PROVIDENCE
Health & Services

Transitioning Patients
to Different Levels of Care

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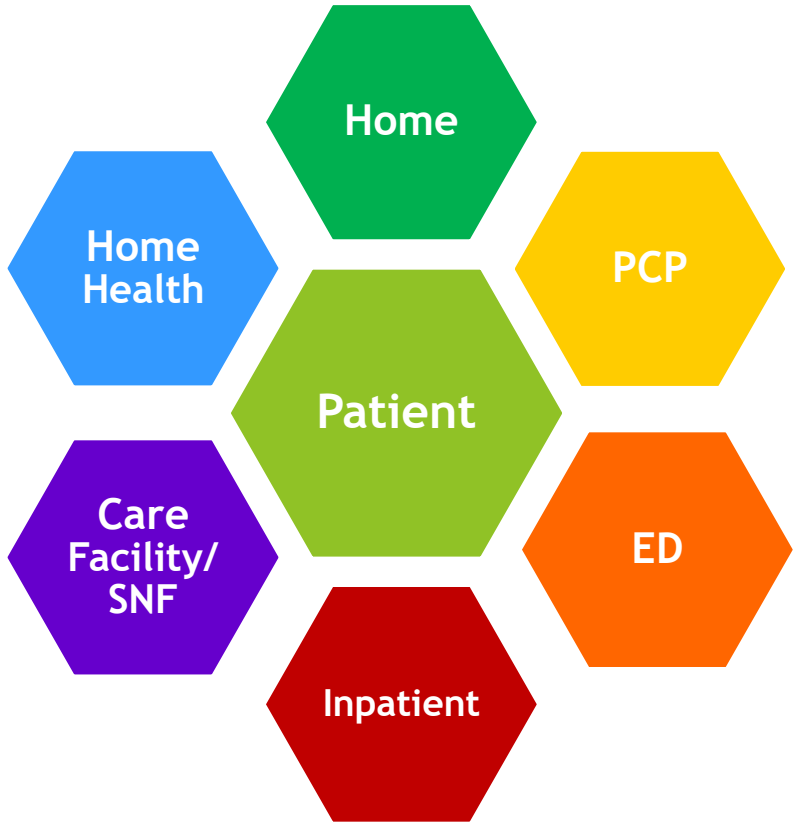
Providence Milwaukie Hospital

- Licensed Beds for Acute Care – 77 beds
- Employees of Providence Milwaukie Hospital – 453
- Admissions Annually – 2,599
- Emergency Department visits Annually – 33,386
- Average Inpatient Length of Stay – 3.16 Days
- New Senior Psychiatric Unit & ECT Program
- Volunteer Hours – 9,620
- Teaching Kitchen and Employee Garden of Giving

Transitions of Care Goals

- Patient Safety and Satisfaction
- Reduced Readmissions
- Technology Improved Communication
- Safe Handovers
- Patients' Involvement in Care
- Patient/Caregiver Education
- Comprehensive Discharge Planning



Measuring Transitions of Care

Where are the Breakdowns?

- **Communication**
  - Lack of coordinated care efforts
  - Incomplete or missing information
  - Time limitations for planning
  - Lack of standardized procedures for hand-off
- **Patients' Understanding/Education**
  - Unclear instructions / differing information
  - Patient excluded from planning for transition
  - Lack of understanding of condition/medications/plan of care goals
- **Accountability**
  - Multiple Providers Involved - Efforts not being coordinated
  - Insuring patient knowledge of available resources
  - Follow-up

The Joint Commission, (June 27, 2012) Hot Topics in Healthcare: Transitions of Care

