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Background

- Primary care visits post hospital discharge provide a much-needed opportunity to coordinate patients' care needs, improve quality of care during transitions, and reduce risk of errors and negative outcomes. The MOH monitors the performance of FHTs by looking at the proportion of patients seen in primary care within 7 days of hospital discharge.
- Currently, there is a year-long delay in FHTs receiving data for this indicator from the MOH; thus performance of the primary care team is difficult to assess and interpret.



- Opportunities exist to improve collaboration between hospitals and primary care in order to achieve meaningful improvements for this indicator.
- Our team set out to a) generate our own, meaningful real-time data for this indicator, b) better understand our data, and c) be able to apply QI principles to improve it.

Aim

- To increase the proportion of patients seen within 7 days of hospital discharge from 31% to 40% by March 31st, 2016.

Change Ideas

A) Implement use of new process & tracking sheet

- Create a proactive process and tracking sheet to ensure patients are followed upon discharge summary receipt in a timely manner. Measuring this indicator internally would allow us to gauge the effectiveness of our QI initiatives in real time

B) Communicate more with providers

- Raising the profile of this indicator among staff & providers, benchmarking and providing feedback (e.g. e-mail at project launch, rounds presentations, quarterly team updates)

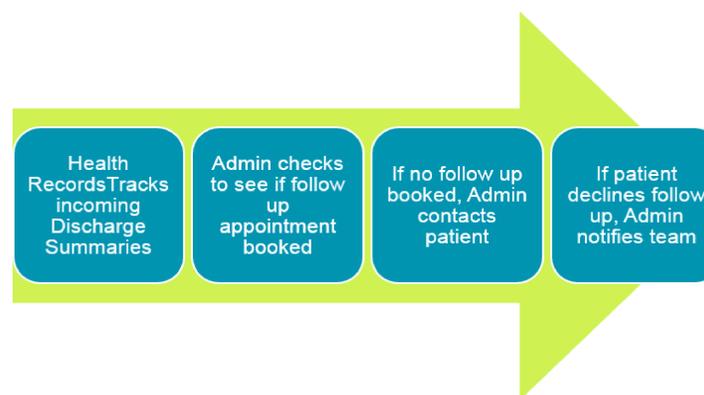
C) Improve patient education

- Communicating the importance of follow-up with primary care providers following hospital discharge (e.g. digital displays in our waiting room)

D) Obtain access to more accurate info

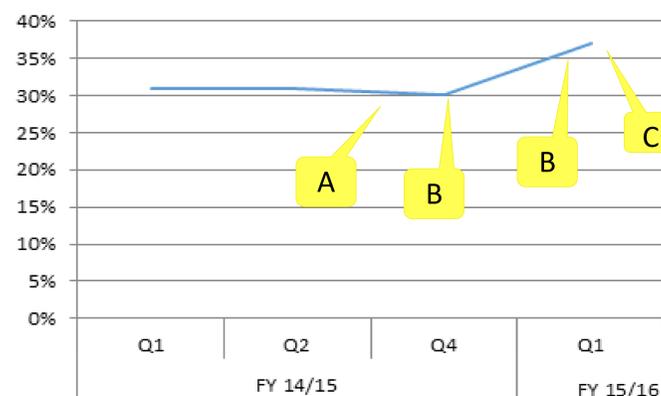
- Analyzing patterns for discharge summaries received by hospitals
- Proactively contacting and developing working relationships with selected hospitals

Process Design

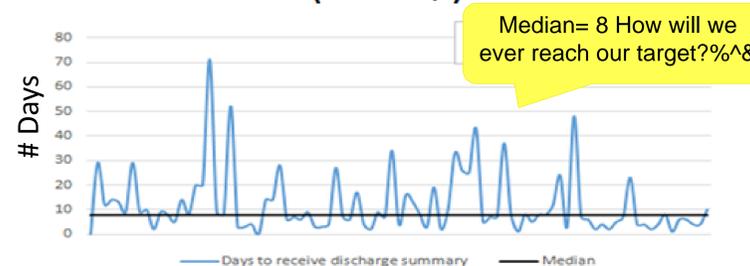


Measures/ Results

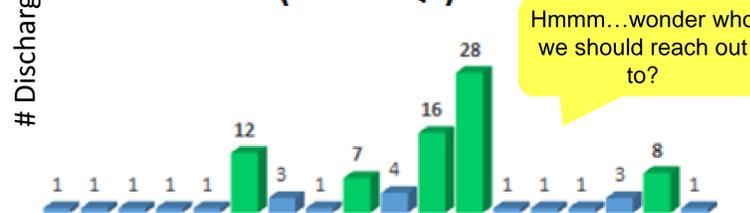
% patients seen within 7 Days of Discharge



No. of Days to Receive Discharge Summary (F14-15 Q4)



No. of Discharges by Source Breakdown (F14-15 Q4)



Lessons Learned

Successes:

- Process enables real-time feedback in order to gauge effectiveness of QI interventions
- Data collected can help us to prioritize which hospitals to reach out to, in order to receive discharge summaries more quickly.
- Proportion of patients seen within 7 days increased from 31% to 37%



Challenges:

- Data collection is a manual process- resource intensive
- There are limitations to the accuracy of our data- our tracking process can only account for discharge reports actually received.

Reflections

- Patients and teams are already proactive in arranging follow-up without our intervention.
- Further improvements involve better integration of pharmacist; this has been implemented as a new change idea
- It will be difficult to achieve our target of seeing patients within 7 days of discharge, when our median # of days until receiving notice is 8 days.
- This indicator might be more meaningful if it included the proportion of patients being seen by **any** clinician (i.e. pharmacist) in primary care in order to support the principle of providing the right care, at the right place, at the right time, and by the right provider.

Next Steps

- Implement change idea "D"
- Look for more opportunities for patient engagement
- Assess uptake of medication reconciliation from pharmacist as a part of their discharge follow up