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Brief Report

Hospital to Post-Acute Care Facility Transfers: Identifying Targets for Information Exchange Quality Improvement

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A B S T R A C T

Introduction: Information exchange is critical to high-quality care transitions from hospitals to post-acute care (PAC) facilities. We conducted a survey to evaluate the completeness and timeliness of information transfer and communication between a tertiary-care academic hospital and its related PAC facilities.
Methods: This was a cross-sectional Web-based 36-question survey of 110 PAC clinicians and staff representing 31 PAC facilities conducted between October and December 2013.
Results: We received responses from 71 of 110 individuals representing 29 of 31 facilities (65% and 94% response rates). We collapsed 4-point Likert responses into dichotomous variables to reflect completeness (sufficient vs insufficient) and timeliness (timely vs not timely) for information transfer and communication. Among respondents, 32% reported insufficient information about discharge medical conditions and management plan, and 83% reported at least occasionally encountering problems directly related to inadequate information from the hospital. Hospital clinician contact information was the most common insufficient domain. With respect to timeliness, 86% of respondents desired receipt of a discharge summary on or before the day of discharge, but only 58% reported receiving the summary within this time frame. Through free-text responses, several participants expressed the need for paper prescriptions for controlled pain medications to be sent with patients at the time of transfer.
Discussion: Staff and clinicians at PAC facilities perceive substantial deficits in content and timeliness of information exchange between the hospital and facilities. Such deficits are particularly relevant in the context of the increasing prevalence of bundled payments for care across settings as well as forthcoming readmissions penalties for PAC facilities. Targets identified for quality improvement include structuring discharge summary information to include information identified as deficient by respondents, completion of discharge summaries before discharge to PAC facilities, and provision of hard-copy opioid prescriptions at discharge.

Information exchange is critical to high-quality care transitions between care settings. Insufficient or untimely information exchange between hospitals and other settings can lead to medication discrepancies, missed test results, and even rehospitalization.[1–6] Optimizing information exchange between hospitals and post-acute care (PAC) facilities accepting patients after hospital discharge is of particular importance because clinicians often need to provide treatments (eg, antibiotics, pain medications) to patients immediately on arrival at the PAC facility. In a previous study, 22% of transfers from PAC facilities back to an acute care hospital occurred within 6 days of admission to the facility, and 11% occurred within 2 days of admission, suggesting failure of care transitions from hospitals to PAC facilities.[7]

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As Medicare increasingly prioritizes reducing preventable readmissions to the hospital from all care settings, improving communication across the care continuum has become a priority for hospitals and PAC facilities.[8] To inform future quality improvement initiatives, we sought perspectives of PAC clinicians and staff about the sufficiency and timeliness of information transfer from a tertiary-care academic medical center to PAC facilities accepting referrals from this hospital.

Methods

We completed a cross-sectional survey of 110 post-acute care clinicians and staff at 31 PAC facilities between October 2013 and December 2013. A purposeful recruitment strategy was used to identify and recruit PAC facilities. First, organizations or PAC facilities with both a high volume of discharges and close proximity to our hospital were identified. Five were organizations that owned and managed multiple facilities in Colorado, and 4 were single facilities. Among the 9 organizations/facilities identified, only 1, a government-owned facility, did not express interest in an online electronic health record (EHR) portal. Each managing organization was encouraged to identify facilities within their network that would like to acquire an EHR portal for our hospital. Clinical leadership within each facility then identified clinicians and staff who wished to acquire access to the EHR portal, who comprised the survey sample. Participants were sent a Web-based, 36-question survey to evaluate the completeness and timeliness of information provided from our tertiary care hospital to the facility; sample questions are available in Appendix 1. Several of the survey questions were modified from a previously validated publically available instrument, the PREPARED survey, which was designed to measure the quality of information transfer from the hospital to community providers.[9]

Most survey questions requested responses on a 4-point Likert scale, and additional questions assessed challenges to receiving complete and timely information encountered by respondents through questions about specific discharge information (eg, hospitalist contact information, code status), in categorical and free-text responses. We collapsed 4-point Likert responses into dichotomous variables (eg, sufficient vs insufficient; timely vs not timely). Survey responses were de-identified by individual and by facility for analysis. Analysis of the survey responses was descriptive and performed by using Microsoft Excel (Redmond, WA). This study was reviewed by the Colorado Institutional Review Board and deemed not human subjects research.

