Can data motivate hospital leaders to improve care transitions?

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What happens when you are hospitalized, but your outpatient doctor does not know? Or when you arrive at the office for follow-up care, but your doctor does not have the right information about your hospital stay? Missing or incomplete communication from hospitals to outpatient primary care physicians (PCPs) can contribute to poor experiences and lead to hospital readmissions.

However, a new study shows that implementing guidelines can improve hospitals' communication during patient care transitions. Researchers from Healthcentric Advisors collaborated with Rhode Island health care providers, health plans, state agencies, and other stakeholders to develop communication standards and then worked with 10 hospitals to monitor adherence to the standards.

The researchers found that auditing hospitals' adherence to the standards and providing staff with periodic reports comparing their facility's performance to the group's – a quality improvement technique called audit and feedback – significantly increased the frequency with which hospital staff communicated necessary information to outpatient PCPs:

- Clinical information sent at discharge increased from 30 percent to 94 percent
- Hospital clinicians' contact information provided at discharge increased from 63 percent to 97 percent
- Notification of hospitalization increased from 82 percent to 87 percent

The frequency with which hospital staff scheduled follow-up appointments also increased from 55 percent to 90 percent. At the same time, Rhode Island's overall readmission rate decreased more than 18 percent – from 14.12 to 11.52 per 1,000 Medicare beneficiaries.

"These communication processes seem very logistical and intuitive," says Rosa Baier, MPH, Senior Scientist at Healthcentric Advisors and lead author of the study. "Most people assume that this type of communication is already occurring, and are really surprised to learn how much it varies from one clinician to another, even at the same hospital. An intervention like this one allows staff to see how well their hospital is performing and then use that information to improve."

The findings highlight the value of using data to drive improvement in health care. Improved communication can impact both patients' experiences during care transitions and also hospitals' relationships with the outpatient PCPs in their communities.

"These data show that we're succeeding in improving provider-to-provider communication," said Dr. Stefan Gravenstein, Clinical Director at Healthcentric Advisors, Interim Chief of the Division of Geriatrics at University Hospitals Case Medical Center, and Professor of Medicine at Case Western Reserve University School of Medicine in Cleveland, Ohio. "But we still have to improve providers' communication with patients and caregivers. Engaging patients in their care is an important part of high-quality transitions from one setting to another."

Dr. Gravenstein also commented on the value of involving a third party, like Healthcentric Advisors, in statewide quality improvement work. Healthcentric Advisors is the Medicare-designated Quality Improvement Organization for the six New England states.

"It's helpful to have a trusted and neutral partner to aggregate, analyze,

and share data," agreed Dr. Rebekah Gardner, Senior Medical Scientist at Healthcentric Advisors and an attending physician at Rhode Island Hospital. "We're able to provide information back to the hospitals about how their facility, and the community as a whole, is doing."

More information: This article was published in the *Journal of Hospital Administration* on August 26, 2014.

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