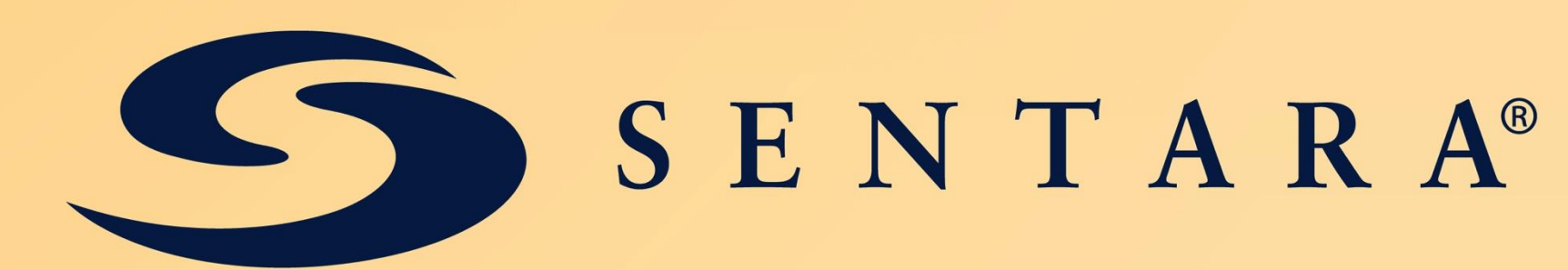




Care Coordination Hospitalist Pairing Project

An Innovation in Improving Transition of Care

Wendy Atkinson, MSN, RN and Shoshanna Williams, BSN, RN, CEN



BACKGROUND

Poor communication during transitions from one care setting to another can lead to confusion about the patient's condition and appropriate care, duplicative tests, inconsistent patient monitoring, medication errors, delays in diagnosis and lack of follow through on referrals. These failures create serious patient safety, quality of care, and health outcome concerns.

Integration with physicians in transition planning is fundamental in providing the ultimate patient-centered care. The Care Coordination Department partnership with the hospitalists aims to promote an approach to a safe, seamless, efficient and timely transition of patients between levels of health care and across care settings.

The Care Coordination Lean Process improvement team has identified opportunities to improve:

- Geographic staffing plan for Care Coordinators (CC) did not meet hospitalists' needs.
- Each hospitalist and patient dealt with several different CCs.
- Created multiple handoffs between CCs as patients move between units.
- Average discharge order time 16:30p resulting in late room turnovers.

GOAL

- Decrease LOS by 5%.
- Decrease number of handoffs for both providers and CC RNs.
- Move average discharge order time up by 30 minutes.
- Decrease the number of different CCs the patient sees in a visit.

TEAM

- Sentara Medical Group (SMG) Hospitalist
- Care Coordination Director
- SMG Nurse Navigator
- Performance Improvement Consultant
- Care Coordination RNs
- Social Workers
- Care Coordination Secretary
- Nursing Representative

SCOPE

- Included: Adult patients, in all units except WCS, covered by the hospitalist group.
- Excluded: WCS, patients not covered in the hospitalist service

METHODS PROCESS CHANGE (Pilot)

