Pediatric Hospitalists Collaborate to Improve Discharge Communication

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BACKGROUND
• Hospitalist to Primary Care Provider (PCP) discharge communication is frequently delayed and/or lacking key elements of information
• Gaps in transitions of care have been linked to worse patient outcomes
• A 2009 Pediatric Hospital Medicine Roundtable commissioned Quality Improvement (QI) efforts to demonstrate that pediatric hospitalists could rapidly improve care
• QI collaboratives operate under the premise that shared learning may facilitate rapid improvement

METHODS
15 hospitalists representing a diverse array of sites and programs, from academic programs at free-standing tertiary-care children's hospitals to non-academic programs at community hospitals participated in monthly conference calls.

The following collective AIM statement was developed:
• 90% of hospitalist discharges at each participating hospital will have documentation of communication with a PCP within 2 calendar days of actual discharge

A parallel QI project was performed at each site, to include the following shared steps:
• Key driver diagrams and/or process maps
• Shared measurement methodology:
  - 12 charts sampled weekly (1 weekend day, 2 weekdays)
  - Record whether discharge communication to PCP documented
  - Plot on collective run chart

METHODS (CONTINUED)
• Monthly conference calls allowed for
  - Learning about QI methodology
  - Sharing of experiences and insight
  - Provision of support, coaching, motivation and accountability to meet deadlines

Interventions were site-specific though information was shared across sites during conference calls. Ultimately 7 sites were able to collect four months of continuous data with 6 sites demonstrating achievement of the AIM and all sites demonstrating improvement. Participating hospitalists were surveyed as to local and collaborative factors that led to their success.

BACKGROUND
METHODS (CONTINUED)
RESULTS
The following factors were mentioned by multiple participants as being instrumental in improvement:
Local:
• timely and individualized feedback on communication rates within each group
• financial incentives
• obtaining buy-in from the hospitalist group
• multidisciplinary team and/or leadership buy-in
• standardizing and streamlining the process (within EMR if possible)
Collaborative:
• learning from peers and receiving instant feedback
• being supported, motivated and pushed by the group
• learning about QI
• being accountable to deadlines

DISCUSSION
Pediatric hospitalists can rapidly improve the delivery of our care. A “change package” for improving hospitalist to PCP discharge communication may include automation of the process, financial incentives, individualized feedback and building a team. Perhaps more importantly, these actions in the context of a learning collaborative may accelerate that pace of change. Participants in this initiative felt empowered by group dynamic and reported learning lessons that may be applied to future QI endeavors. Learning collaboratives represent a potential vehicle for spreading change within pediatric hospital medicine.

Next Steps:
1. Phase 2: Improve the content of discharge communication to PCPs
   a. In Process: Multi-community survey of hospitalist-PCP communication preferences
   b. Up Next: Rapid-cycle improvement of specific content areas
2. Future Goals: MOC and partnership with PCPs

FIGURE 1
Discharge Communication to PCP Within 2 Days, by Hospitalist Group

MONTHS OF CONSECUTIVE DATA COLLECTION

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