Improving Patient Outcomes
Key Elements

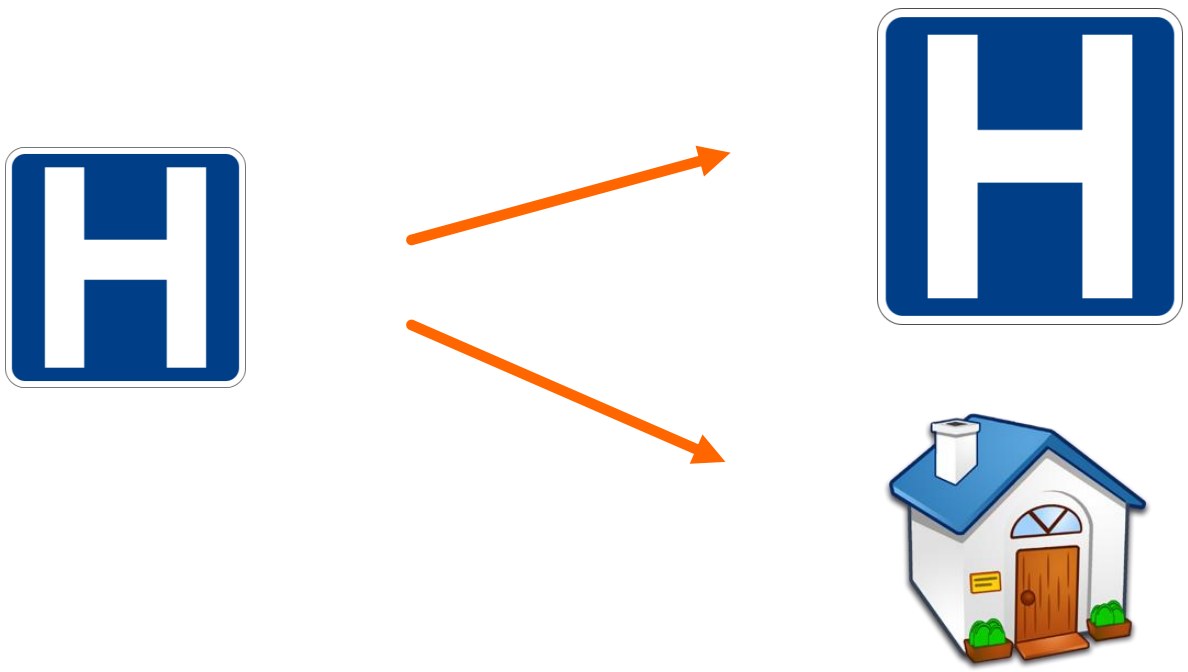
- Effective Transitions of Care will include some/all of these elements:
  - ✓ **Multidisciplinary Communication** – physician, nurse, pharmacist, care manager, social worker,… involved through entire hospital stay. Clinicians responsibilities clearly defined, participation in meetings, rounding, and patient education (w/multi-lingual options). Timely communication of information to/from facilities.
  - ✓ **Comprehensive Planning and Risk Assessment** – discharge planning begins immediately, risk factors are assessed (recent hospitalization, readmission risk, multiple chronic conditions, barriers to learning/understanding).
  - ✓ **Standard Procedures and Forms** – discharge summary, checklists, safety plans, assessments, medication reconciliation.
  - ✓ **Follow-up - Coordinated Support Post Discharge** – Process in place to follow-up by telephone/in person 1-3 days after discharge.

The Joint Commission, (June 27, 2012) Hot Topics in Healthcare: Transitions of Care

Transitions of Care

3 Common Scenarios at Providence Milwaukie

- ED > Higher Level of Care
- ICU > Cardiac Unit(s) (Larger Facility)
- Behavioral Health (Senior Psych) > Outside Facility



Emergency Department

Critical Points in Transfer

Traditional ED Admit/Transfer to Floor

- Bed requests to Charge Nurse (assess acuity, appropriate room + nurse assignment)
- Online ED Timeline Report

Community Hospital to Specialized and/or Larger Medical Center

- Tele-Health tools (Stroke-bot)
- STEMI-line, Stroke-line
- Centralized Transfer Centers
  - Decrease variance
  - Arrange appropriate consultation, facility assignment

