NATIONAL QUALITY FORUM

Emergency Department Quality of Transitions of Care 2016-2017

Multistakeholder Meeting
February 1, 2017

Agenda

- Welcome and Introductions
- Project Overview and Update
- Quality Transitions Discussion
- Next steps

Welcome and Introductions

National Quality Forum Project Staff

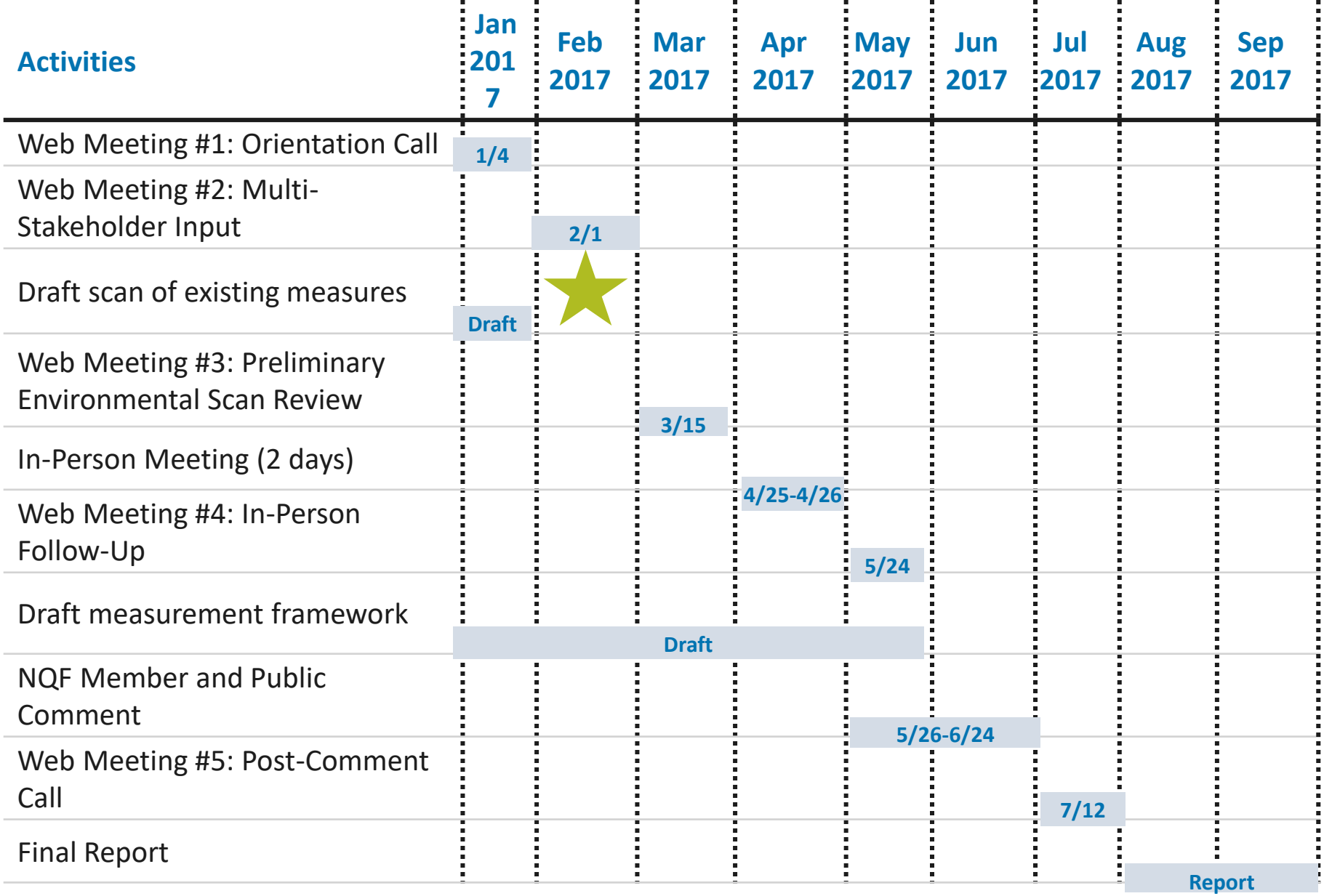
- Marcia Wilson, PhD, MBA, Senior Vice President
- Kyle Cobb, MS, Senior Director
- Kirsten Reed, Project Manager
- Vanessa Moy, MPH, Project Analyst
- Jesse Pines, MD, Consultant

