Handoff Communication from Emergency Department to Primary Care

Linda M. Watkins DNP, RN, FNP-C
Objectives

• To determine the efficacy of Standardized Communication

• To discuss the errors and safety issues that occur in patient care due to the lack of Standardized Handoff Communication

• To discuss the results of one example of Standardized Handoff Communication

• To identify the role of the Electronic Medical Record at the point of transition of care to promote patient safety and continuity of care
Background

• Lack of proper communication at patient care transition points contributes to medical errors, mistakes, or near misses resulting in adverse patient outcomes including death.
• Patient safety depends upon accurate communication in health care
• ED providers and Primary Care Providers (PCP) frequently fail to communicate important facts of a patient’s care to one another at transition points in care
• In 2000, the Institute of Medicine (IOM) published a landmark report claiming 98,000 Americans die annually due to medical errors most are related to communication
Recommendations

• The Institute of Medicine (IOM), medical scholars, educators, and medical staff across the United States continue to identify the need for safe and effective clinical communication practices.

• Communications between providers about changes in plans of care could be the interwoven mesh that repairs the fragmentation of care throughout a complex medical system.

• The research literature reports opposing views regarding communication at point of care change.
Recommendations

• On the one hand, standardization of communication presents the opportunity for clinicians to consult one another and render patient information in a way that could identify distorted assumptions or discounted possibilities in diagnosis and treatment.

• Thus, these reciprocal actions provide favorable circumstances to review and provide an opportunity for excellent patient care.
Donabedian Framework

Low risk chest pain patient → ED Provider → eEPWPD → Stress Test Myoview Follow-up with Primary Care
Standardized Communication

- FROM ED to PRIMARY CARE TEMPLATE
  - Diagnosis
  - Treatment Plan
Utilizing the EMR

• The importance of transitioning the patient through accurate communication is paramount to ensure continuity and safe care

• A better strategy involves developing a standardized method of communication

• Then monitoring near misses or adverse events, and the time spent in the ED by patients transitioned from Primary Care to the ED using a standardized method of communication
ED to PRIMARY CARE

• Calling is not enough if you do not have EMR access then the utilization of patient notebooks provides the ED with Background and Presenting Problems.

• Primary Care Providers have a wealth of information which can assist the ED.

• ED let them know what your recommendations are or what you did when the patient was in the ED. Labs, EKGs, and Medication changes.
Standardization

- Standardization will remove fragmentation
- Standardization will assist in the prevention of error such as near misses or adverse events and improve patient safety and patient outcomes
- Standardization will provide a guide for the ED staff and decreases surprises.
THIS STUDY

- A retrospective study of the Stable Chest Pain Patient
- Patients presenting to the ED at the VA Medical Center in Jackson MS
- Discharged needing follow-up stress test
This Study

- The VA Jackson, MS, implemented an electronic Emergency Department Written Plan of Discharge (eEDWPD) template note to notify Primary Care Providers (PCPs) that follow-up is needed for their patients.

- The aim of this project was to evaluate the implementation of this template on low risk chest pain patient population presenting to the ED.

- A retrospective review of the electronic medical record of 4,450 encounters from April 1, 2008 to April 15, 2012 was conducted to evaluate additional diagnostic testing and follow-up care following the implementation of the discharge template.
RESULTS
• Analyzed using a Chi-Square analysis to compare the historical control and intervention groups on diagnostic testing and PCP follow-up.

• An Independent t-test analyzed the number of days that elapsed before the diagnostic testing and follow-up were completed for the two groups.

• Results indicated that following the implementation of the eEPWPD template, the number of low-risk chest pain patients receiving outpatient diagnostic testing significantly increased (t= 2.15, p = 0.033) and PCP follow-up increased but not significantly (t= 1.92, p= 0.056).
## Diagnostic Testing and PCP Follow-up Demographics

<table>
<thead>
<tr>
<th></th>
<th>Pre-eEPWPD Group</th>
<th>Post-eEPWPD Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Stress-Test</strong></td>
<td>104 (78.8%)</td>
<td>28 (21.2%)</td>
</tr>
<tr>
<td><strong>Follow-up with PCP</strong></td>
<td>102 (73.3%)</td>
<td>30 (26.7%)</td>
</tr>
<tr>
<td><strong>Stress Test received</strong></td>
<td>30 (22.7%)</td>
<td>102 (77.73%)</td>
</tr>
<tr>
<td><strong>in ≤ 5 working days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PCP Follow-up</strong></td>
<td>75 (73.5%)</td>
<td>57 (43.2.5%)</td>
</tr>
<tr>
<td><strong>Received in ≤ 30 days</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results of Independent T-test Analysis of Days to Stress/Myoview and Follow-up Post ED

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
<th>t</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Days to Testing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-eEPWPD Group</td>
<td>104</td>
<td>21.57</td>
<td>26.88</td>
<td>2.15</td>
<td>0.03</td>
</tr>
<tr>
<td>Post-eEPWPD Group</td>
<td>212</td>
<td>15.53</td>
<td>21.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Days to Follow up</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-eEPWPD Group</td>
<td>102</td>
<td>31.84</td>
<td>35.53</td>
<td>1.92</td>
<td>0.056</td>
</tr>
<tr>
<td>Post-eEPWPD Group</td>
<td>209</td>
<td>24.33</td>
<td>24.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONCLUSION

The number of low-risk chest pain patients receiving outpatient diagnostic testing within the VA’s Standard of Care increased significantly.
RECOMMENDATIONS

This study provides evidence that standardizing hand off communication from the ED to the primary care provider can improve the quality of patient care by ensuring timely diagnostic and follow-up care.
STANDARDIZED COMMUNICATION

• Recognized as a very important safety issue by:
  • Joint Commission
  • AHRQ
  • IHI
References


References


QUESTIONS?