Emergency Department

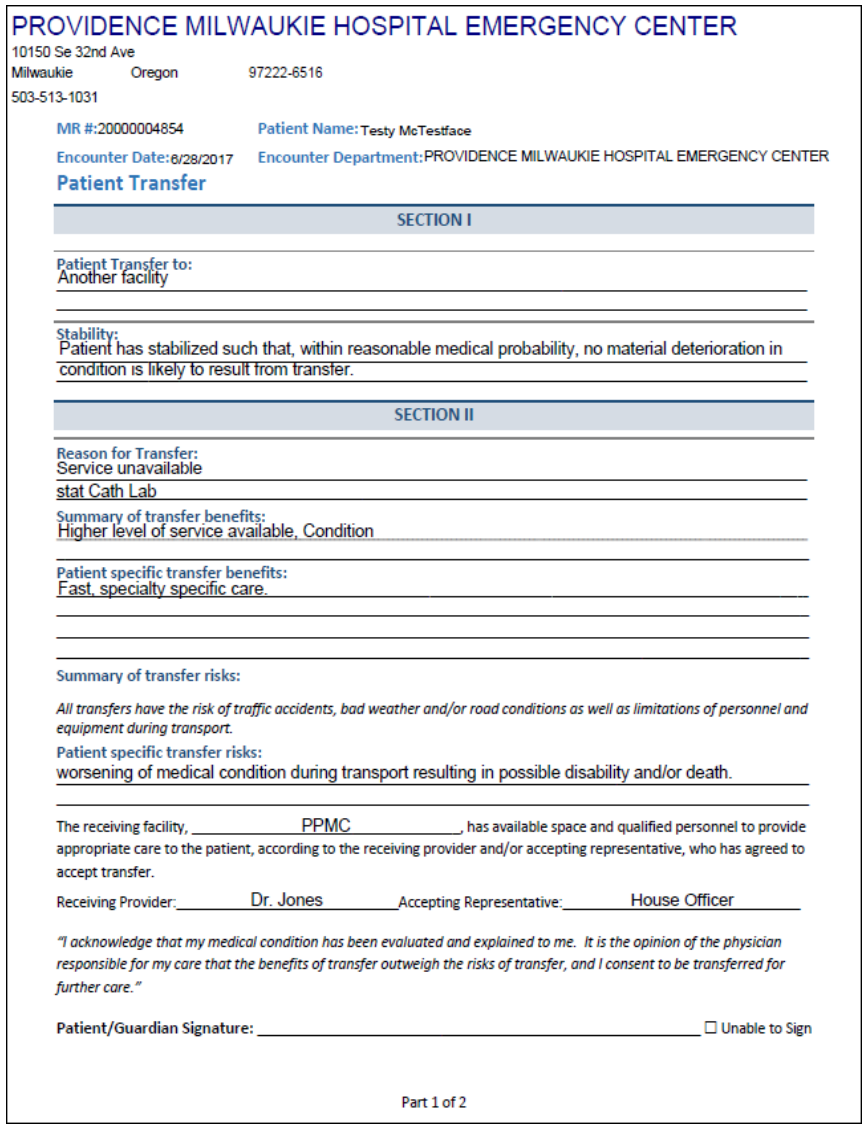
Community Hospital to Outside Facility

- External Transfer Centers
  - Locates appropriate consult, facility, connects staff
- Epic CareEverywhere – access across organizations
  - Allergies, medications, problem list, notes, e-POLST

Other Tools

- Medication Reconciliation (MedRec)
- InBasket and Secure Messaging
- Epic Transfer Summary Report
- Electronic EMTALA form
- Designated Case Manager/SW for Behavioral Health transfers

EMTALA Form



PROVIDENCE MILWAUKIE HOSPITAL EMERGENCY CENTER
10150 Se 32nd Ave
Milwaukie Oregon 97222-6516
503-513-1031

MR #:20000004854 Patient Name: Testy McTestface
Encounter Date:6/28/2017 Encounter Department:PROVIDENCE MILWAUKIE HOSPITAL EMERGENCY CENTER

Patient Transfer

SECTION I

Patient Transfer to:
Another facility

Stability:
Patient has stabilized such that, within reasonable medical probability, no material deterioration in condition is likely to result from transfer.

