Handoff Communication from Emergency Department to Primary Care

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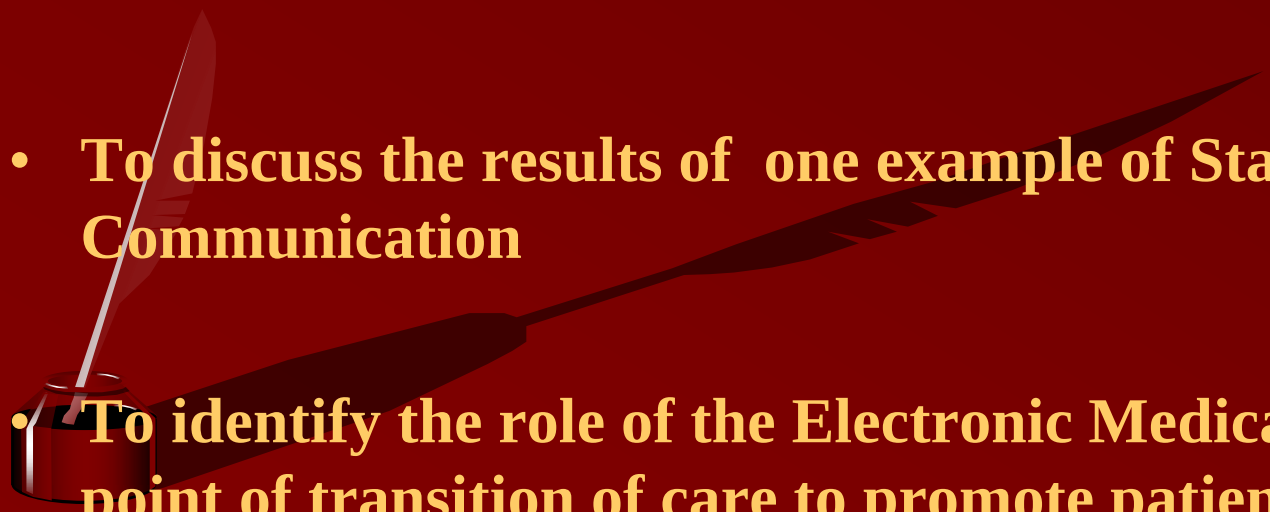
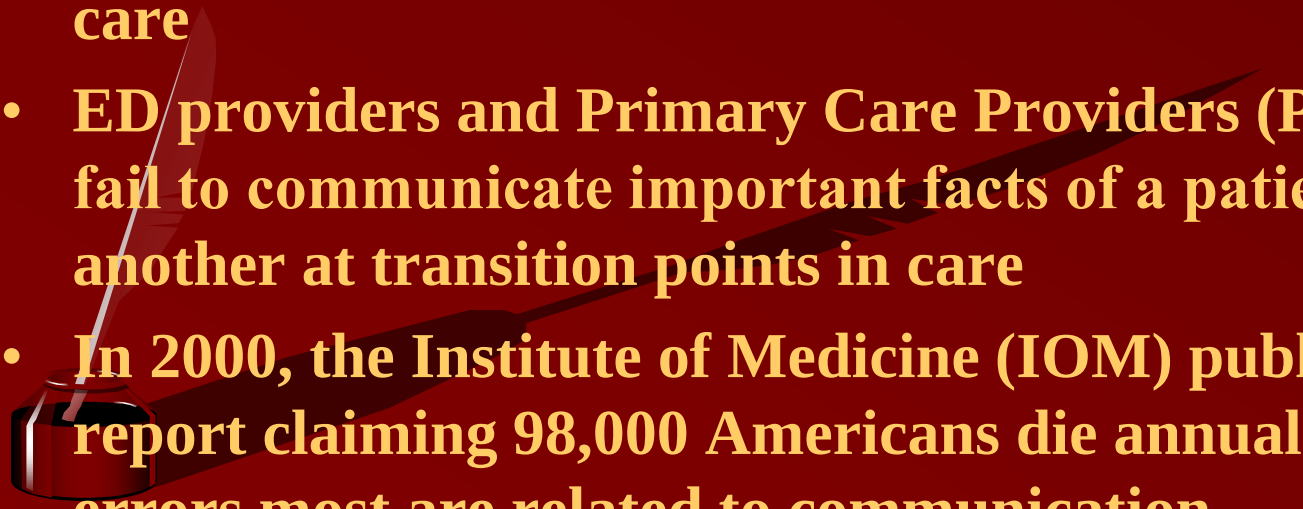
Objectives

