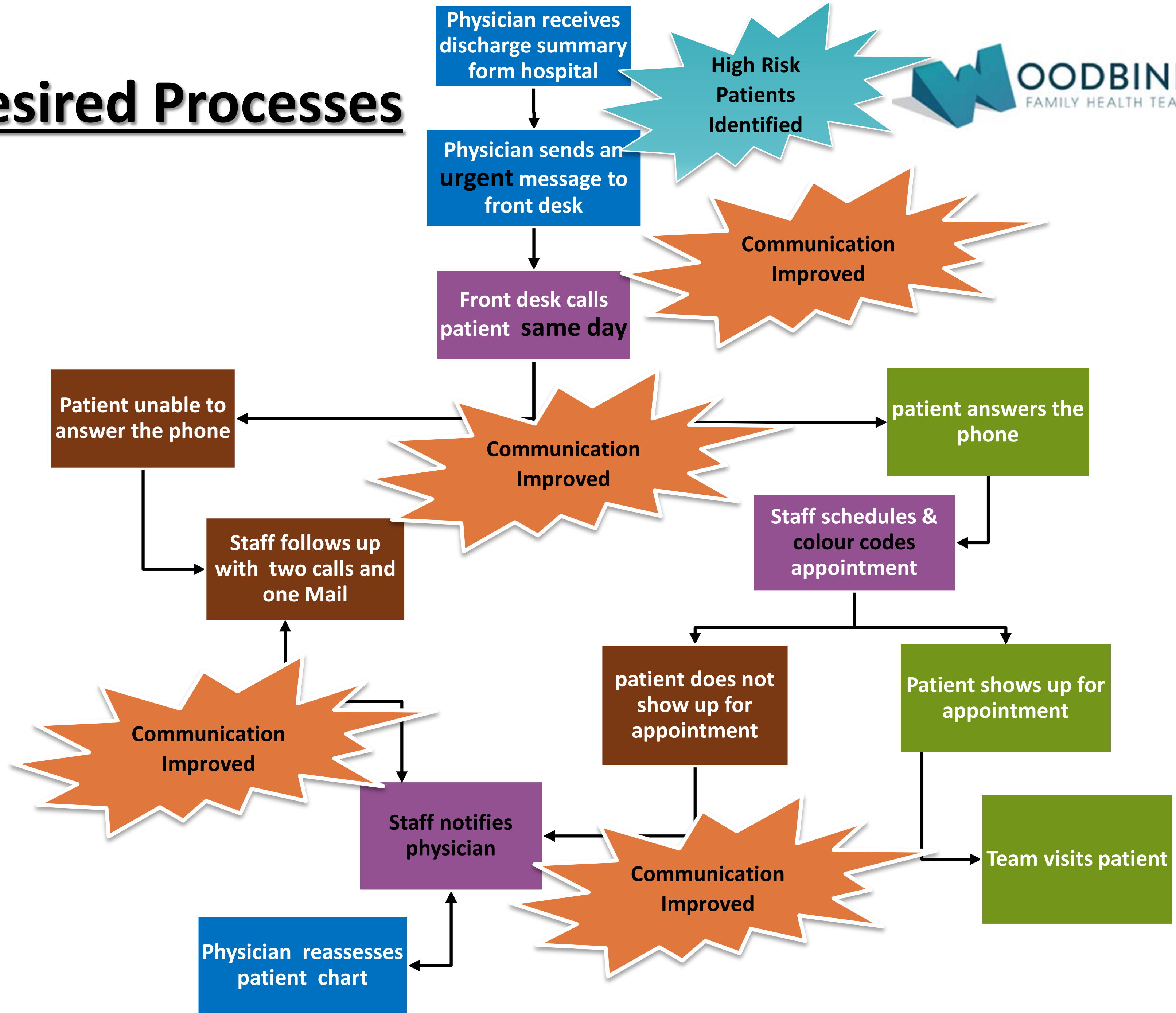
Change Ideas

- Provider Education
  - Identify High risks
  - EMR urgent messaging
- Font desk staff training
  - Colour coded EMR appointments
  - Urgent patient contact
- Structured EMR documentation
  - EMR Templates (Custom forms & Stamps)
- Designated visit:
  - Interdisciplinary team visit (Pharmacist, RN, NP, Physician)


