Understanding Care Transitions as a Process

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“The first step is to draw a flow diagram. Then everyone understands what his job is. If people do not see the process, they cannot improve it.”

W.E. Deming, 1993
Process Mapping – Brief Overview

• A process map or flowchart is a picture of the sequence of steps in a process
• Useful for
  – Planning a project
  – Describing a process
  – Documenting a standard way for doing a job
  – Building consensus about the process (correct misunderstandings about the process)
Process Mapping

- Ovals are beginnings and endings
- Boxes are steps or activities
- Diamonds are questions
- Arrows show sequence and chronology
Process Mapping

• Can be “high-level” to get an overview of the process

Patient arrives in ER ➔ Assessed in ER ➔ Admitted? ➔ Discharged

Yes ➔ Sent to floor

No ➔ Diagnosed And Treated
Process Mapping

- Can also be very detailed and “drilled down” to show the details and roles
- Detailed process maps are especially helpful to standardize and improve processes
- For use as an improvement tool, it is important to map the current process, not the desired process
In this flow diagram, the PCP has not been contacted about a patient’s hospitalization.

1. **PCP finds out about patient’s hospitalization**
2. **Is patient still in hospital?**
   - **Yes**: PCP figures out who is taking care of patient (look in computer, visit patient and look at chart)
     - PCP sees or calls the patient and/or family
   - **No**: PCP may or may not call the team

3. **Is Patient scheduled for a follow up visit?**
   - **Yes**: PCP reads discharge summary
   - **No**: Clinical Nurse calls patient to schedule follow up

4. **Is Discharge summary available?**
   - **Yes**: PCP reads discharge summary
   - **No**: PCP pieces together what happened using available labs and studies from hospital or patient informs PCP about what happened

PCP finds out patient either is or was in the hospital via these methods:
1. PCP keeps active oasis roster,
2. Patient comes to clinic visit,
3. PCP has coached patient to call them if they go to the hospital,
4. Home health calls or faxes orders
Demonstration
Small Group Exercise

• Work in small groups to map the current process of communication (hospital->PCP) during discharge at your own institution?
  – One volunteer to offer their institution’s discharge process as the example
  – Another volunteer to create the map
Debriefing
Analyzing Process Maps

- Review of process maps
  - What is the goal of the process?
  - Does the process work as it should?
  - Are there obvious redundancies or complexities?
  - How different is the current process (the one you drew) from the ideal process?
Results from our work…

• Communication with PCPs does not occur routinely
• Critical decision steps in the communication process are often hampered by barriers
  – Failure to identify PCP, unable to locate PCP contact info, do not understand communication preferences of PCPs, etc.
Current Communication Process between Inpatient Physician and Primary Care Physician for Hospitalized Patients and Identified Barriers

- Patient admitted to the hospital
  - Identify the PCP or other MDs who primarily care for the patient
    - Correctly identifying PCP
    - PCP contact information is not in system
  - Search for contact information for the PCP
    - Forgetting to contact PCP / Time to contact PCP
    - Unaware of communication preferences of PCP
  - Contact the PCP
    - Contacting the PCP Not a Priority
    - Fear of losing control of patient care process
  - Follow-up with patient after transition
    - Not aware of what happened, information not available
    - Home health orders sent to wrong provider
Results

• As a result of these barriers, PCPs describe a process that is broken in which they are often not notified regarding a patient admission and find out after the fact from a variety of sources (patient, family, home health, etc.)

• In these instances, PCPs have to invest time to “piece together” what happened based on any available data.
Supplementing this information

• Chart (artifact analysis)
  – Looking for the “evidence” that communication did or did not take place and why
  – Focus on successes and failures with process
**Move towards solutions…**