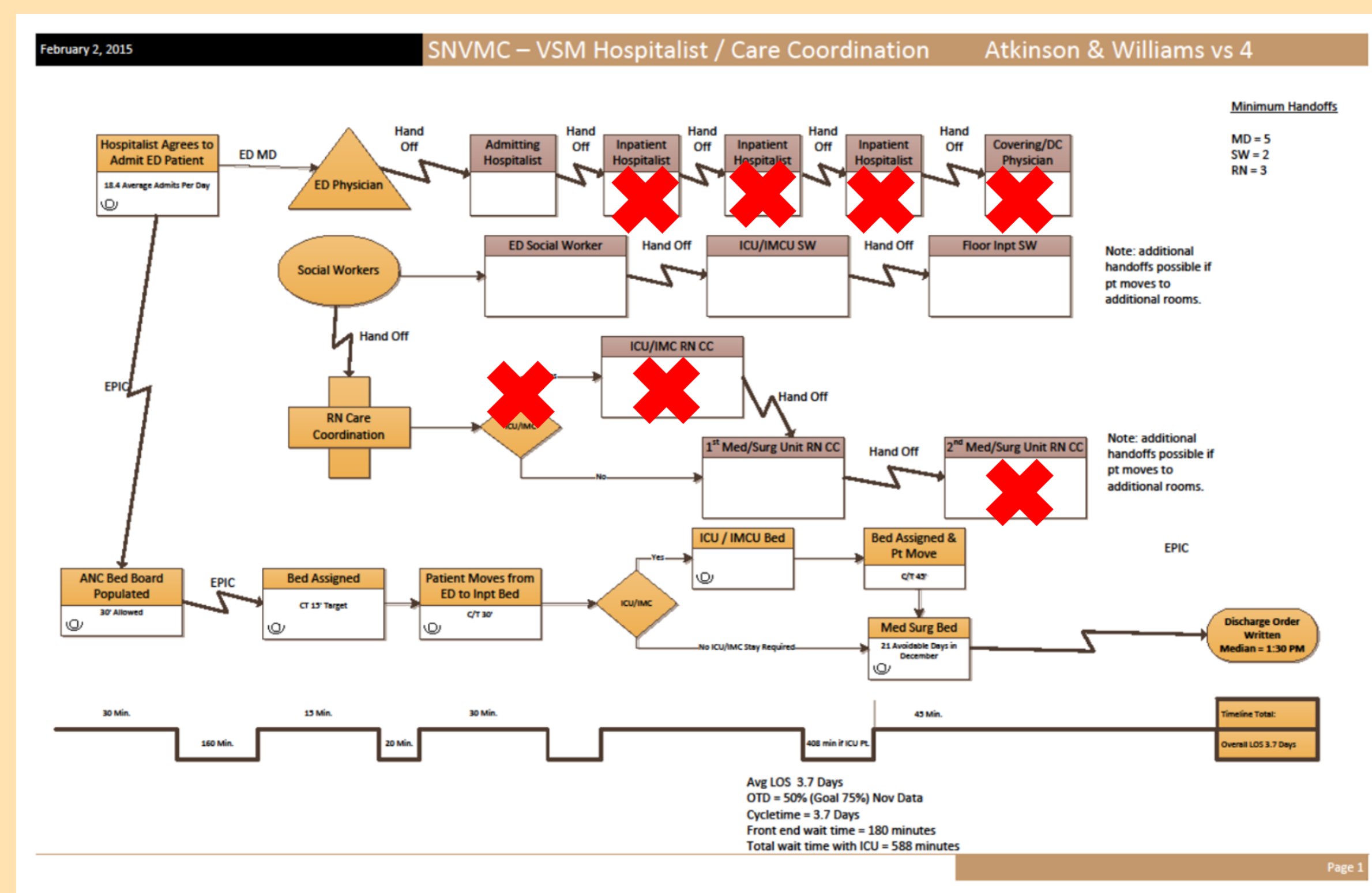