Expert Panel

- Stephen Cantrill, MD, FACEP (Co-Chair)
- Janet Niles, RN, MS, CCM (Co-Chair)
- Billie Bell, RN
- Donna Carden, MD
- Lisa Deal, PharmD, BCPS, BSN, RN
- James Dunford, MD, FACEP
- Tricia Elliott, MBA, CPHQ
- Susan (Nikki) Hastings, MD, MHS
- Joseph Karan
- Julie Massey, MD, MBA
- Aleesa Mobley, PhD, RN, APN
- Elif Oker, MD
- Andrea Pearson, MD
- Marc Price, DO
- Karin Rhodes, MD, MS
- Kristin Rising, MD, MS
- Brenda Schmitthenner, MPA
- Amy Starmer, MD, MPH
- Adam Swanson, MPP
- Arjun Venkatesh, MD, MBA, MHS
- Sam West
- Margaret Weston, MSN, RN, CPHQ
- Christine Wilhelm, MBA
- Stephanie Witwer, PhD, RN, NEA-BC

Project Goals

- To develop a quality measurement framework based on evidence through stakeholder meetings and research that defines and identifies examples of care quality for transitions into and out of the ED.
- To improve person-centered care, value, and cost efficiency by improving the management of ED transitions.


Activities
Jan 2017
Feb 2017
Mar 2017
Apr 2017
May 2017
Jun 2017
Jul 2017
Aug 2017
Sep 2017
Web Meeting #1: Orientation Call
1/4
Web Meeting #2: Multi-Stakeholder Input
2/1
Draft scan of existing measures
Draft
Web Meeting #3: Preliminary Environmental Scan Review
3/15
In-Person Meeting (2 days)
4/25-4/26
Web Meeting #4: In-Person Follow-Up
5/24
Draft measurement framework
Draft
NQF Member and Public Comment
5/26-6/24
Web Meeting #5: Post-Comment Call
7/12
Final Report
Report