- 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

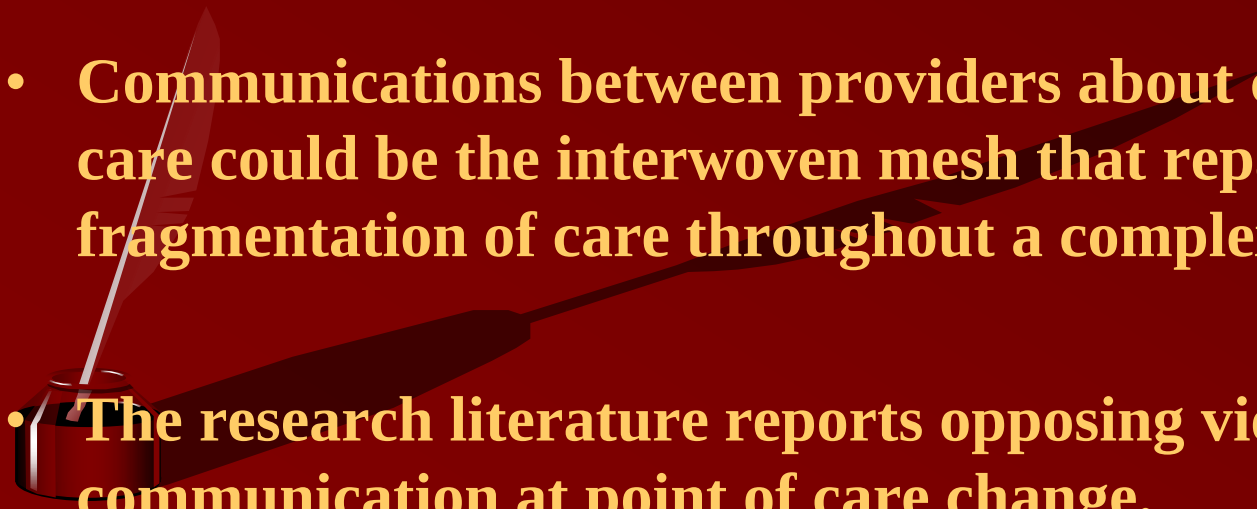


Recommendations

- **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.**

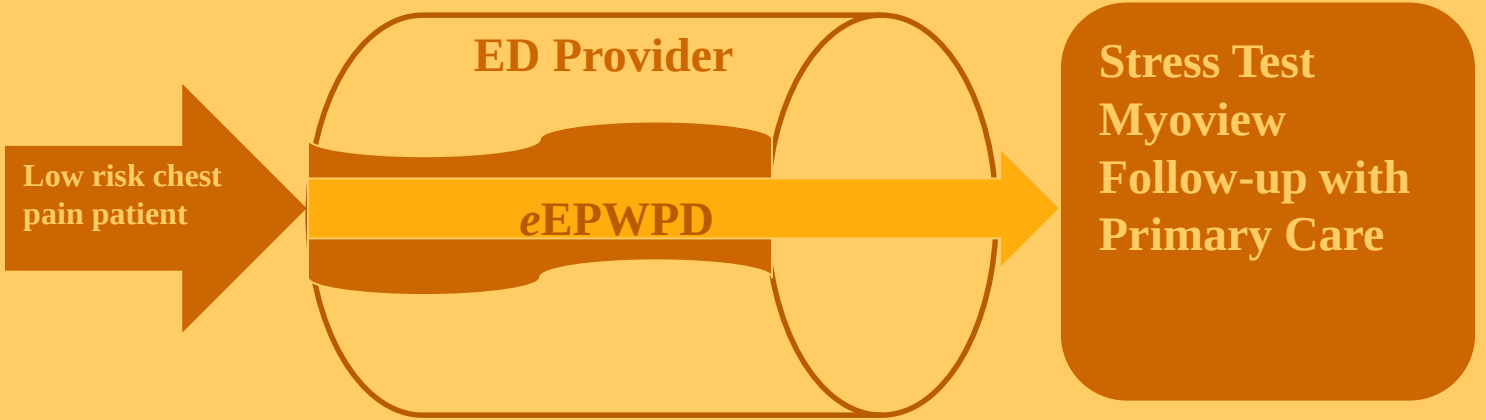


Recommendations

- 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



