

Quality Improvement in Primary Care Provider Follow-up from Acute Rehabilitation

Kyle Jisa, MD¹

LeAnne Brown, RN¹

Susan Hamilton, BSN¹

Valerie Moore, BSN¹

William Carter III, MD, MPH¹

1. Department of Physical Medicine and Rehabilitation, VCU Health System



VCU Health™

Introduction

- Acute rehabilitation patients are medically and functionally complex who frequently require primary care physician (PCP) follow-up after discharge
- Discontinuity of care after acute rehabilitation is associated with adverse outcomes through lack of PCP follow-up and/or unavailable discharge summary for PCP review

Current State

- Site: Acute rehabilitation hospital at an academic tertiary care hospital
- Discharge summaries are automatically sent to the PCP if assigned within the electronic medical record (EMR). However, this function is of limited use as many patients do not have a PCP or do not have their PCP updated within the EMR.
- Non-clinical staff that are off-site update the PCP within the EMR when a request by a clinical employee is submitted.

SMART Goal

- 85% of patients will be set up with PCP follow-up within 30 days of discharge after two months of quality improvement interventions (April-May 2020)

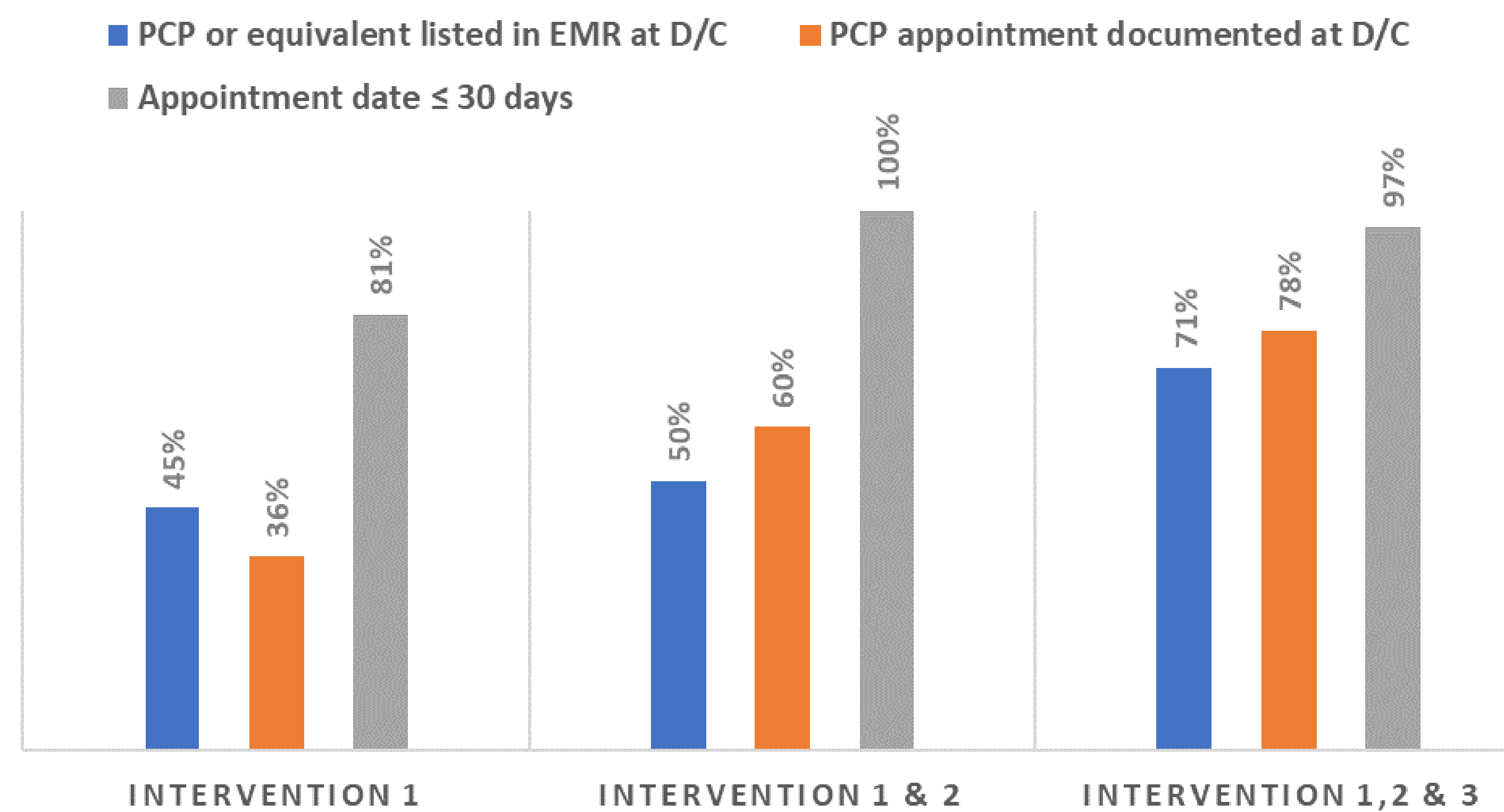
Interventions

- PM&R nurse liaison documents note within EMR containing patient's current PCP (or lack of PCP) during acute care hospital consultation
- After admission to acute rehabilitation hospital, PM&R team submits EMR correction of PCP if needed. PCP will then receive discharge summary automatically.
- Active effort to enroll patient with PCP during acute rehabilitation hospitalization

Measures

- Presence or absence of nurse liaison note documentation
 - Patient documented with or without a PCP
- PCP or equivalent provider updated within EMR at time of discharge from rehabilitation
- PCP or equivalent provider appointment documented in discharge instructions/summary
- Follow-up appointment scheduled within 30 days after discharge
- Assumptions: Equivalent provider considered to be bone marrow transplant, transplant surgery, and left ventricular assistive device
- Exclusions: Acute rehabilitation patients requiring transfer to acute care hospital, incarcerated patients

Measured outcome results after intervention implementation



Results

- Baseline data and intervention 1
 - Jan 1 – Feb 29, 2020, 44 charts reviewed
- Intervention 1 and 2
 - Mar 30 – Apr 29, 2020, 42 charts reviewed
- Intervention 1, 2, and 3
 - Apr 30 – May 30, 2020, 41 charts reviewed

Limitations

- Single PM&R nurse liaison limited to seeing 70 – 75% of patients prior to rehabilitation admission
- Time to update PCP within EMR up to 7 days due to COVID-19 pandemic (normally 24 hours)
- Unable to update EMR with out-of-state and Veterans Affairs providers
- Unclear if able to update PCP with specialty providers (e.g. bone marrow transplant)
- Lack of PCP enrollment for patients with short rehabilitation admission

Conclusions

- Approximately 27% of patients were without PCP prior to acute rehabilitation admission
- Nearly 50% or more of patients discharging to rehabilitation hospital did not have PCP updated within EMR
- After all interventions were implemented for one month, 71% of patients had a PCP listed within the EMR prior to discharge and 78% were scheduled for follow-up within 30 days

