Teaching Transitions of Care: Finding New Solutions to an Old Problem

HonorHealth Scottsdale Osborn FM Residency Program
Darlene Moyer, MD – Associate Director
Cynthia Kegowicz, MD – Program Director
Jennifer Rosas, MD – Associate Director

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Disclosures

- None

Outline

- Review ACGME Requirements
- Describe the changes we made to improve our Transitions of Care (TOC) processes
- Discuss our Successes and Challenges
- Share experiences

ACGME Program Requirements

- Programs must design clinical assignments to *optimize* transitions in patient care, *including their safety, frequency, and structure*
- *Programs, in partnership with their Sponsoring Institutions* must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety

ACGME Program Requirements

- Programs must ensure that residents are competent in communicating with team members in the hand-over process
- *Programs and clinical sites must maintain and communicate* of attending physicians and residents currently responsible for care

ACGME Program Requirements

- *Each program must ensure continuity of patient care, consistent with the program's policy and procedures referenced in VI.C.2**, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness*

ACGME Program Requirements

- ***VI.C.2 – There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have a policy and procedure in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities*

Description of our Residency Program

- 8-8-8 community based, university-affiliated program
- Single-sponsored until last year (now also IM & General Surgery)
- In existence for 42 years – well integrated into our system & community
- Our FMC is part of a FQHC
- Diverse & large underserved patient population (despite being located in sunny, gorgeous Scottsdale!)

Description of our Inpatient Service

- Located at 1 of our 5 network hospitals
- No other residents at our 'home' hospital
- FM run service (no hospitalists)
- Attendings are all either FM docs or a few community specialists
- 2 inpatient teams – each with a PGY1, senior resident, medical student, attending
- Average 8-10 patients on each team
- All patient types including OBs, newborns, ICU

Description of our Outpatient Clinic

- 4 clinic teams consisting of 2 faculty, 6 residents, 1 MA and 1 RN.
- Integrated EMR: EPIC
- Integrated ancillary resources: behavioral health, team based care coordinators, and registered dietician

Polling Question

- Are you mainly interested in learning about:
  A. Inpatient Transitions of Care
  B. Outpatient Transitions of Care
  C. Both
  D. Other

Our Interventions - Inpatient

- Decreased the number of overall inpatient care transitions
- Instituted an annual program-wide TOC seminar
- Developed formal TOC training during PGY1 orientation
- Implemented the SIGN-OUT mnemonic to standardize verbal transitions
- Standardized written sign-out
- Added review of overnight events to morning table rounds
- Made call coverage schedule available to hospital Operator and within New Innovations software

Our Inpatient Transitions of Care prior to the interventions

8am Morning Rounds

Multiple daytime inter-team intern transitions

7pm Day Team to Night Float

Decreased number of Transitions

8am Morning Rounds

7pm Day Team to Night Float

TOC Seminars

- Required annually for all faculty & residents
- Review background and importance of transitions of care
- Review current requirements and best practices for transitions of care
- Assess resident & faculty opinions via polling and compare results to published data
- Practice standardized verbal sign-out process
- Discuss & address improvements to the written sign-out
- Address barriers and plans for improvement

Polling Question

- Do you use a standardized verbal sign-out format?
  A. SIGNOUT
  B. SBAR
  C. None
  D. Other

SIGN-OUT Mnemonic

- **S** – Sick or not sick (DNR/Full code included)
- **I** – Identifying patient information
- **G** – General Hospital course
- **N** – New events of the day
- **O** – Overall Health Status
- **U** – Upcoming possibilities with a plan
- **T** – Tasks to be completed overnight

SIGN-OUT Mnemonic

- Videos
  - Darek

SIGN-OUT Mnemonic

- Videos
  - Kara

Improving the written sign-out

- Faculty secretly graded the inpatient written sign-out sheet for several weeks ☺
- Each patient on the list received a x/6 grade
- Residents were shown the results during the TOC seminar

Improving the written sign-out

PATIENT		DIAGNOSES	ISSUES	TESTS	CONSULT	MEDS	TO DO
A/B	LastName	Update with most	DOA	Admission labs initially Delete old and maintain updated **PERTINENT** labs	Consults Allergies	Update daily	Itemized updated checklist of actual to-do's with f/u steps Issues to watch out for while covering
Room	FirstName	Active Problems at	CODE				
Admission	00123	The top of the list	Summary Statement including what the patient was admitted for and pertinent PMH Running brief summary of hospital course to date				
REF MD:							
PRIM MD:							
INS:							