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

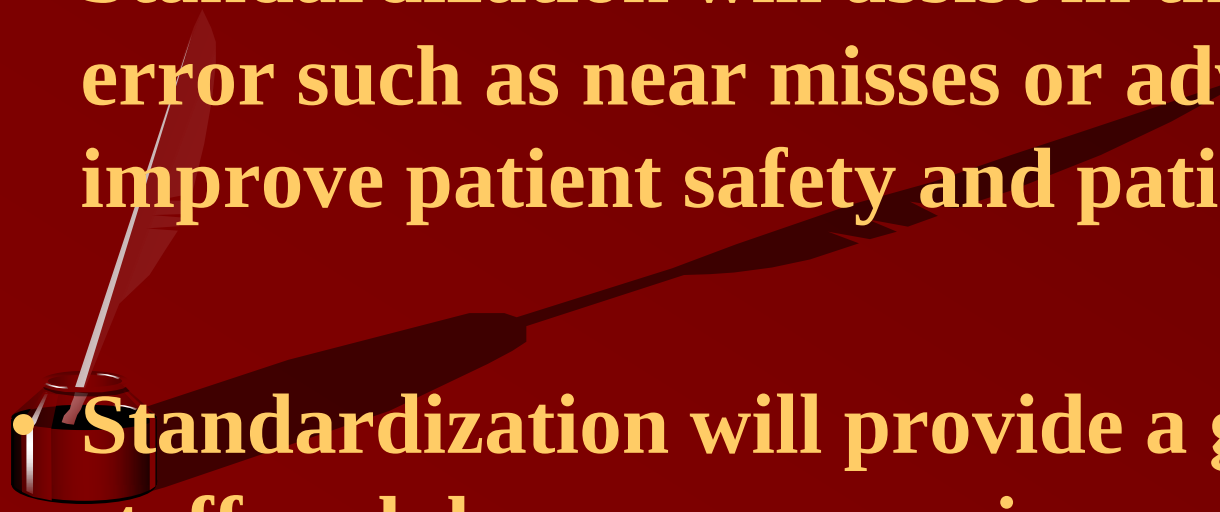
- Calling is not enough if you do not have EMR access then the utilization of patient notebooks provides the ED with Background and Presenting Problems

- 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.

