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# Improving Discharge Communication with Outpatient Providers on the Hospitalist Service

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# Improving Discharge Communication with Outpatient Providers on the Hospitalist Service

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## Background

- Handoffs are crucial to transitions of care.
- Inadequate handoffs increase the risk of medical error, cost, and patient harm.
- At our institution, a standard for safe handoffs between pediatric hospitalists (PHM) and primary care providers (PCP) did not exist.

## Objective

**Aim:** To increase two-way discharge communication between PHMs and PCPs for high-risk patients from 7% to >80% within 18 months.

## Methods

**Outcome Measure:** Two-way discharge communication

**Process Measure:** Any attempt to contact the PCP

**Balancing Measure:** PHM satisfaction with process

### Key Drivers:

1. Efficient and standardized processes
2. Provider engagement
3. Early identification of high-risk patients

### 'High-risk' defined as ≥1 of the following:

1. Complex chronic condition
2. Unplanned operating room visit
3. Unplanned intensive care unit stay
4. New medical equipment prescribed
5. New clinic referral unrelated to discharge diagnosis
6. Identified as a 'patient at risk' by social work
7. Outbound transfer

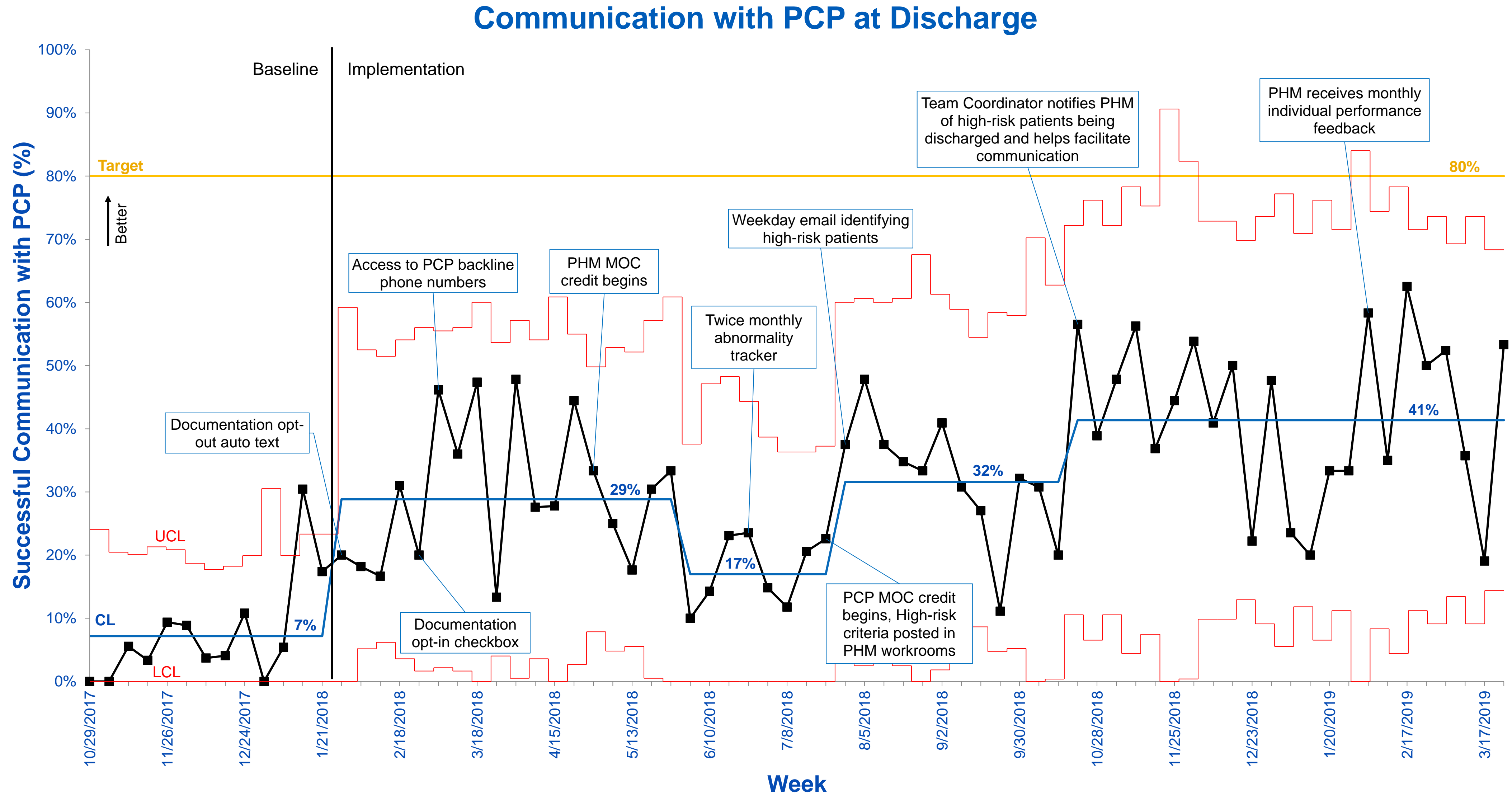


Figure 1. Outcome Measure. Annotated p-chart. Percent of high-risk patients where PHM communicated with the PCP. CL, centerline. LCL, lower control limit. MOC, maintenance of certification. UCL, upper control limit.

