OSU / Family Medicine - Lawton Improving Transitional Care From Outside Hospitals

INTRODUCTION

Transitional Care Management (TCM) is a face to face visit with a patient upon discharge to the community setting. At our hospital, readmissions to the hospital have extremely low rates of appointments after the initial discharge.

Increasing the number of patient that have TCM visits will help to reduce readmission, improve medication adherence, lower patient's healthcare costs, and ensure appropriate specialist follow up.

OBJECTIVES

Improve our residency program's ability to adequately address concerns from the patient's hospitalization by obtaining timely reports from other hospitals in the area.

Increase the amount of TCM visits specifically for hospital discharge patients.

Increase understanding of the residents for appropriate documentation and billing for TCM visits.

METHODS

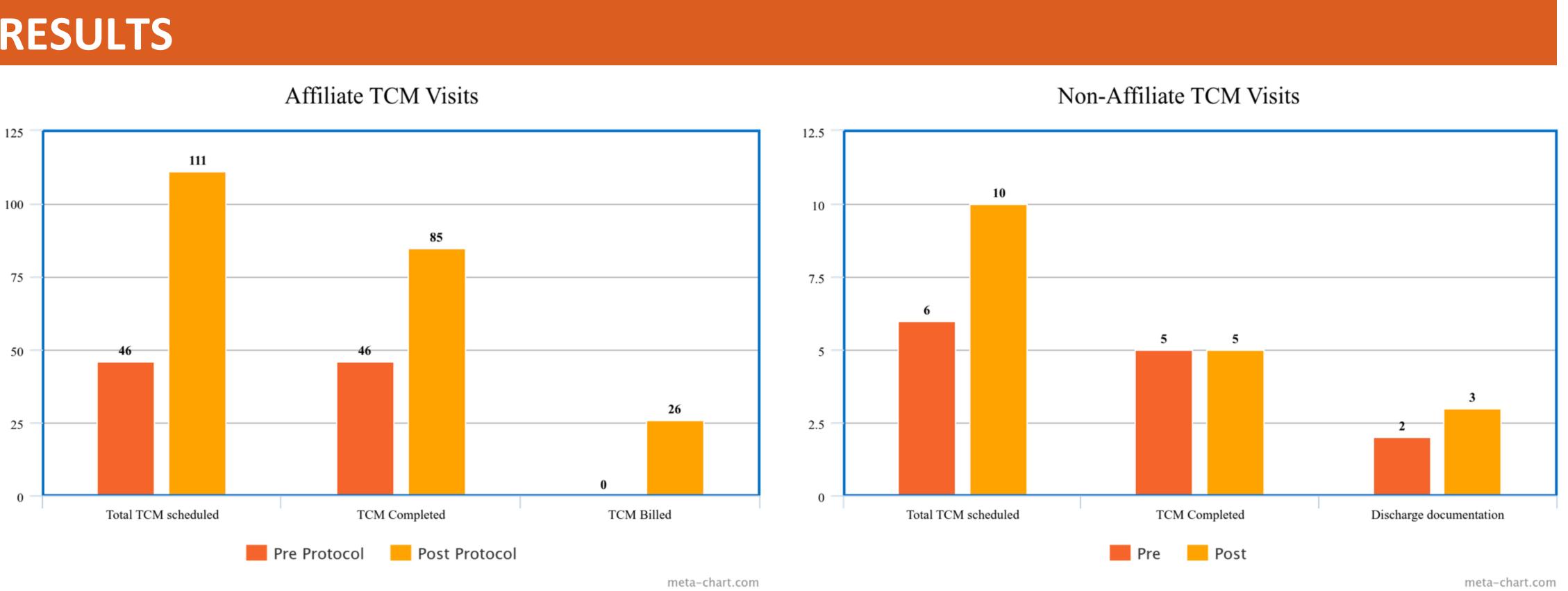
Contact the other local hospital's case management team to ensure that our residency clinic is known to them and method of contact is updated.

Educate nursing staff about TCM visits and need for discharge paperwork for appropriate treatment

Create and easy to use templates for TCM visits and instruct residents on their use.

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RESULTS



Post protocol numbers every 3 months. Resulted Hospital follow up appointments from our non-affiliate in 111 hospital follow-up scheduled, 85 hospital were not prevalent in the three month period completed, and 46 TCM visits coded. There was a before or after contact was made, totalling 5 completed 76.6% show rate for hospital follow-ups and TCM's visits between all residents from July through September were appropriately coded 54% of the time, from and 5 from October through December. No statistical 0% coding prior to starting quality improvement evidence of benefit. and regarding TCM's.

DISCUSSION

Getting records sent to us from outlying hospitals without direct request has not adequately addressed or improved TCM visits from non-affiliate hospitals.

Next steps to improve TCM's from non-affiliate hospitals is to develop a time during didactics for residents to review the upcoming weeks appointments to request records in advance.

Data over a three month period limits reliability due to insufficient numbers. Doing a longer review over the course of a year would be more beneficial in showing accurate rates of receiving discharge summaries.





CONCLUSION

Further steps will be needed to improve TCM visits from outside hospitals.

As part of didactics, the residency will be instructed on review of the next weeks schedule to plan for hospital discharges and request appropriate documentation in advance.

Simplification of TCM visits with a template and short instruction caused significant increase of adequate documentation and billing.

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