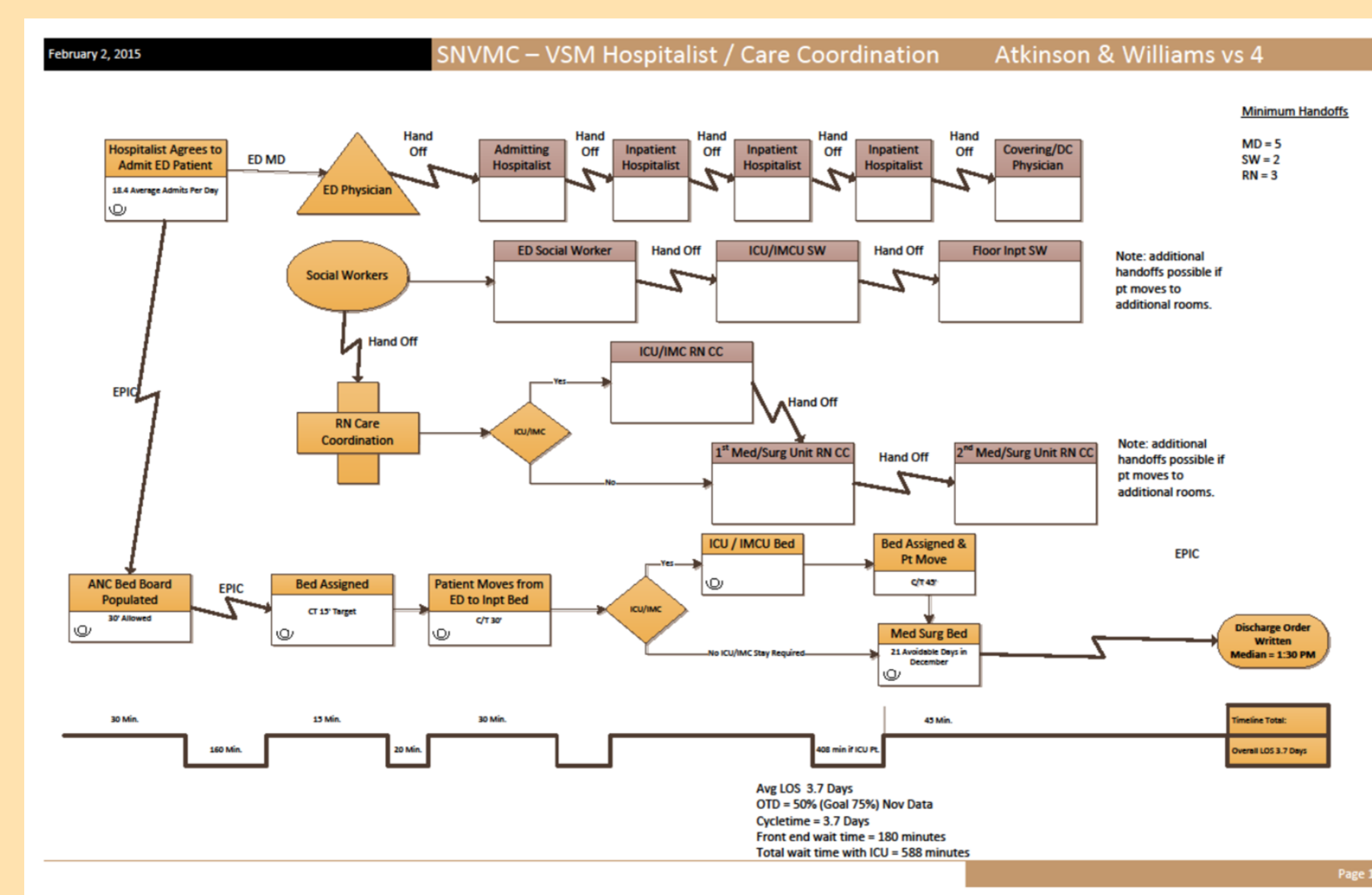
Hospitalist/CC Alignment