Discussion

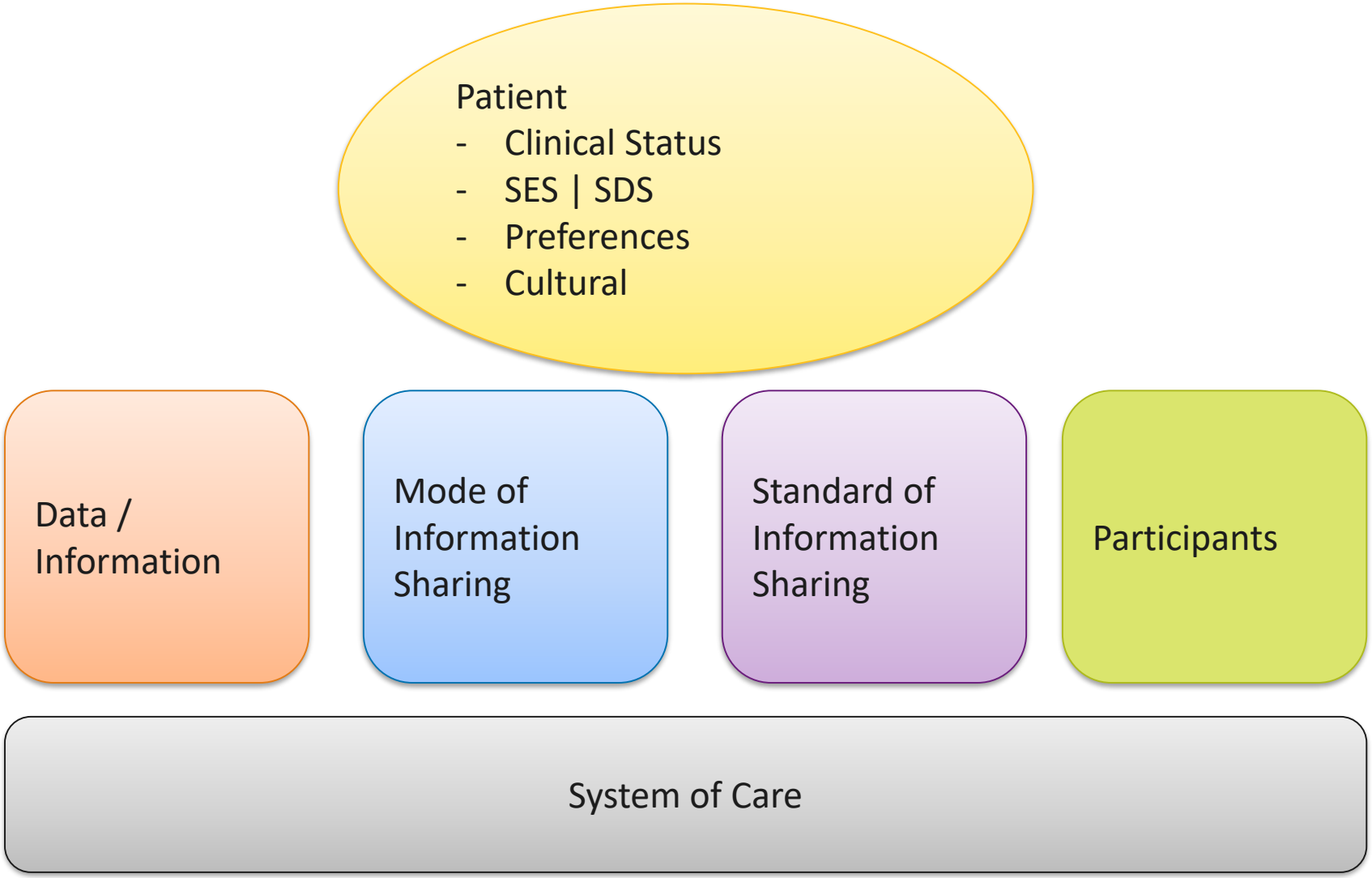
ED Transition Scenarios

INCOMING
Home
Another ED / Hospital
Specialist
Medical Home / PCP
LTSS
Prehospital
Other episodic care
Within ED
Shelter
Jail
…

EMERGENCY DEPARTMENT

OUTGOING
Home
Another ED / Hospital
LTSS
Medical home / PCP
Specialist
With ED / Hospital
Shelter
Jail
…

Transition Key Elements



ED Transition
Discussion Questions

1. What are the **essential data** needed to support a transition?
2. What **modes of information transfer** support a transition?
3. What **standardized processes** support information sharing / transition?
4. Who are the key **participants** in an effective transition?
5. Are there specific **patient attributes** to focus on for particular transition types?
6. How should transition **information be shared with the patient**, and how does that differ by patient attributes?

Transition Scenario: ED Shift Change

86 yo F with mild dementia is brought in from a NH for confusion and is seen by a provider at the end of her shift. The NH has not sent a chart or documentation of code status. She is sent for a CT scan of the head during shift sign-out, and returns just after the initial provider has left. Her CT shows a large stroke and she rapidly becomes obtunded. The new provider is called to determine if she should be intubated emergently.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: Pediatric ED – Home

7 yo F with asthma presents with her parents. She is wheezing and speaking is short sentences. She receives nebulized albuterol and upon improvement, she is discharged home with her parents, with a prescription for oral steroids and instructions to follow-up with her pediatrician.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: Rural ED – Home

57 yo M with CHF, DM-II and COPD presents with dyspnea. Has noted several pounds of weight gain. Chest X-ray is consistent with mild pulmonary edema. He receives Lasix with symptomatic improvement and declines admission, stating he needs to get home to take care of his wife who is ill and they live nearly an hour away.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: LTSS - ED – Hospital

75 yo M with advanced Parkinsons is transferred to ED from SNF for possible hip fracture from fall. Seen by orthopedic consultant and admitted to a medicine hospitalist for a planned surgery in the morning.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: ED – Other Hospital

40 yo F presenting to a community hospital ED with cough, fever and dyspnea. Chest Xray shows dense consolidation in the right lower lobe. She becomes hypotensive and is started on pressors. She is deemed too sick for the hospital's ICU and transfer is requested to a teaching hospital. The accepting intensivist requests that she be intubated for safe transfer and that imaging accompany her on CD. She arrives at the academic hospital intubated, sedated and without family.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: ED visit for medication

52 yo F with bipolar disease presents to the ED with racing thoughts stating that she has run out of her medications.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: ED to Shelter

40 yo homeless M with diabetes and HIV on HAART presents to the ED with cellulitis of the right foot. Receives a prescription for oral antibiotics and is directed to a local shelter (or Jail, or Detox).

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Transition Scenario: Home Hospice to ED

67 yo M with stage IV lung cancer recently discharged from another hospital on home hospice presents to the ED with dyspnea and confusion. He is accompanied by his daughter who wishes everything to be done.

- Essential data / information
- Modes of information transfer
- Standardized processes
- Participants
- Patient attributes
- Information for patient

Public Comment

Questions?

Project Contact Info

- Email: EMTransitions@qualityforum.org
- NQF Phone: 202-783-1300
- Project page: http://www.qualityforum.org/Emergency_Department_Quality_of_Transitions_of_Care.aspx
- SharePoint: http://share.qualityforum.org/Projects/Transitions%20of%20Care/SitePages/Home.aspx

Thank you.