Desired Processes
Physician receives discharge summary form hospital
Physician sends an urgent message to front desk
Front desk calls patient same day
High Risk Patients Identified
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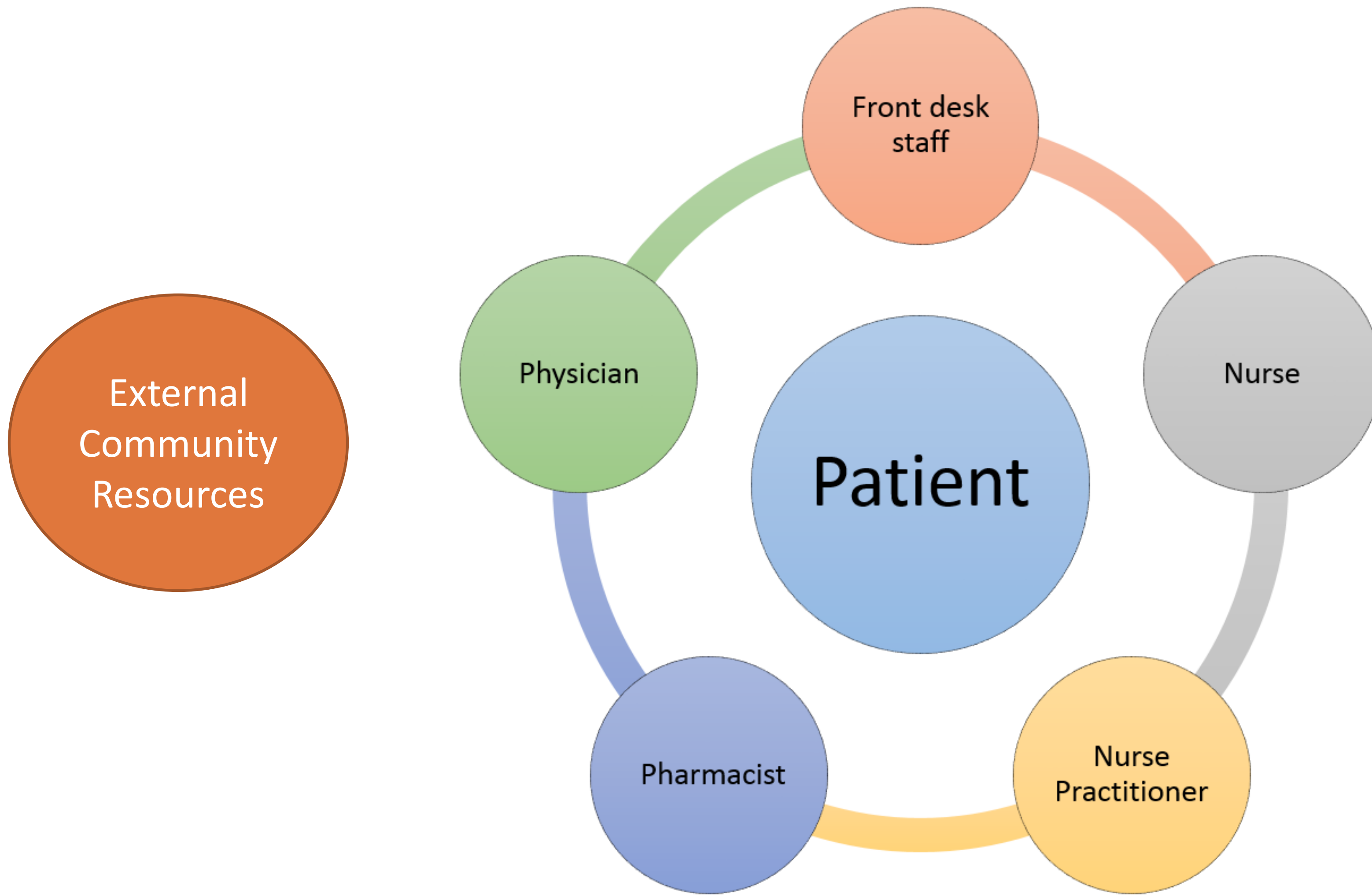
Communication Improved
Patient unable to answer the phone
Communication Improved
patient answers the phone
Staff follows up with two calls and one Mail
Staff schedules & colour codes appointment
patient does not show up for appointment
Patient shows up for appointment
Communication Improved
Staff notifies physician
Communication Improved
Team visits patient
Physician reassesses patient chart