- Started with one team with plan to pilot for 3 months
- Worked so well that after 2 weeks, everyone wanted to be in it
- Started 2nd team at 3 weeks
- Put all RN CCs and Hospitalists into alignment in week 5
- Set guidelines for the teams but allowed each team to work out best process

PROCESS CHANGE (Pilot)

Hospitalist Scheduling Change a Key Element for Success

- Hospitalists made major changes to their scheduling pattern
- Hospitalists paired up, when one works the other is off
- Accountability higher, metrics are measured by the team
- Necessary element for success and continuity
- On the first day a hospitalist goes on service, the CC helps them come up to speed quickly so that discharges are not delayed the first morning.



CONCLUSION

Patient Experience

- One CC follows the patient from ICU to Med Surg. to transition out of the hospital.
- Patients and families are more prepared for discharge and less anxious after ICU stay.
- There are more next day transitions out of the hospital after ICU stays.

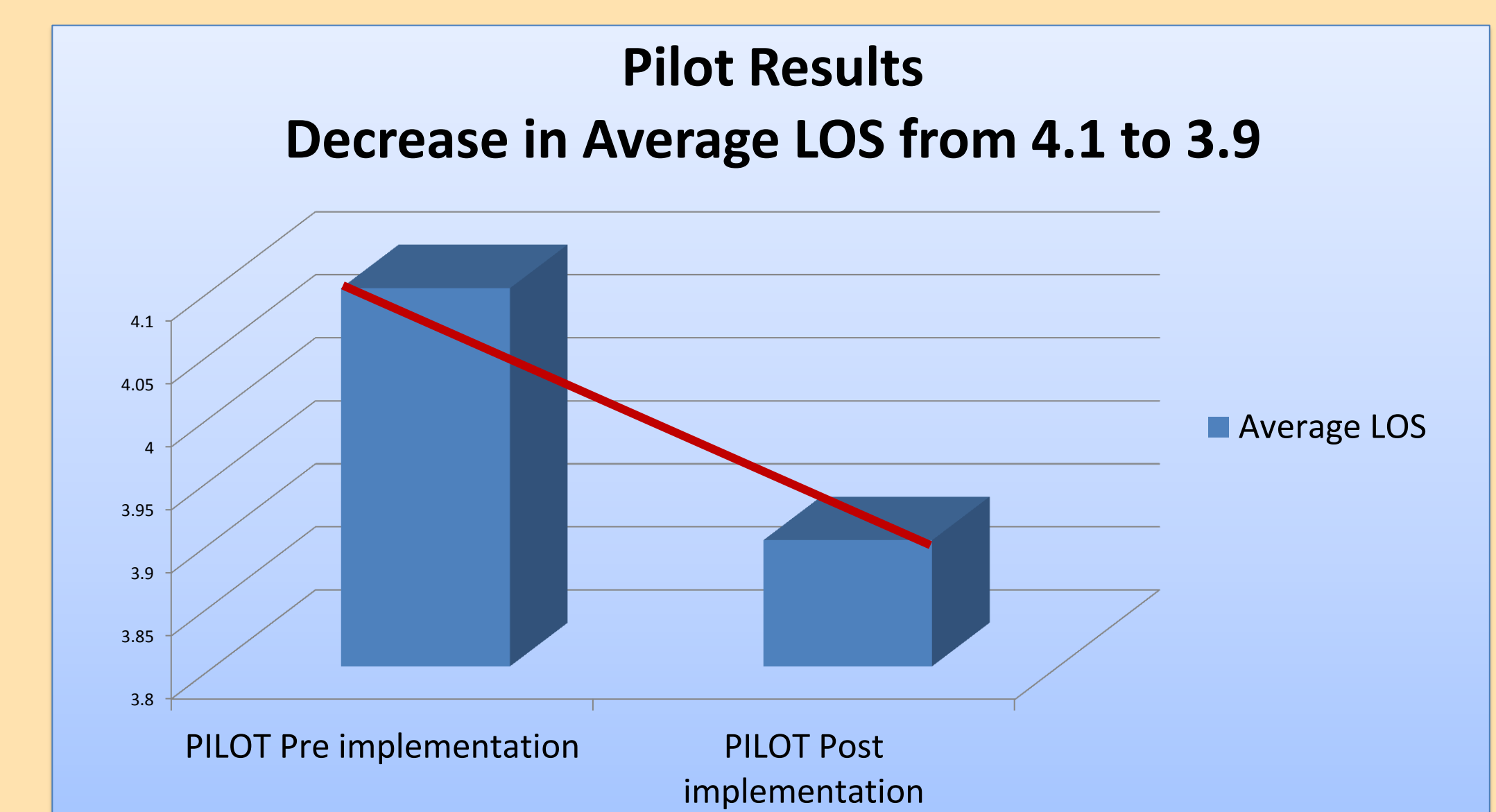
Provider and Staff Experience

- CCs feel much more organized and in control of their work flow.
- Rounds are better and faster.
- Decrease time CCs spend in MDRs as they attend with their hospitalist.
- Communication much improved.
- CCs and hospitalist huddle each morning to come with the plan for the day.
- Implementation timetable moved up due to gains in workflow and teamwork.