Improving the written sign-out

Average score was 4.5

Score	Number	Percentage
6	20	**26%**
5	28	**37%**
4	10	13%
3.5	2	3%
3	8	11%
2	5	7%
1	1	1%
0	2	3%

Improving the written sign-out

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REF MD:							
PRIM MD:							
INS:							

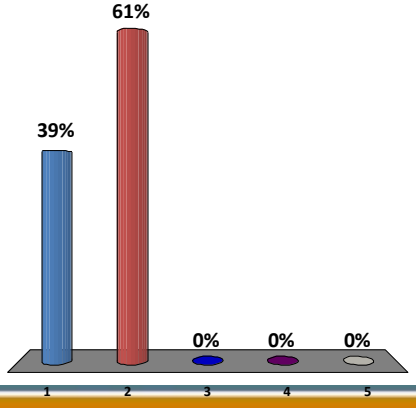
Review of overnight events at morning rounds

Challenges

- Adoption of the process

How often do you use the SIGN-OUT mnemonic during a handoff?

1. Never
2. <30% of the time
3. 30-60% of the time
4. 60-90%of the time
5. Always

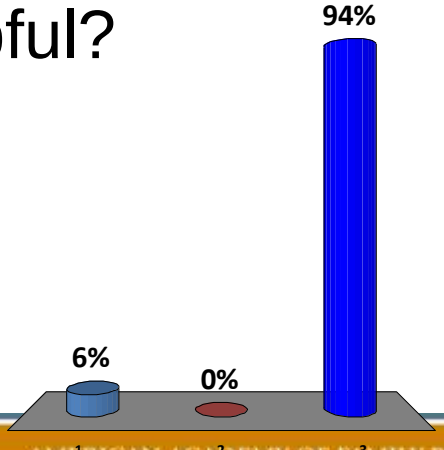


Challenges

- “It’s not me” phenomenon

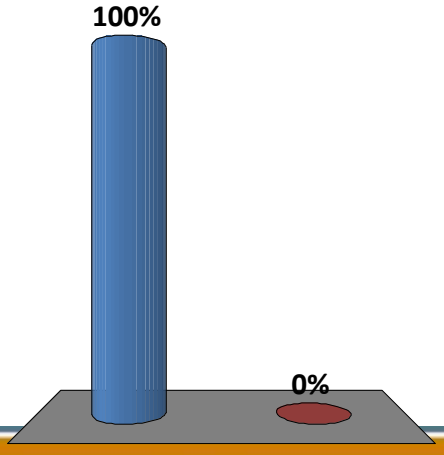
Are the verbal sign-outs you give complete and helpful?

1. Yes
2. No
3. Sometimes



Have you ever received a poor verbal sign-out?

1. Yes
2. No



Challenges

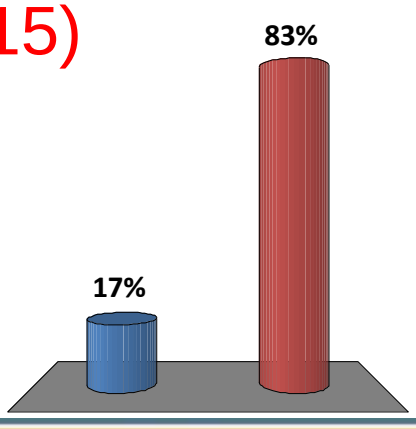
- How do we evaluate this skill for competency?
- Transitioned to new EMR (Epic) – written sign-out changed.

Successes

Is our written sign-out complete and up to date? (2015)

A. Yes

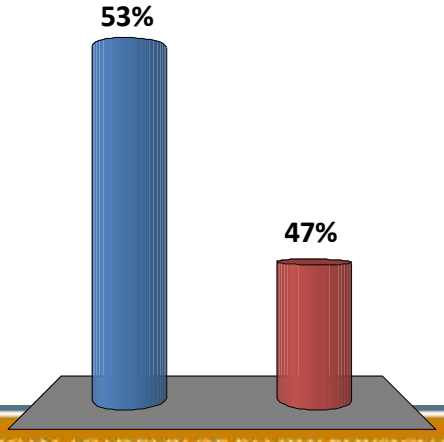
B. No



Is our written sign-out complete and up to date?