Interdisciplinary Team



Colour Code Appointments

Preferences

<Enter search text>

- Appearance
- Appointments
- Backup and Verify
- Billing
- Clinic Identification
- Dashboard
- Data Sharing
- Email
- External Accounts
- Faxing
- Features
- Health Portal
- HSFO Credentials
- Labs
- Letters
- Manage Certificates
- Messaging
- Miscellaneous
- Mobile
- OLIS
- Outcomes Dashboard
- Prescription Favourites
- Prescription Services
- Printing
- Programs

Appearance | Printing | Colours | Icons | Types | Rules | Miscellaneous

- b12 injection (b12)
- female px (fpx)
- male px (mpx)
- Peds AHE (2-17)
- Post D/C follow-up
- Same day/next day Appointment (SDND)
- Telephone Call (TC)
- Well Baby check (<2y/o)

Remove | Add...

Appointment Type

Name: Post D/C follow-up

Short Form:

Details Suffix: Post D/C follow-up

Secondary Provider:

Service Code:

Default Status: No Status

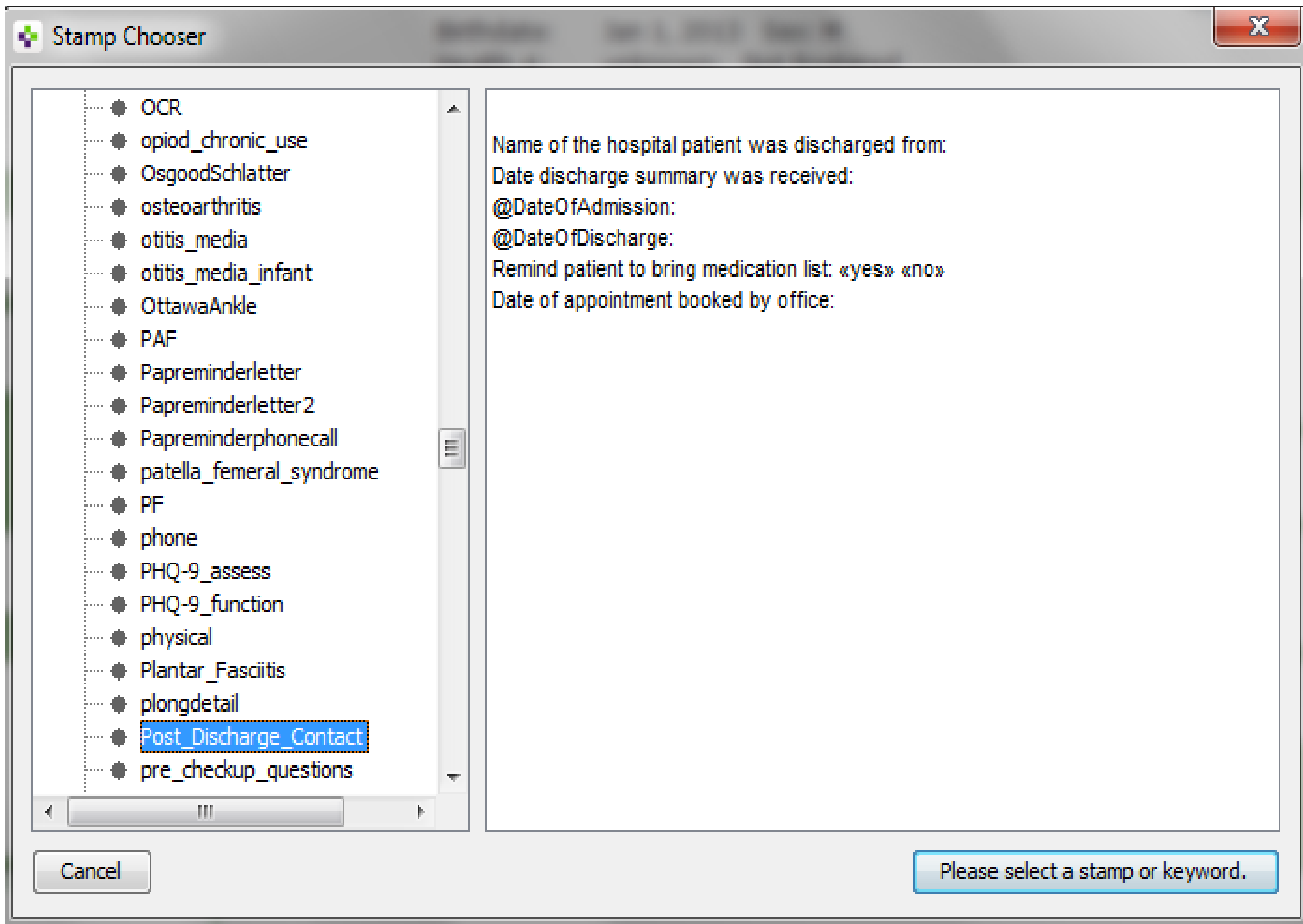
Default Duration: 15

Default Foreground Colour:

Default Background Colour:

SuperCode:

EMR Stamp- Front Desk



EMR Encounter Form- Provider

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Appoinment Date

TRIAGE: BP: HR: WT:

Urgent message date

Reason for hospitalization:

Discharge Diagnosis:

Discarge Details:

☐

☐Nam of the hospital patient was discharged from:
Date discharge summary was received:
Date of admission:
Date of discharge:
☐Remind patient to bring medication list: «yes» «no»
Date of appointment booked by office:

Date Received:

Any medication changes: ☐ YES ☐ NO

Old Medication List:

patRX

Pharmacist Notes:

Any procedures done: ☐ YES ☐ NO

iIf yes please list

Specialist Apppoinments: ☐ YES ☐ NO Date, Time, specialty:

Follow up Testing: ☐ Lab ☐ Imaging Other:

☐ Looks well, pleasant, alert and oriented ☐ Pallor

Carotid Upstroke: RR:

Cardiovascular Exam:

Cardiac impulse located at: ☐ Displacement of cardiac impulse ☐ Heaves ☐ Thrills JVD: ☐ YES ☐ NO

On Auscultation ☐ Heart sounds normal ☐ Murmur ☐ S3 ☐ S4 ☐ Carotid Bruit

Respiratory Exam:
☐ Clear to auscultation in all lung fields
☐ Universally resonant on percussion
☐ Basal Crepitations

Abdominal Exam:
☐ Soft and non-tender
☐ Obese
☐ Hepatosplenomegaly
☐ Pulsatile Mass

Extremities:
☐ Pedal Edema
☐ Dorsalis pedis pulse present bilaterally

Additional Notes:

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Next Steps

- **Work in progress:**
  - Starting June 2017, implementing the new change ideas and collecting data for a period of 6 months.
  - Continued monitoring progress.
  - Improve communication with the identified hospitals.
  - Use a “quality board” to communicate progress with the team.
  - Use the collected data & lessons learned to address patients’ needs.
  - Announce and celebrate successes.
  - Plan for the next PDSA.

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Acknowledgement

- We wish to acknowledge the team members who helped us with this work:
  - Physician Lead
  - Physician team
  - Nurses
  - Pharmacist
  - Front Desk Staff

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References

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Thank you!