SECTION II

Reason for Transfer:
Service unavailable
stat Cath Lab

Summary of transfer benefits:
Higher level of service available, Condition

Patient specific transfer benefits:
Fast, specialty specific care.

Summary of transfer risks:

All transfers have the risk of traffic accidents, bad weather and/or road conditions as well as limitations of personnel and equipment during transport.

Patient specific transfer risks:
worsening of medical condition during transport resulting in possible disability and/or death.

The receiving facility, PPMC, has available space and qualified personnel to provide appropriate care to the patient, according to the receiving provider and/or accepting representative, who has agreed to accept transfer.

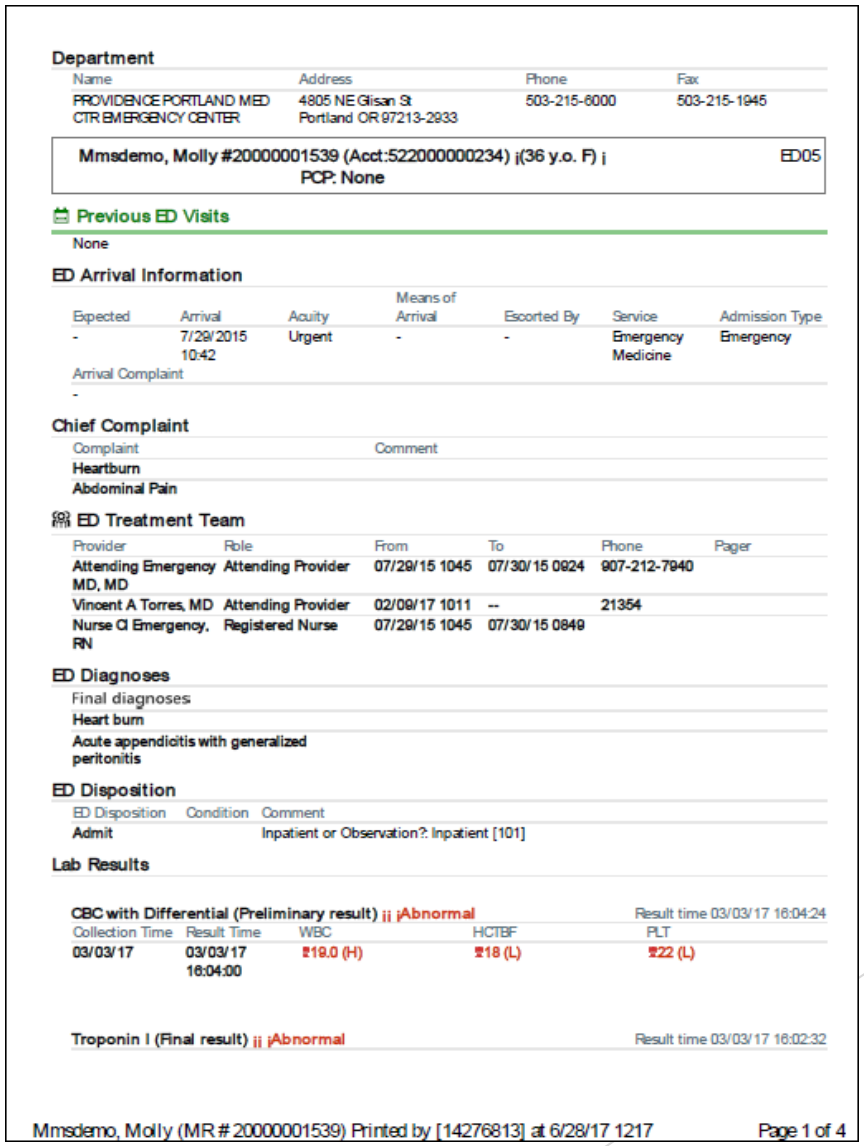
Receiving Provider: Dr. Jones Accepting Representative: House Officer

"I acknowledge that my medical condition has been evaluated and explained to me. It is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer, and I consent to be transferred for further care."

