

### **Emergency Department Quality of Transitions of Care**

Preliminary Environmental Scan Review Web Meeting March 15, 2017

## Welcome

NATIONAL QUALITY FORUM

#### 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

#### Agenda

- Project Update
- Synthesis of Results from the Literature Review, Environmental Scan of Measures and Key Informant Interviews
- Discuss Proposed Domains and Subdomains
- Preparing for the In-Person Meeting
- Next Steps

#### **Project Update**

- Evidence synthesis near completion to date we have completed:
  - Environmental scan of measures
  - Literature review related to transitions of care framed by patient's perspective for transitions of care into and out of the ED
  - *Key informant interviews*
  - Multistakeholder input from NQF committee members from the rural health quality of care measures project, health and well-being project, and improving diagnostic safety and quality project

Synthesis of Results from the Literature Review, Environmental Scan of Measures, and Key Informant Interviews

#### Measures vs. Measure Concepts

- A measure is a metric that has a specific numerator and denominator and has undergone scientific testing.
- A measure concept is a metric that has a specific numerator and denominator, but has not undergone testing.
- An instrument is a psychometrically tested and validated survey, scale, or other measurement tool.

#### What can be measured?

| Outcomes            | Percentage of hypertension patients whose blood pressure is under control.   |
|---------------------|--|
| Processes           | Percentage of patients whose medical record contains<br>a list of current medications with dosages verified<br>with the patient or authorized representative |
| Patient Experiences | Patient experience with care survey for patients who have been in the hospital   |
| Structures          | Number of productive hours worked by nursing staff<br>with direct patient care responsibilities per patient<br>day   |

#### **Evidence Review To Date**

- Environmental scan of existing measures
  - Measure repositories (e.g., NQF QPS, AHRQ National Quality Measures Clearinghouse, Hospital Compare)
  - 20 measures were directly relevant to this project
- Review of relevant literature to look for possible measure concepts and frameworks
  - Peer-reviewed research publications (69 relevant)
    - » PubMed
    - » Google Scholar
    - » Cochrane Collaboration
  - Grey literature (e.g., white papers, technical reports, etc.)
  - Relevant programs and tools/instruments used in ED transitions of care

#### Key Theme #1

- The patient is the unifying piece across the transition of care continuum, however patients cannot always be the communication bridge.
  - Education is an essential component of patient activation and engagement
  - Access to community supports may be an integral part of a quality transition of care

#### Key Theme #2

- Acuity of patients' clinical factors/condition informs type, mode, and timeliness of communication in a transition.
  - Key information varies based on provider role, patients' status, and type of transition
  - Two way communication exchange is essential, however, it may be synchronous or asynchronous depending on the transition

#### Key Theme #3

- ED settings may vary, however they are all focused on episodic care for patients with varying acuity for which rapid decisions need to be made under high levels of stress and with many distractions.
  - Diagnostic uncertainty and urgency of a patients condition informs the nature of transition supports (e.g. communication mode and/or type) into and out of ED

## Questions?

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Proposed Domains and Subdomains for Measurement Framework

#### What is a Measurement Framework?

| Domain #1 | <ul> <li>Subdomain</li> <li>Measure Concept</li> <li>Subdomain</li> <li>Measure Concept</li> </ul> |
|-----------|--|
| Domain #2 | <ul> <li>Subdomain</li> <li>Measure Concept</li> <li>Subdomain</li> <li>Measure Concept</li> </ul> |
| Domain #3 | <ul> <li>Subdomain</li> <li>Measure Concept</li> <li>Subdomain</li> <li>Measure Concept</li> </ul> |
|           |  |

#### Definitions

- A Framework is a way to organize ideas and/or objectives and shows relationships
- A Domain is a grouping of high-level ideas and concepts that further describes the framework
- A **Subdomain** *is a smaller grouping within a domain*

#### Definitions

- Care Coordination is the deliberate synchronization of activities and information to improve health outcomes by ensuring that care recipients' and families' needs and preferences for healthcare and community services are met over time.
- Transitions of Care refers to the movement of patients between health care locations, providers, or different levels of care as their conditions and care needs change.
- Patient and Family Centered Care is the extent to which care is provided to the patient, caregiver, and/or family, which is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- Community Services Setting refers to an array of services and supports delivered to a patient either at home or other integrated community setting that promotes the independence, health and well-being, self-determination, and community inclusion of a person of any age and health need.

### Domain #1: Send/Receive Communication

| Domain  | Subdomain  |
|---|--|
| <ul> <li>Definition: The communication<br/>that occurs between care<br/>settings and among<br/>multidisciplinary teams within<br/>each setting that support<br/>transitions of care into and out<br/>of the Emergency Department<br/>(ED). Send and receive<br/>communication can involve<br/>patients and their caregivers,<br/>physicians, nurses, care<br/>managers, administrative<br/>personnel, and emergency<br/>medical technicians.</li> </ul> | <ul> <li>Key Information</li> <li>Modality</li> <li>Timeliness &amp; Accuracy</li> <li>Medication Safety</li> <li>Education</li> <li>Accountability</li> </ul> |

#### Domain #2: Utilization of the Broader Community

#### Domain

#### Utilization of the Broader Community

- Definition: The extent to which the broader community organizations, services, and information technology infrastructure is engaged to support a quality transition of care into and out of the ED.
  - The community setting refers to an array of services and supports delivered to a patient either at home or other integrated community setting that promotes the independence, health and well-being, selfdetermination, and community inclusion of a person of any age and health need.

#### Subdomain

- Linkages and synchronization
- Quality and Availability of Services

### Domain #3: Achievement of Outcomes

| Domain   | Subdomain   |
|--|---|
| <ul> <li>Achievement of Outcomes</li> <li>Definition: The extent to which quality patient-centered ED transition of care outcomes are achieved.</li> </ul> | <ul> <li>Healthcare<br/>Utilization/Costs</li> <li>Provider Experience</li> <li>Person and Family<br/>Centeredness</li> </ul> |

Linking Measures and Subdomains Domain 1: Send/Receive; Subdomain: key information

- Example of existing measure relevant to key information subdomain:
  - #0291: Emergency Transfer Communication; Percentage of patients transferred to another healthcare facility whose medical record documentation indicated that REQUIRED information was communicated to the receiving facility prior to departure or within 60 minutes of transfer
- Example of a measure concept:
  - Measure outpatient providers on the ratio of referred patients arriving to the ED with summary-of-care information received within 1 hour to all patients referred to the ED.

#### **Discussion Questions**

- Do these definitions accurately represent the domains and subdomains?
- Do the proposed domains and subdomains resonate with your experience?
- Are there any domains or subdomains missing?

# April In-Person Meeting and Next Steps

#### **Overview of April In-Person Meeting Goals**

- Refine domains and subdomains
- Identify measure concepts
- Identify gaps in measurement
  - Highlight promising measures, concepts and instruments
- Homework/Assignments:
  - Provide feedback on the identified domains and subdomains
  - Identify possible measure concepts for discussion during the inperson meeting

## Public Comment

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#### **Next Steps**

- In-Person Meeting
  - April 25-26, 2017
- Review list of tools, programs, literature, and measures and let us know if anything is missing.
- Provide feedback on domains and subdomains
- Send measure concepts prior to the in-person meeting
- Web Meeting #4: In-Person Meeting Follow-Up
   May 24, 2017

## Questions?

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# Thank you.

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