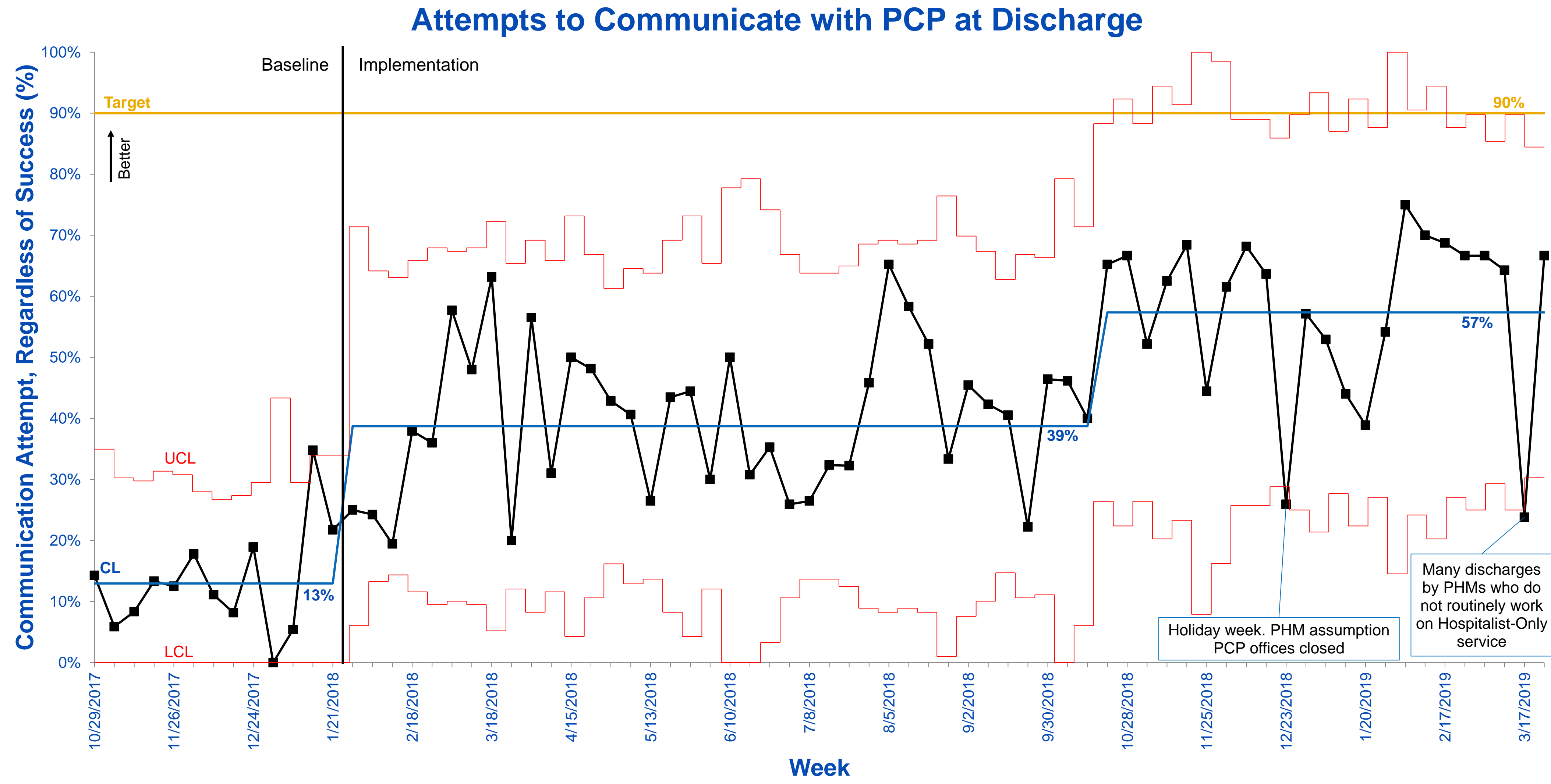


Figure 2. Process Measure. Annotated p-chart. Percent of high-risk patients where PHM attempted to communicate with the PCP. CL, centerline. LCL, lower control limit. UCL, upper control limit.

## Results

- 1883 patients (432 baseline, 1451 implementation)
- Outcome measure improved from 7% to 41% (Fig 1)
  - Increase from 1.7 to 10.3 communications per week
- Process measure improved from 13% to 57% (Fig 2)
  - Increase from 3.3 to 14.3 attempts per week
- Balancing measure increased from 5% to 35%

## Discussion/Conclusion

- Marked improvement in two-way discharge communication for high-risk patients
- Work is ongoing in an effort to achieve our aim

### Successes:

1. Bringing awareness to a performance gap
2. Identifying high-risk patients early
3. Utilizing support staff to coordinate discharge communication
4. Providing individual feedback to physicians

### Barriers:

1. Ability to reach the PCP
2. Time required for two-way communication

### Future Work:

1. Improving PHM's ability to reach the PCP
2. Utilizing HIPAA compliant technology to streamline communication

## Contact Information

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