Patient/Guardian Signature: _____ ☐ Unable to Sign

Part 1 of 2

ED Transfer Summary



Department

Name	Address	Phone	Fax
PROVIDENCE PORTLAND MED CTR EMERGENCY CENTER	4805 NE Glisan St Portland OR 97213-2933	503-215-6000	503-215-1945

Mmsdemo, Molly #20000001539 (Acct:522000000234) ¡(36 y.o. F) ¡ ED05
PCP: None

Previous ED Visits

None

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	7/29/2015 10:42	Urgent	-	-	Emergency Medicine	Emergency

Arrival Complaint
-

Chief Complaint

Complaint	Comment
Heartburn	
Abdominal Pain	

ED Treatment Team

Provider	Role	From	To	Phone	Pager
Attending Emergency MD, MD	**Attending Provider**	**07/29/15 1045**	**07/30/15 0824**	**907-212-7940**	
Vincent A Torres, MD	**Attending Provider**	**02/09/17 1011**	**--**	**21354**	
Nurse Cl Emergency, RN	**Registered Nurse**	**07/29/15 1045**	**07/30/15 0849**		

ED Diagnoses

Final diagnoses
Heart burn
Acute appendicitis with generalized peritonitis

ED Disposition

ED Disposition	Condition	Comment
Admit		Inpatient or Observation?: Inpatient [101]

Lab Results

CBC with Differential (Preliminary result) ¡¡ ¡Abnormal Result time 03/03/17 16:04:24

Collection Time	Result Time	WBC	HCT&F	PLT
03/03/17	03/03/17 16:04:00	19.0 (H)	18 (L)	22 (L)

Troponin I (Final result) ¡¡ ¡Abnormal Result time 03/03/17 16:02:32

Mmsdemo, Molly (MR # 20000001539) Printed by [14276813] at 6/28/17 1217 Page 1 of 4

ICU to Cardiac Unit

Planning & Risk Assessment

- Screenings and Assessments
- Care Planning & Goal Setting
- Patient Learning Assessment & Education

Coordinating Hand-Off

- Transfer Center facilitated
- MD to MD communication
- RN to RN report
- Discharge Packet

