

Establishing Process for ED/Inpatient Discharge Follow-Up

Sanford Lidgerwood Clinic

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Objective

By June 15, 2019, implement a workflow at Sanford Lidgerwood clinic for follow-ups on ED/Inpatient Discharges and provide Transitional Care Management (TCM), to aid in reducing readmissions to the inpatient setting and prevent unnecessary ED utilization.

Background

Prior to this grant, Sanford Lidgerwood was not doing any follow-up on patients that were recently hospitalized or discharged from the ED. TCM is key in preventing readmissions and unnecessary ED utilization. Sanford has a Risk Stratification tool that is built in our EMR, which was not being utilized in Lidgerwood. This work is especially important in a rural family practice clinic, with limited resources.

Actions Taken

- Educate care team on TCM and risk stratification tools
- Train staff on the workflow and set up reports regarding ED visits and hospital discharges
- Collaborated with non-affiliated hospital/ER so outreach can be done on patients seen there
- Educate care team on patient's that are rising risk or high risk to implement any services or referrals that patient may need.

Metrics

- Since implantation of workflow, completion rate for hospital and ED follow-ups is at 100%.
- We have seen an increase in most of our quality measures as well, with no intentional work being done on them.

Analysis

- Patient's have been very receptive and appreciative of follow-up calls
- Discharge instructions have been reviewed as well as medication lists, and errors have been found and corrected
- Care team is more engaged and aware of the patient's health status, as compared to just the reason they are coming in
- Care team is providing more comprehensive care
- Care coordination has improved

Next Steps

- Continue workflow for hospital discharges and ED visits
- Expand services in Lidgerwood to include Integrated Health Therapist through Telehealth
- Offer CDE on site
- Offer dietician through Telehealth
- Ipad has been ordered to use for interpreter services

Process Changes

Capturing patients when they are in the clinic for nurse visits that need a B/P recheck, or a PHQ-9 or Gad-7 screening needed

Nursing staff are completing hospital follow-up phone calls within 2 business days of discharge, as well a follow-up contact with patients seen in the ED with 7 days of ED visit

Staff are utilizing the "specialty comments" section with EMR to communicate with each other on patients that are needing things done or follow-up needed

Successes

Patient was discharged on lactulose. He was not aware of when to hold the lactulose and continued to take it even though he had been having multiple loose BMs. Patient was also taking an incorrect dose of spironolactone, was taking his dose prior to admission was not aware of new dosage instructions. Nurse instructed patient on when to hold lactulose, and informed patient on correct dosage of medication.

During a hospital follow-up phone call, it was noted that a follow-up appointment with PCP was not scheduled for patient, this was taken care of by nurse during the phone call.

Patient identified on Rising Risk report was sent a PHQ-9 and GAD-7 via Mychart, these were completed and elevated. Patient was booked an appt to see PCP, medications were adjusted, patient was also referred to behavioral health as well.

Patient who was hospitalized for CHF, was called by nurse, while reviewing discharge instructions, patient was not aware that he is to call his PCP if he has a weight gain of more than 2 pounds, nor was he aware that he needed blood work completed in the next 7 days.



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