

Discharge Process Improvement for Inpatient Pediatrics

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Disclosure of Financial Relationships

- Nothing to disclose

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The Problem: Chaotic Discharge Process



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Observations



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Literature

Journal of HOSPITAL MEDICINE
www.journalofhospitalmedicine.com

REVIEWS

Pediatric Hospital Discharge Interventions to Reduce Subsequent Utilization: A Systematic Review

Katherine A. Auger, MD, MSc¹, Cheri C. Kenyon, MD, MPH², Chris Feudtner, MD, PhD, MPH³, Matthew M. Davis, MD, MAPP⁴

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BACKGROUND: Reducing avoidable readmission and post-hospitalization emergency department (ED) utilization has become a focus of quality-of-care measures and initiatives. For pediatric patients, no systematic efforts have assessed the evidence for interventions to reduce these events.

studies examined multifaceted discharge interventions initiated in the inpatient setting. Overall, 2 studies demonstrated statistically significant reductions in both readmissions and subsequent ED visits, 4 studies demonstrated statistically significant reductions in either readmission

QUALITY REPORT

Linking Patient-Centered Medical Home and Asthma Measures Reduces Hospital Readmission Rates

AUTHORS: Lora Bergert, MD,^{1,2} Shilpa J. Patel, MD,^{1,2} Chetko Kimata, PhD, MPH, MBA,³ Guangqiang Zhang, PhD,¹ and Wallace J. Matthews Jr, MD^{1,2}

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abstract

OBJECTIVE: We sought to achieve 100% compliance with all 3 Children's Asthma Care (CAC, CAC-1, CAC-2, CAC-3) measures and track attendance at follow-up appointments with the patient-centered medical home. The impact of these measures on readmission and emergency department utilization rates was evaluated.



The Metric: All or none

Has a follow up appointment
Med rec completed
New scripts written correctly

Baseline "effective" discharge rate for 12 weekday discharges:

8%



Small Tests of Change

TEST 1
 What: Train Clerk to make the follow up appointments
 Who (population): 12e discharges
 Where: 12e
 When: From 12/4 To 12/5
 Who executes: Paul Clerk
 Results: Feasible, Helpful, Adapt

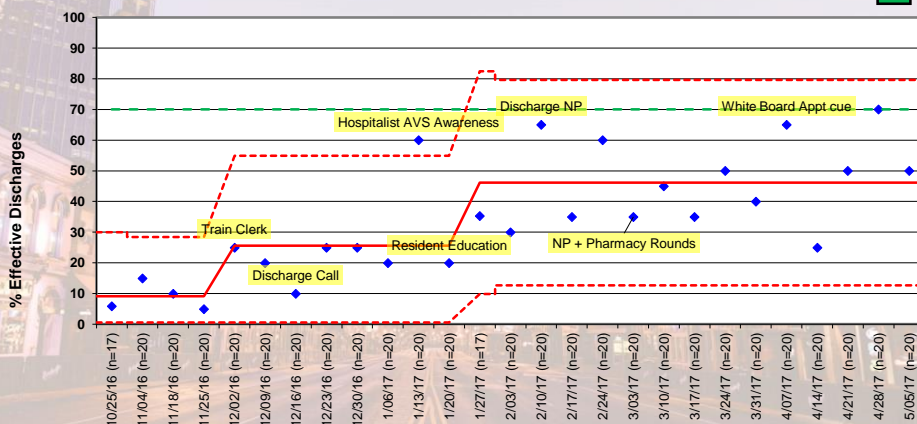
TEST 2
 What: Discharge Huddle Call
 Who (population): 12e discharges
 Where: via phone
 When: From 12/15 To 12/16
 Who executes: Melissa
 Results: Not feasible to get all players on the phone at once even for 2 min. PIs identified did get appts in the chart 4/5. Adapt but no more call, find another way to notify the clerk

TEST 3
 What: Early AM Communication on discharges to Clerk who makes or logs Appt
 Who (population): 12e discharges
 Where: 12e or vocera
 When: From 1/15 To 1/22
 Who executes: Paul, Sr Residents, NPs
 Results: Works well when we remember to do it. The patients identified the day prior were only 50/50 to be discharged. Adapt.

TEST 4
 What: Parents to make the follow up appointment and write it on the white board
 Who (population): 12e discharges
 Where: 12e
 When: From 4/24 To 4/28
 Who executes: Red Team
 Results: 4/5 patients had appts made by parent and put into chart. Parents liked and understood it. Staff response positive. Adopt.