Transfer of Care

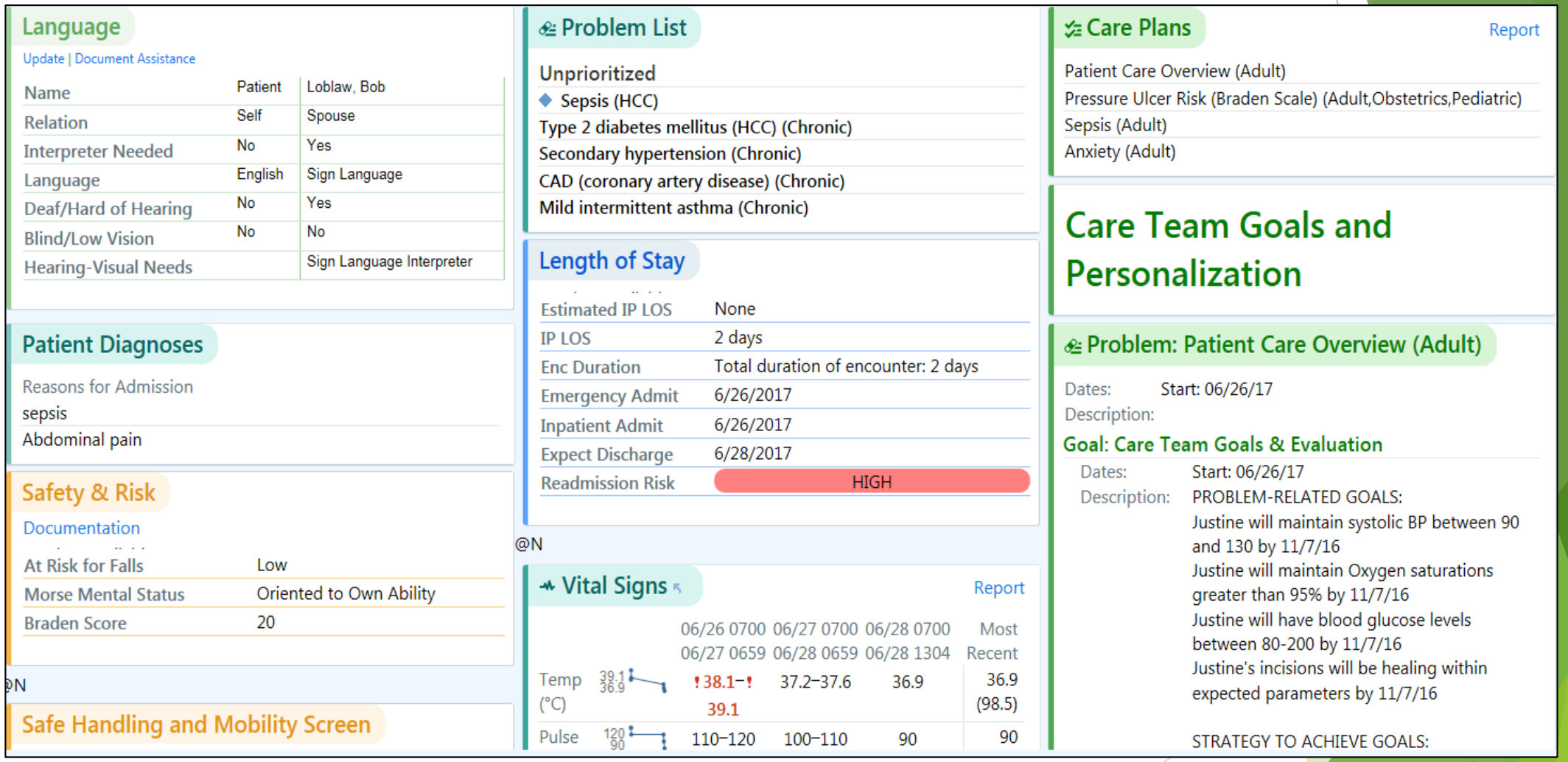
Procedure

- Discharge Readmit
  - Orders for the New Unit
- Discharge Summary

Cardiac ICU

- Discharge
  - Receiving MD writes orders

Professional Exchange Report



Language

Update | Document Assistance

Name	Patient	Loblaw, Bob
Relation	Self	Spouse
Interpreter Needed	No	Yes
Language	English	Sign Language
Deaf/Hard of Hearing	No	Yes
Blind/Low Vision	No	No
Hearing-Visual Needs		Sign Language Interpreter

Patient Diagnoses

Reasons for Admission

sepsis

Abdominal pain

Safety & Risk

Documentation

At Risk for Falls	Low
Morse Mental Status	Oriented to Own Ability
Braden Score	20

@N

Safe Handling and Mobility Screen

Problem List

Unprioritized

- Sepsis (HCC)
- Type 2 diabetes mellitus (HCC) (Chronic)
- Secondary hypertension (Chronic)
- CAD (coronary artery disease) (Chronic)
- Mild intermittent asthma (Chronic)