CONCLUSION

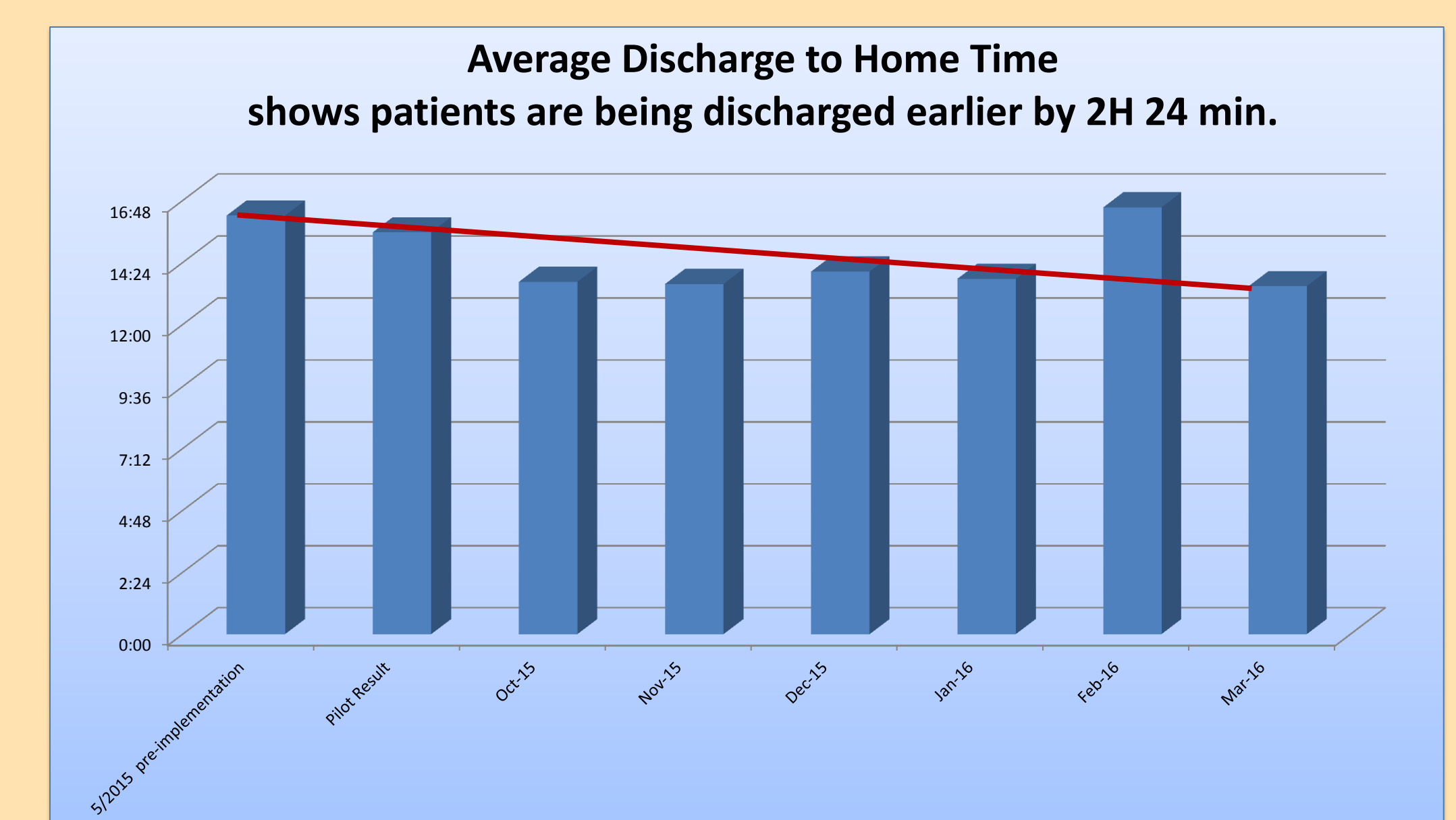
Pilot for the first two pairings results

- Improved in communication between RN CC and Hospitalist.
- Positive patient response due to consistency in RN CC.
- Better coordination for patients out of ICU/IMCU due to maintaining the same RN CC as they progress to other levels of care.
- More consistency in the RN CC's patient assignment leads to being able to spend more time on admissions.
- Decreased time spent in rounds for RN CC.



NEXT STEPS

- The team elected to do all put all social workers into the new staffing pattern at the same time to decrease the time it will take to see the benefits.
- Expand Care Coordination/Hospitalist alignment project to include the social workers.
- Expand to non-SMG hospitalist group.
- Expend to all individual providers and surgeons.



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