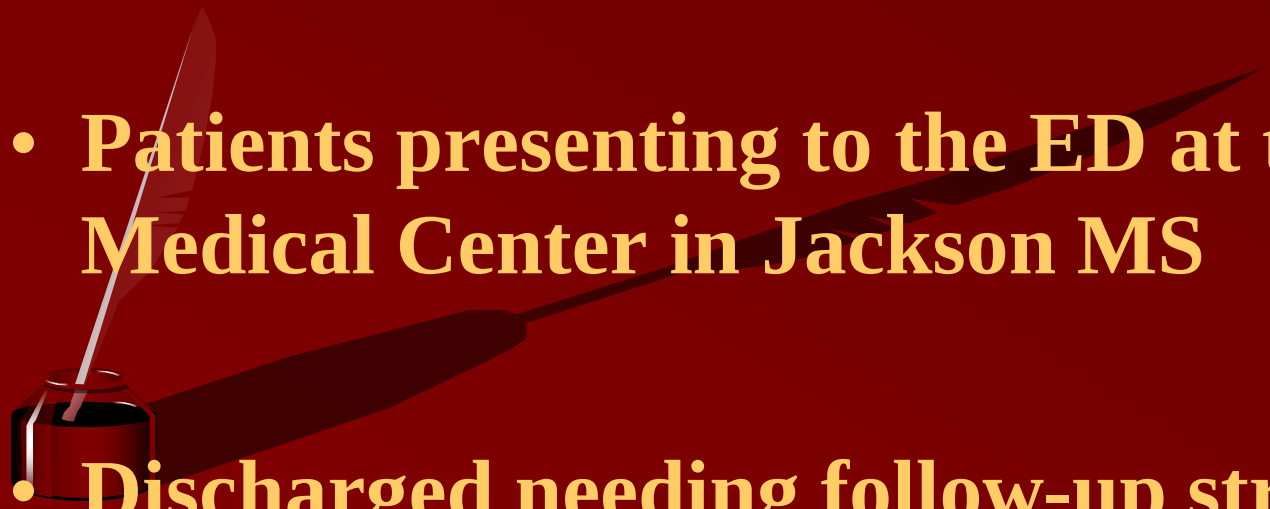
Standardization

- **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 cEPWPD 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

	Pre-eEPWPD Group		Post-eEPWPD Group	
	Yes	No	Yes	No
Stress-Test	104 (78.8%)	28 (21.2%)	212 (93.8%)	14 (6.2%)
Follow-up with PCP	102 (73.3%)	30 (26.7%)	209 (92.5%)	17 (7.5%)
Stress Test received in ≤ 5 working days	30(22.7%)	102 (77.73%)	94 (41.6%)	132 (58.4%)
PCP Follow–up Received in ≤ 30 days	75 (73.5%)	57 (43.2.5%)	164 (72.6%)	62 (27.4%)

Results of Independent T-test Analysis of Days to Stress/Myoview and Follow-up Post ED

Total Days to Testing	N	Mean	Std Dev	t	P-value
Pre-eEPWPD Group	104	21.57	26.88	2.15	0.03
Post-eEPWPD Group	212	15.53	21.67		

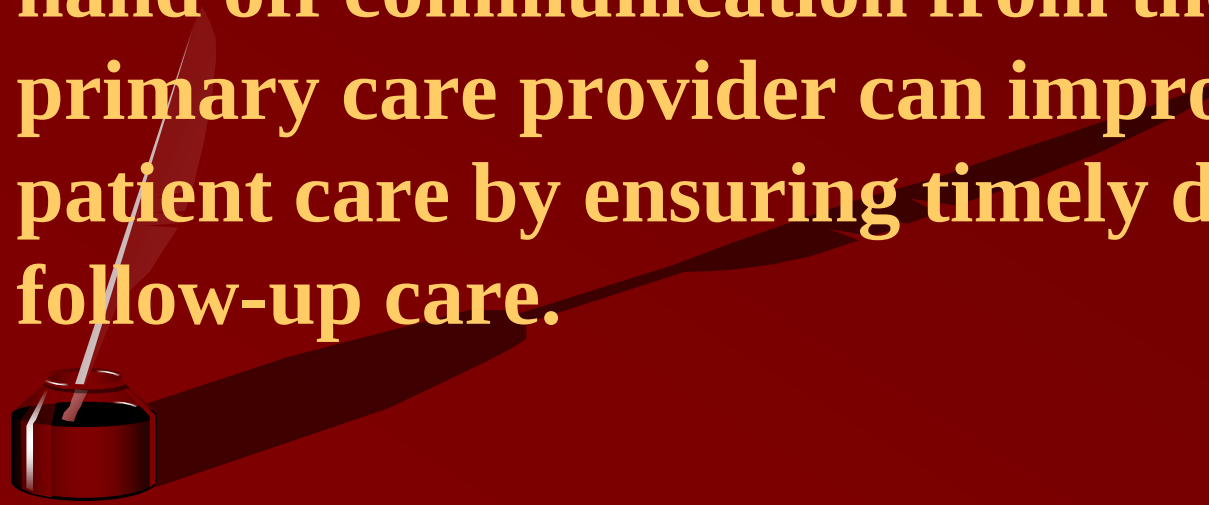
Total Days to Follow up					
Pre-eEPWPD Group	102	31.84	35.53	1.92	0.056
Post-eEPWPD Group	209	24.33	24.37		