(2016)

1. Yes
2. No



Successes

Secret sign-out scoring

2016 (average 5.2)

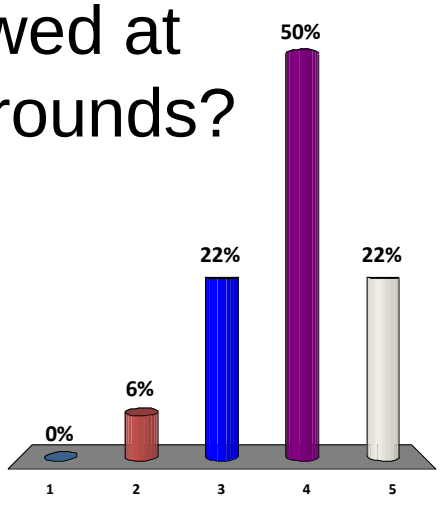
Score	Number	Percentage
6	35	**50%**
5	19	**27%**
4	12	17%
3	3	4%
2	1	1%
1		0%
0		0%

2015 (average 4.5)

Score	Number	Percentage
6	20	**26%**
5	28	**37%**
4	10	13%
3.5	2	3%
3	8	11%
2	5	7%
1	1	1%
0	2	3%

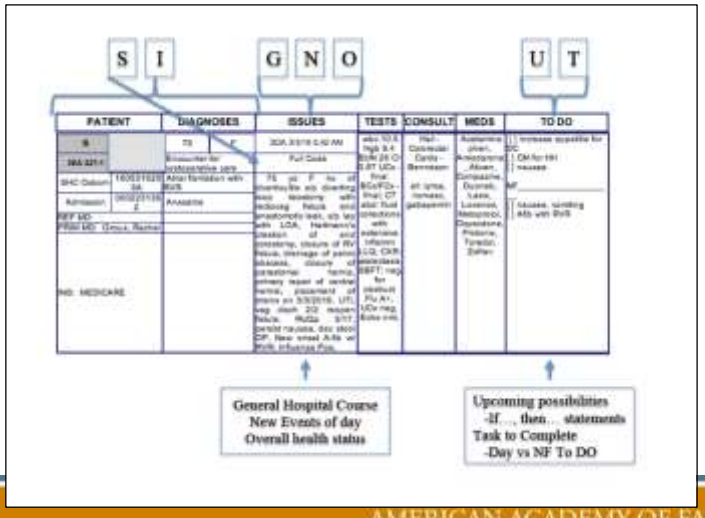
How often are overnight events reviewed at morning table rounds?

1. Never
2. <30% of the time
3. 30-60% of the time
4. 60-90%of the time
5. Always



Successes

Successes



Polling Question

- Do you have a formal process for transitioning patient care to new residents at the time of graduation?
  A. Yes
  B. No
  C. Sort of

Polling Question

- Do you have a process for patient coverage while residents are on away rotations or vacation?
  A. Yes
  B. No
  C. Sort of

Our Interventions - Outpatient

- Developed standard workflow for PGY3s to reassign their patients prior to graduation
- Identified high risk patients that would need increased communication between providers
- Standardized a written transition summary note in EHR (EPIC) for high risk patients
- Involved Team Care Coordinators (RNs) in reassignments
- Reviewed PGY1 and PGY2 residents' panel and adjusted total number and types of patients on the panel

Workflow for Reassignment of PGY-3 Patients

- PGY3s are given a list of all patients in their panel (approximately 400 patients)
- PGY3s can reassign patients to other residents on their team based on practice style, personality, and patient care needs.
- PGY3s choose at least 10 “high risk” patients and document a transition summary note in the EHR. The note is then sent to the newly assigned resident PCP, the team RN, and team faculty member.

Transition Summary Note

- **@NAME@ is a @AGE@ @SEX@.**

- **Active Medical Issues:**
- @PROB@
- **Brief history and additional information, including recent pertinent labs/studies and current plan on active medical problems:** ***

- **Social:**
- @SOCHX@
- **Additional information or comments on social history:** ***

- **Medications:**
- @MEDSCURRENT@
- **Additional information or comments on medications**: ***
- **Additional information on intolerances/side effects to other medications:** ***

Transition Summary Note

- **Consultants/Others health care members:*****
- **Health Maintenance:**
- @HMLIST@
- **Comments pertaining to Health Maintenence**: ***
- **Approach to the Patient:*****
- **Additional Background**: ***
- **Last ED visit/admission**: ***
- **Approach in clinic:** ***
- **Additional information that would be helpful to know about patient and their healthcare:** ***

Progress Notes

Transition note to new PCP

is a 52 y.o. female.

