Bridging critical gaps in transitions of health care

STATUS: **COMPLETED PHASE 2**

The Design Institute for Health worked with local hospitalist teams and community clinicians to explore the hand-off between hospital discharge to follow-up care.

Successful transitions of care between hospitals and outpatient providers impact a person's likelihood of readmission, experience of adverse effects, and overall health outcomes. Our local hospital and community care system's championing of design is a courageous and trailblazing approach to solving problems that are rampant across the nation. This work is translatable across regional health systems in any hospital and community handoff environment.

How might we build shared understanding and priorities of systemic challenges with inpatient to outpatient transitions?

Collaborators are critical to the success of this work.

Ascension

Dell Seton Medical Center at The University of Texas

CommUnityCare

CENTRAL HEALTH

The University of Texas at Austin Dell Medical School

DESIGN INstitute for HEALTH

VA U.S. Department of Veterans Affairs

AUSTIN GERIATRIC SPECIALISTS



Dell Medical School second year residents were also embedded on our design team, providing first hand expertise on how transitions happen at Dell Seton and helping us do research and prototyping in the hospital.

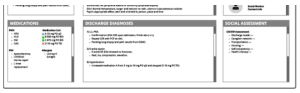
VIEW

Redesigned Discharge Summary



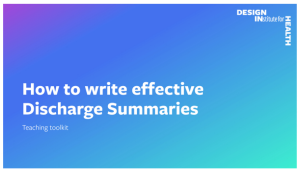
Project Objectives

Quickly identify and prototype improvements in communications between inpatient (in the hospital) and outpatient (in the community) providers. Effective and timely communication while patients go from the hospital back to their community providers is critical to ensuring continuity of care during this transition.



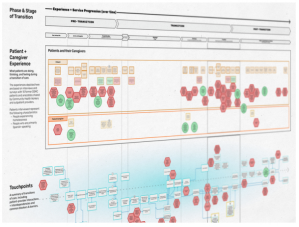
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Writing Effective Discharge Summaries: Teaching Toolkit



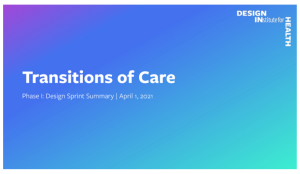
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Transitions of Care Synthesis Map



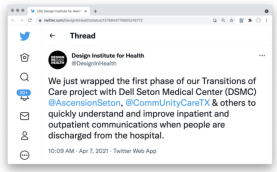
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Design Research Summary - Full Presentation



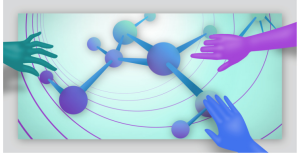
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Phase 1 Shareout: 4/7/2021 Update



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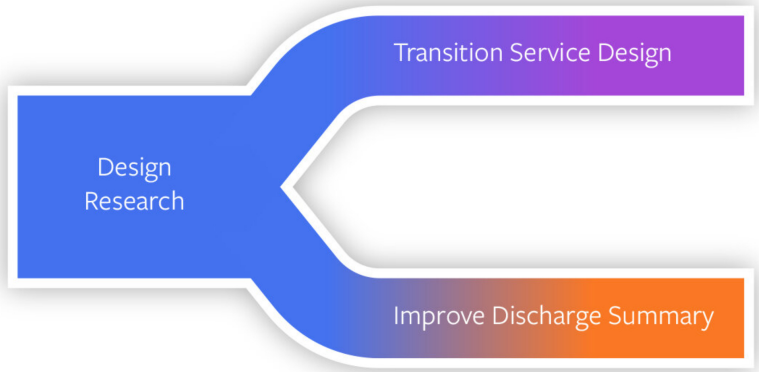


Design Research + Prototyping

During the course of 10 weeks, we used design research to understand roles, needs, and challenges of inpatient and outpatient clinicians. We conducted 20 interviews with inpatient and outpatient team members who serve in the many roles that support patients including physicians, case managers, nurses, pharmacists, and administrative staff. These four opportunity areas emerged:

1. Writing the discharge summary
2. Enhancing provider-to-provider communication
3. Fostering collaboration among the Transitions care teams
4. Enhancing the patient experience

Upon exploration with stakeholders, two bodies of work emerged:



Transition Service Design

Building on the opportunities prioritized by our partners in the previous phase, we aimed to build a shared view of how transitions happen by mapping the experience of patients, inpatient providers, and outpatient providers.