Results

We received responses from 71 of 110 individuals (65% response rate) representing 29 of 31 PAC facilities (94% response rate for facilities). Four of the individual respondents represented one quality partnership group for an organization that owned and managed multiple facilities; of these respondents, 2 were clinical liaisons and 2 were in sales/marketing positions. Five of 71 surveys were partially completed. Among the 29 PAC facilities with respondents, all offered skilled services; the number of responses ranged from 1 to 6 respondents per facility (average of 2.3 respondents per facility) and respondents reported between 40 and 242 patient beds at the facilities. In addition, 45% (n = 31 of 69) of respondents reported having at least half of the beds at their facility dedicated to subacute care; 41% (n = 28 of 69) and 70% (48 of 69) reported admitting patients from UCH at least weekly and at least monthly, respectively. Respondents reported a variety of roles: 32% (n = 23) worked in admissions, 17% (n = 12) were clinical liaisons, 13% (n = 9) worked in health information or medical records, 10% (n = 7) were physicians, 10% (n = 7) worked in administration, 6% (n = 4) worked in business or marketing, and 6% (n = 4) were directors of nursing. The remaining 7% (n = 5) of respondents had other roles, including physician assistant, social services, and community relations.

Completeness

When asked about the completeness of information provided from the hospital, 32% (n = 23) of respondents reported insufficient discharge medical condition and management plan information. Among the subset of 8 physician or physician assistant respondents, 63% reported having insufficient discharge medical condition and management plan information. In addition, 83% (n = 58 of 70) of respondents reported that they occasionally, often, or almost always encounter problems directly related to not having adequate information about a patient they receive from the hospital. The 6 most frequent insufficient discharge domains are shown in Figure 1. The most commonly identified insufficient domain was hospital clinician contact information, followed by the plan for tests that are pending at discharge (eg, blood cultures), indication and planned duration for lines and catheters, code status, contact isolation for infections (eg, *Clostridium difficile*), and medications and medication management.

Timeliness

When asked about the average timeliness of discharge information receipt, although 86% (n = 61) of respondents desired receipt of discharge summaries on or before the day of discharge, only 58% (n = 41) reported receiving summaries within this time frame. In addition, 10% (n = 7) reported never receiving discharge paperwork from the discharging hospital.

Additional Suggestions for Improvement

Respondents submitted additional areas for improvement in PAC transfers through free-text responses. A recurring theme was the desire for hard-copy paper prescriptions for controlled pain medications to be sent with patients at the time of transfer to avoid delay in filling and administration of these medications, as in the following response: "*Not certain if hard scripts are sent with the patient at (discharge). DEA regulations make pain management difficult for patients with acute needs arriving late in the day. Hard copies would mitigate any wait time for pain medication administration*."

Discussion

Clinicians and staff at PAC facilities receiving hospital transfers reported substantial deficits in completeness and timeliness of

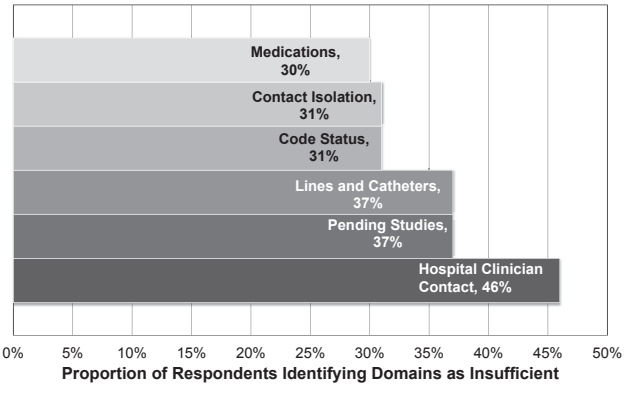

Fig. 1. Most frequently identified insufficient discharge domains. Proportion of respondents identifying domains as insufficient.