Active Medical Issues:

Patient Active Problem List

Diagnosis	SNOMED CT(R)
• Special screening for malignant neoplasms, colon	SCREENING STATUS
• GERD (gastroesophageal reflux disease)	GASTROESOPHAGEAL REFLUX DISEASE
• OSA on CPAP	OBSTRUCTIVE SLEEP APNEA SYNDROME
• Morbid obesity with BMI of 60.0-69.9, adult	BODY MASS INDEX 40+ - SEVERELY OBESE
• IBS (irritable bowel syndrome)	IRRITABLE BOWEL SYNDROME
• Blood in stool	HEMATOCHEZIA
• Chronic constipation	CHRONIC CONSTIPATION
• Depression	DEPRESSIVE DISORDER
• Lymphedema of lower extremity	LYMPHEDEMA OF LOWER EXTREMITY
• Cellulitis and abscess of trunk	CELLULITIS AND ABSCESS OF TRUNK
• Type 2 diabetes mellitus without complication	TYPE 2 DIABETES MELLITUS
• Asthma, mild persistent	MILD PERSISTENT ASTHMA

Brief history and additional information, including recent pertinent labs/studies and current plan on active medical problems:

This is a 52 yo morbidly obese patient. She has hx of lymphedema and goes to Banner Lymphedema Clinic. She will have episodes of worsening edema and we usually will increase her lasix for a coupe weeks to help. She has SOB but has had cardiac workup. Her weight is a big problem and we have tried referring to Bariatrics. She is a high risk patient for surgery because she has had bad outcomes to previous surgeries including ventral hernia repair with sepsis. She is very sweet and knowledgeable. She was an RN and is working on her nursing PhD. She is currently unemployed but may be getting a job teaching in the near future. Her husband and her have a lot of financial issues. Have been on the verge of being evicted. She has poor food choices that she states is because of financial issues. She has hx of depression. We have done a psych referral. She will also come in for wound infections on her abdomen that I believe are from picking.

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Social:

History

Social History

• Marital Status:	Married
Spouse Name:	N/A
• Number of Children:	N/A
• Years of Education:	N/A

Social History Main Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No
• Drug Use:	No
• Sexual Activity:	Not on file

Other Topics	Concern
• Not on file	

Social History Narrative

Additional information or comments on social history: Financial issues. Currently unemployed. Judy knows this patient well.

Medications:

Current outpatient prescriptions:
- acetaminophen (TYLENOL) 325 MG tablet, Take 650 mg by mouth every 6 (six) hours as needed for Pain., Disp: , Rfl:
- albuterol (PROAIR HFA) 108 (90 BASE) MCG/ACT inhaler, INHALE ONE PUFF BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED, Disp: 8.5 each, Rfl: 5
- Albuterol Sulfate (PROAIR HFA IN), Inhale into the lungs , Disp: , Rfl:
- atenolol (TENORMIN) 50 mg tablet, TAKE ONE TABLET BY MOUTH TWICE A DAY, Disp: 60 tablet, Rfl: 0
- buPROPion (WELLBUTRIN XL) 150 mg 24 hr tablet, TAKE ONE TABLET BY MOUTH DAILY, Disp: 30 tablet, Rfl: 1

Additional information or comments on medications: Has side effects to all meds so start new meds slowly

Additional information on intolerances/side effects to other medications: look at allergies

Consultants/Others health care members:

Psych referral pending.

Health Maintenance:

Health Maintenance

Topic	Date Due
• TDAP/TD VACCINES (1 - Tdap)	09/10/1982
• COLONOSCOPY	02/02/2016
• FOOT EXAM	08/10/2016
• URINE MICROALBUMIN	08/10/2016
• INFLUENZA VACCINES (1)	10/01/2016
• HEMOGLOBIN A1C	10/05/2016
• OPHTHALMOLOGY EXAM	07/11/2017
• MAMMOGRAM	09/11/2017

Comments pertaining to Health Maintenence: none

ıone

Approach to the Patient:

Additional Background: none

Last ED visit/admission: 7/2016 for SOB. Negative work up

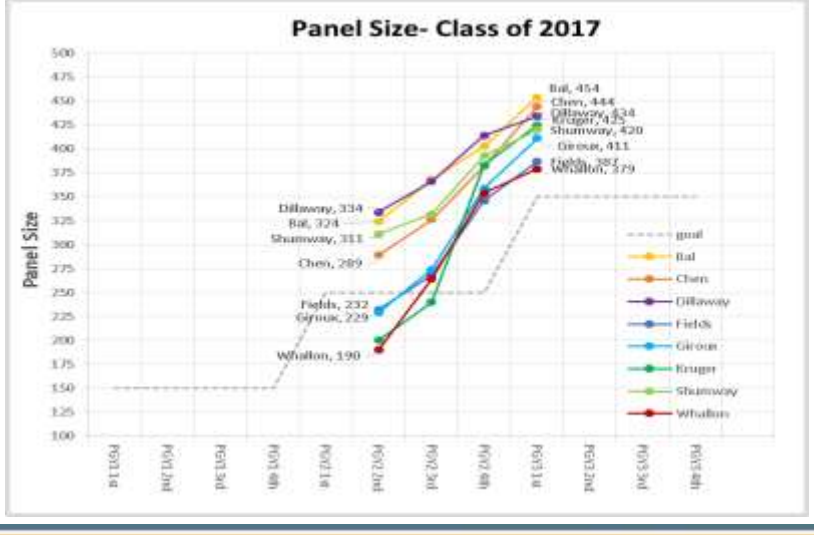
Approach in clinic: Continue to work on weight loss with her.

Additional information that would be helpful to know about patient and their healthcare: none

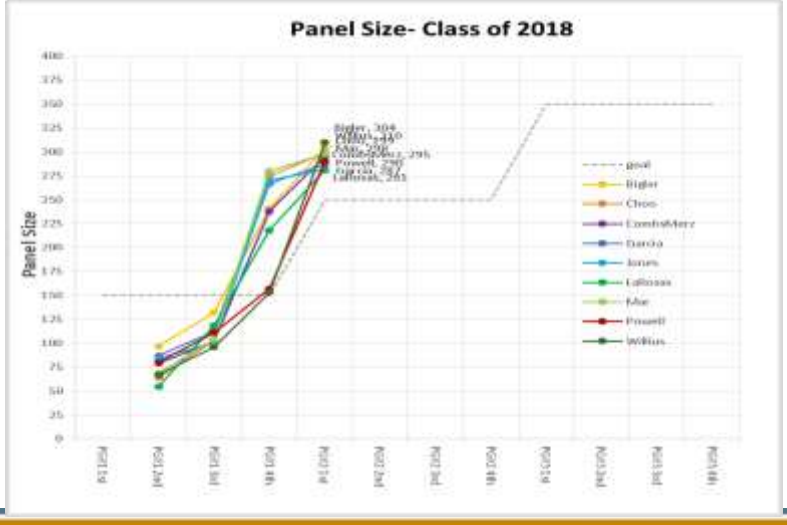
Adjusting Panel Sizes

- Evaluated all residents' panels once PGY3s had reassigned specific patients
- Team Care Coordinators (RNs) assigned the rest of the PGY3s patients according to which residents needed the "numbers" within the same team
- Able to even out pediatric, Spanish speaking, male/female patients
- Care Coordinators were also able to help match personalities

Adjusting Panel Sizes



Adjusting Panel Sizes



Vacation/Out of Town Coverage

- Residents have shared In Basket with team members including residents, faculty and nursing.
- Care Coordinators (RNs) assign covering resident/faculty and send staff message to both residents.
- Coverage is then posted on clinic white board

Challenges

- Resident completion of transition summary notes
- Need to start the transition process earlier in the academic year
- Effective communication of PCP changes to patients

Successes

- Creation of a standard transition summary note that inserts patient information and prompts the PGY3 to make sure that the chart is updated
- Team Care Coordinators closely involved in process
- Panel size/type similar among residents and clinical teams

Discussion: Please share with us!

- What have you done at your program to address safe transitions of care?
- What barriers have you encountered?
- What successes have you seen?

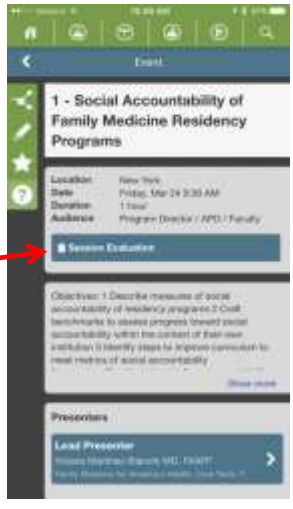
Social Q & A

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

Please…

Complete the session evaluation.



Thank you.

Future Directions

- Documenting competency in sign offs
- Formalize a process for inpatient to outpatient patient transfer
- Effect of new TOC processes on patient safety
- Develop a process for communicating newly assigned PCP to patients

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