Curriculum Development Centers Program

Awardee of The Office of the National Coordinator for Health Information Technology

HIT Design for Teamwork and Communication

Unit 5a: Care Coordination

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Objective

- Assess the impact of teamwork and communication on patient safety and care coordination

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Goals of Meaningful Use

- Improve quality, safety, & efficiency
- Engage patients & their families
- Improve care coordination
- Improve population & public health; reduce disparities
- Ensure privacy & security protections

Care Coordination

1 priority area for national action
Aim: "to establish and support a continuous healing relationship, enabled by an integrated clinical environment and characterized by the proactive delivery of evidence-based care and follow-up.

IOM, Priority Areas for National Action: Transforming Health Care Quality, 2003

Care Coordination Failure

• A major contributor to adverse events in health care

Care Coordination Transitions of Care

• Provider to provider (within facility)
• Care area to care area (within facility)
• Facility to facility transfer
• Admission to facility from home (primary care provider to hospital care)
• Discharge home (hospital care to primary care provider)

Hand-Off

• Transfer of care from one provider to another provider
• Vulnerable to communication failure

Provider Hand-Offs

- Reduced resident duty hours mandated for all US residency programs since 2003
  - Less fatigue, improved well-being for residents
  - Increased hand-offs, reduced continuity of care
- Concerns about inadequate hand-offs
  - Average patient: handed-off 5 -10 times/admission
  - Health care communications prone to interruption
  - National Patient Safety Goal requires standardized approach to hand-off communications

Riesenberg et. al, 2009

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Provider Hand-Offs

Barriers
- Communication
- Lack of a standard system or requirement
- Lack of training
- Incomplete information
- Noise/interruptions
- Lack of time
- Complexity/volume

Strategies
- Standardized process
- Standardized content
- Limit hierarchy
- Training/education
- Specified location
- Limit interruptions
- Technology

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Provider Hand-Offs

- Study of Emergency Physician-Hospitalist hand-offs
- Differences in function and emphasis
  - Emergency physician: talks, emphasizes immediate care decisions
  - Hospitalist: listens; emphasizes information needed for long-term inpatient care
- Analysis of utterances
  - Information giving versus question-and-answer events
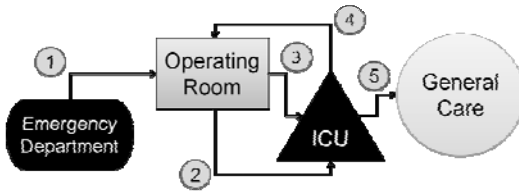 - Few direct statements of acceptance of responsibility

Apker et. al, 2009

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Transfers Within Organizations

- On average, 40-70% of inpatients are transferred each day requiring seamless coordination
- Complex and multi-departmental

Transfers Within Organizations

- Challenges to inter-departmental coordination
  - Ineffective inter-departmental interactions
    - Clinical-nonclinical
    - Clinical-clinical
  - Ineffective information hand-offs
    - Timeliness
    - Withholding of information
  - Ineffectiveness of information technologies

Hospital Discharges

- Communication & information transfer deficits on hospital discharge are common; may affect quality of care and patient safety
- On discharge, hospital physicians transfer responsibility for patient care to primary care providers

"Timely transfer of accurate, relevant data about diagnostic findings, treatment, complications, consultations, tests pending at discharge, and arrangements for post-discharge follow-up may improve the continuity of this hand-off."

Hospital Discharges

- Direct communication between hospital and primary care providers was low: 3% - 20%
- Availability of the discharge summary within one week of discharge was low: 12% - 34%
- Availability of discharge summary remained low after four week post discharge: 51% - 77%
- When present, discharge summaries lacked important clinical information
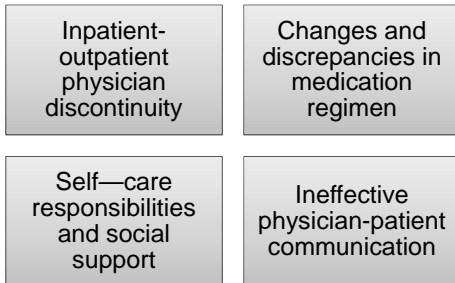- Poor communication was the cause of primary care provider dissatisfaction

Kripalani, S et al (2007)

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Hospital Discharges

Inpatient-outpatient physician discontinuity	Changes and discrepancies in medication regimen
Self—care responsibilities and social support	Ineffective physician-patient communication

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Primary Care CoordinationTasks

- Maintain patient continuity with primary care provider
- Document & compile patient information generated within and outside the primary care office
- Use information to coordinate care for individual patients and for tracking different patient populations within the primary care office

O'Malley AS. Et al (2010)

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Primary Care CoordinationTasks

- Initiate, communicate, and track referrals and consultation
- Share care with clinicians across practices and settings
- Provide care and/or exchange information for transitions and emergency care

O'Malley AS. Et al (2010)

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Primary Care Coordination Effectiveness of EHR

- EHRs as currently designed are helpful for care coordination **within** practices but less helpful **across** practices
- EHRs are designed for point-in-time documentation; care coordination is dynamic
- Managing repetitive content of notes and inappropriate use of templates is a barrier
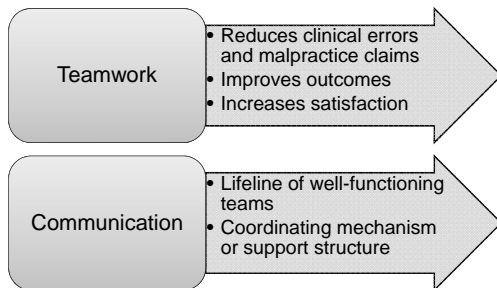- Limited ability to capture care planning

O'Malley AS. Et al (2010)

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Coordination of Care

Teamwork
- Reduces clinical errors and malpractice claims
- Improves outcomes
- Increases satisfaction

Communication
- Lifeline of well-functioning teams
- Coordinating mechanism or support structure

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