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<tr>
<th>Solution</th>
<th>Representative Focus Group Quote</th>
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<tr>
<td>Importance of physician best practices</td>
<td><em>I think it is resident-specific, but also the attending practice style often helps because I will say, hey XXX, contact the PCP and there’s certain attendings who do that [PCP]</em></td>
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<td>“the primary doctor, has to get involved, to make it and everything, not just the residents, that’s what I feel” [Patient]</td>
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<td>Knowing PCP contact information and communication preferences</td>
<td><em>It would be nice to have [PCP communication preferences] on a card, if I had that in my pocket already, like what the [inpatient service] attendings, the PCP’s, what they want - - [Resident]</em></td>
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<td><em>There are so many physicians in the community, that frequently have admissions, to have their contact information, e-mail, phone number, e-mail’s even better in a lot of cases - - [Resident]</em></td>
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<tr>
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| Importance of patient education and empowerment                          | *I have instructed that all of my patients to call me…so if the call from the hospital room…I mean not all of them do it, but one who are able to, who aren’t intubated, they call from their hospital room and say I’m in the hospital, room X…*[PCP]*  
*If the patient tells you [they don’t have a PCP] I’ll start digging more….because a lot of times patients are seeing doctors but maybe don’t consider them their doctor…so I’ll ask, have you seen anyone in clinic recently? who prescribes your medications?*- - [Resident]*  
*“And listen, listen and, and I make certain when I see anybody else other than Dr. X, I make certain that he is made aware”* [Patient]* |
| Reminders to contact PCP                                                | *I have a little check box [for contacting the PCP] and I like checking check boxes, and so if its not checked by the end of the night then I get anxious -* - [Resident]*                                                                 |
| System to ensure critical information sent to PCP right after discharge | *So, even just a brief 1-page fax of follow-up issues …very brief, with follow-up issues and discharge medications, anything that has been changed and any tests pending *[PCP]*  
*I think that being able to dictate, like please fax [this discharge summary] to a [specified] number…that would be really nice -* - [Resident]*  
*“Being seen by -- and, and they sent reports to him I know that”* [Patient]* |
Ideal Future Process

Ideal Communication Process between Inpatient Physician and Primary Care Physician for Hospitalized Patients and Identified Barriers

1. Patient admitted to the hospital
2. Hospital based physician asks patient to identify PCP
3. Patient refers to “My DOCS” and correctly identifies PCP
4. Hospital based physician accesses Doctor’s Portal to look up contact information and communication preferences of PCP
5. Hospital based physician contacts PCP regarding patient admission
6. During hospitalization, the team uses Time to contact PCP Census audit to determine whether PCP contact is necessary
7. Hospital based physicians sends PCP signout to PCP
8. Discharge facilitator meets with patient to reconcile PCP information
9. Patient discharged
10. PCP follows up with patient

*Tools Designed to Reduce Barriers and Improve Communication

- My DOCS
- Doctors Portal
- PCP Signout
- PCP to Bedside Case Studies
- TIME to Contact the PCP Census Audit
Questions or Ideas?

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Understanding Communication: Lessons from Other Industries and Applications to Healthcare
“When you move from right to left, you lose richness, such as physical proximity and the conscious and subconscious clues. You also lose the ability to communicate through techniques other than words such as gestures and facial expressions. The ability to change vocal inflection and timing to emphasize what you mean is also lost...Finally, the ability to answer questions in real time, are important because questions provide insight into how well the information is being understood by the listener.”

–Alistair Cockburn
Communication Strategies During Hand-offs in Other Industries

- Direct observations of hand-offs at NASA, 2 Canadian nuclear power plants, a railroad dispatch center, and an ambulance dispatch center

STRATEGIES

- Standardize - use same order or template
- Update information
- Limit interruptions
- Face to face verbal update
  - with interactive questioning
- Structure
  - Read-back to ensure accuracy

Applications of Standard Language

- “Read-back”
  - Reduces errors in lab reporting

29 errors detected during requested read-back of 822 lab results at Northwestern Memorial Hospital. All errors detected and corrected.

A Word of Caution on Technology

• Computerized sign-out

• IT solutions alone cannot substitute for a “successful communication act”
  – Human vigilance still required

In an emergency room, the replacement of a phone call for critical lab values with an electronic results-reporting system with no verbal communication resulted in 45% (1443/3228) of urgent lab results to go unchecked.

A Brief Example of the Difficulties in Communicating

• The Purpose of This Exercise
  – To make the distinction between hearing (the biological process of assimilating sound waves) and listening (adding our interpretations of what is being said)
  – To demonstrate the importance of effective communication skills and listening skills to thinking and acting systematically

• adapted from the Systems Thinking Playbook, Meadows and Sweeney, 1995
Instructions for Part 1 of the Exercise

• Everyone take 1 sheet of colored paper
• There is no talking
• Close your eyes and do exactly what I tell you to do
• Our goal is to produce identical patterns with the pieces of paper
Instructions for Part 2 of the exercise

• Form groups of 3 or 4 at your table
• Pick 1 person to be the communicator and the rest will be the listeners
• Listeners close their eyes
• Communicators go through at least 3 steps, each step involving a fold and a tear
• Switch roles and repeat the exercise with your same group but with someone else as the communicator. This time the listeners are allowed to talk, but still have their eyes closed
What happened?

- How would you describe your listening skills?
- For those who were communicators, how effective were your skills?
- Were there any differences in the 3 attempts?
Break