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

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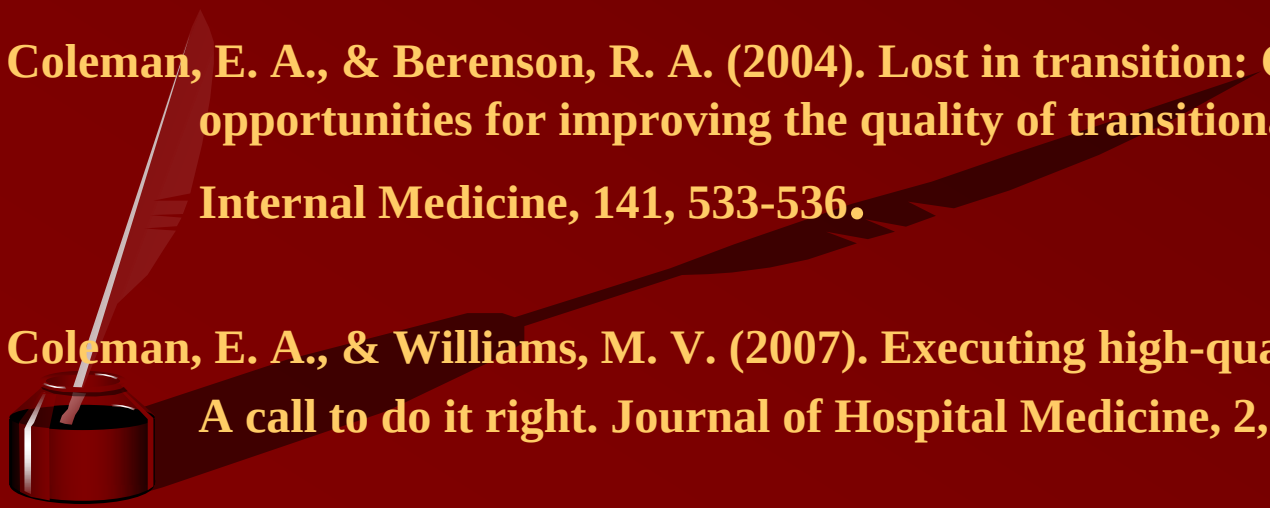

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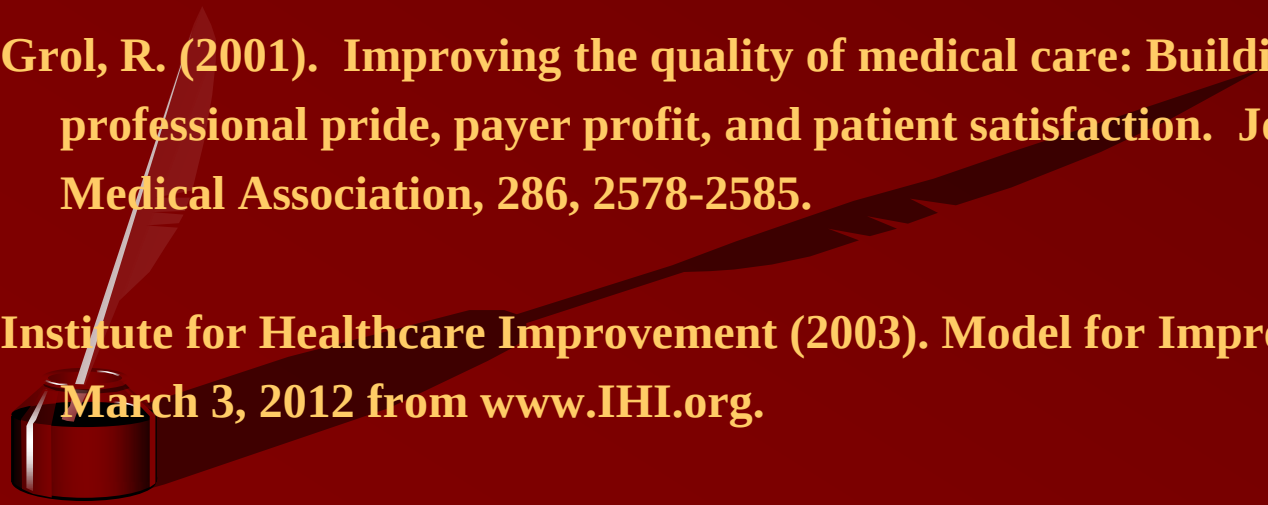

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QUESTIONS?