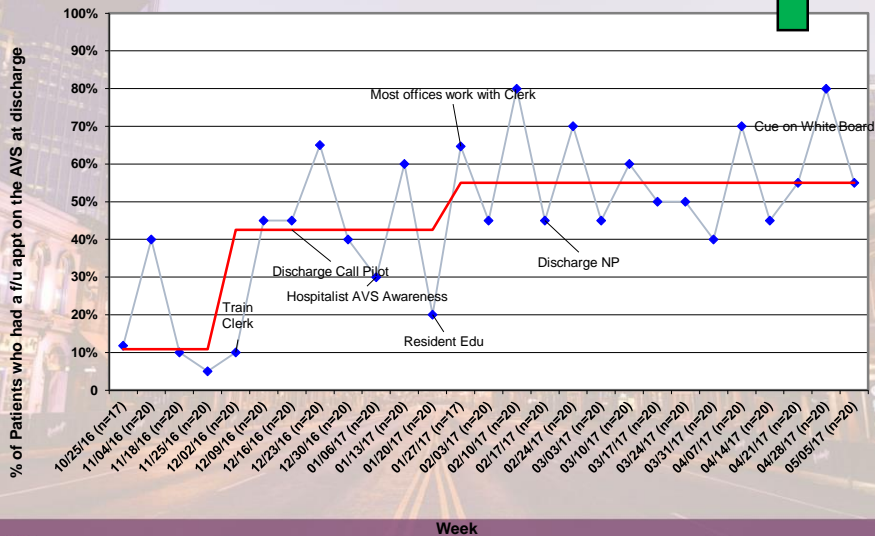
Results

Percent Effective* Weekday Discharges from 12e Oct 21, 2016 to May 5, 2017

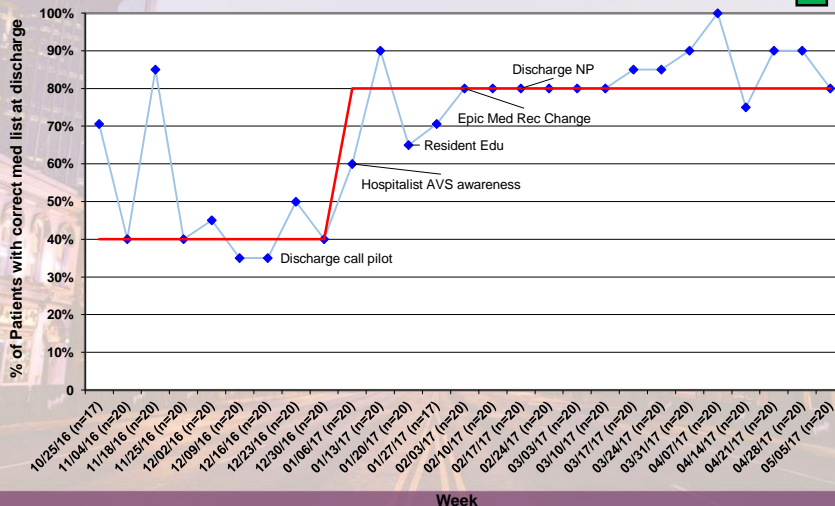


◆ Weekly Percent Effective Discharges. * "effective" = has f/u appt, med rec done, no script errors

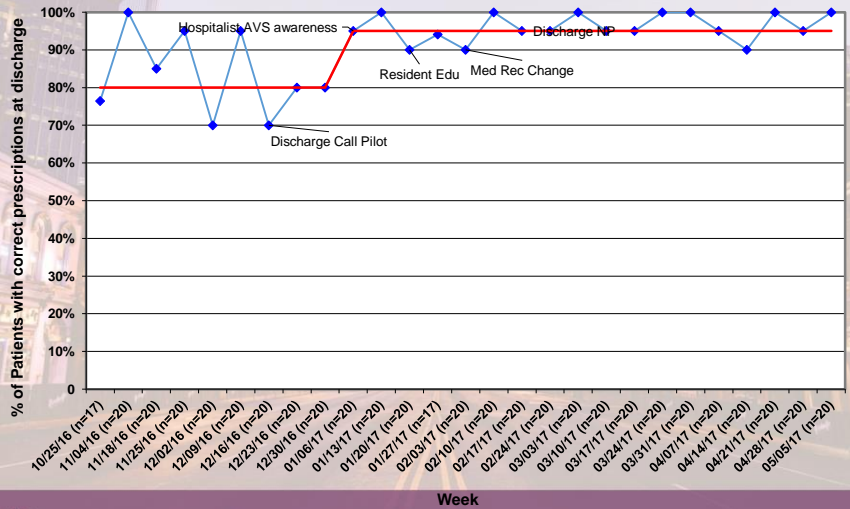
% of Patients with a follow up Appointment on the AVS at discharge



% of Patients with correct med list at discharge



% of patients with correct prescriptions at discharge



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◆ % of Patients Who Met the Desired Clinical Outcome
 — Median
 — Linear (% of Patients Who Met the Desired Clinical Outcome)

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Key learnings



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Readmissions

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Multi-Center Medication Reconciliation
Quality Improvement Study



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