Length of Stay

Estimated IP LOS	None
IP LOS	2 days
Enc Duration	Total duration of encounter: 2 days
Emergency Admit	6/26/2017
Inpatient Admit	6/26/2017
Expect Discharge	6/28/2017
Readmission Risk	HIGH

@N

Vital Signs

Report

	06/26 0700 – 06/27 0659	06/27 0700 – 06/28 0659	06/28 0700 – 06/28 1304	Most Recent
Temp (°C) (39.1 / 36.9)	!38.1–! 39.1	37.2–37.6	36.9	36.9 (98.5)
Pulse (120 / 90)	110–120	100–110	90	90

Care Plans

Report

Patient Care Overview (Adult)

Pressure Ulcer Risk (Braden Scale) (Adult,Obstetrics,Pediatric)

Sepsis (Adult)

Anxiety (Adult)

Care Team Goals and Personalization

Problem: Patient Care Overview (Adult)

Dates: Start: 06/26/17

Description:

Goal: Care Team Goals & Evaluation

Dates: Start: 06/26/17

Description: PROBLEM-RELATED GOALS:
Justine will maintain systolic BP between 90 and 130 by 11/7/16
Justine will maintain Oxygen saturations greater than 95% by 11/7/16
Justine will have blood glucose levels between 80-200 by 11/7/16
Justine's incisions will be healing within expected parameters by 11/7/16

STRATEGY TO ACHIEVE GOALS:

Senior Psych to Outside Agency

Care Manager – Templates/Checklist

During Hospitalization

- Assessments and Documentation – CSSRS, SLUMS, Neuro-cog, …
- Care Plan Goals and Strategies
- Daily Collaborative Meetings
- Progress/Consult Notes

On the Chart

- Authorizations received
- Freedom of Choice consent

Follow-up

- By Psych Liaison within 7 days

Discharge Planning

- Communication with facilities
- Transportation needs assessed
- Continuity of Care, Safety Plan – After Care
- Following Providers/PCP/MH identified
- Pharmacy/Medications reconciled
- Contact Information recorded
- Follow-up Appointments outlined
- Community Support Services identified – HH, PT, OT, and family/friend support
- Transport Package assembled - DC checklist, AVS, Care Plan, med list

AVS & Discharge Checklist

AFTER VISIT SUMMARY

PROVIDENCE Health & Services

Helen-Discharge Bartlett Date of birth: 6/26/1963

6/26/2017 - 6/28/2017 Providence St Vincent Medical Center

Instructions

Your medications have changed

START taking:
azithromycin 250 mg tablet (ZITHROMAX)

CONTINUE taking your other medications
Review your updated medication list below

Next Steps

Do

☐ Pick up these medications from any pharmacy with your printed prescription
- azithromycin

☐ Ambulatory referral to Wound Clinic

PROVIDENCE Health & Services

- Providence Hood River Memorial Hospital
- Providence Medford Medical Center
- Providence Milwaukie Hospital
- Providence Newberg Medical Center
- Providence Portland Medical Center
- Providence Seaside Hospital
- Providence St. Vincent Medical Center
- Providence Willamette Falls Medical Center

Discharge Information

Discharge time: _____ **Discharge date:** _____

If you have questions regarding the information in this packet please call: _____

Questions for Patients, Families and Caregivers

- ❑ Do you know what your medicines are for and their possible side effects?
- ❑ Have you talked with your care team about the help you will need at home?
- ❑ Do you know what signs and symptoms to watch for that mean you should seek medical care?
- ❑ If you need to fill prescriptions do you know where to get them and do you have a plan to pick them up?
- ❑ Do you know when you should follow up with your doctor or surgeon after you leave the hospital?
- ❑ Do you have all your belongings including glasses, dentures, hearing aids, valuables, phone chargers and any medications brought from home?

Thank you for allowing us to care for you at Providence.

Please use this information to guide your care at home and bring it with you to your doctor's appointment after you are discharged from the hospital.

Questions?