Through this mapping and the conversations around it, we planned to surface gaps and blockers for these various roles and identify opportunities to better support patients and close feedback loops between providers.

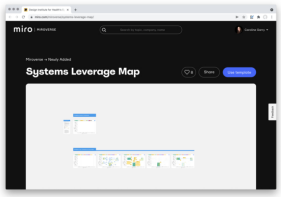
Map

We mapped the Transition Service Experience from the various perspectives of the people involved in transitions of care. We synthesized the patient experience across interviews and surveys with former Dell Seton Medical Center patients, a majority of whom were people experiencing homelessness. We also mapped the responsibilities, blockers and enablers of the various roles within inpatient and outpatient teams.





Plotting Design Interventions as Points of System Leverage



Corresponding System Leverage template on Miroverse

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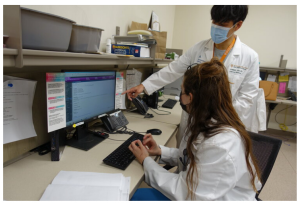
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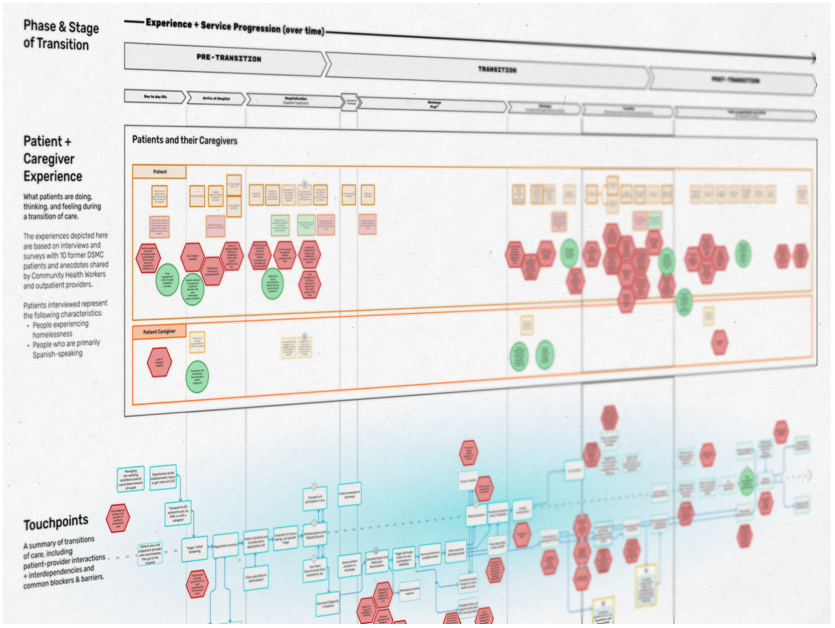
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Convene

Leadership Workshop

We engaged 25 leaders from health systems across Travis County, including CommUnityCare, Ascension, and Central Health, within a leadership workshop to identify priorities for improving transitions of care. They looked at opportunities through the three components of what makes a successful transition.



A simple story and important sequence:

1. The **patient is discharged** from the hospital and goes home.
2. The **information** about the patient's care and **care plan must be transmitted** from the Hospital to the Primary Care Clinic.
3. The **patient must present at a follow-up appointment** with a Primary Care Provider, where their **care plan can be continued** after the hospital.

The following priorities emerged for our community of providers:

- No clear owner for transitions
- System goal is not coordination of care
- Disconnected tech (Electronic Health Records)





Generative Resident Workshop

We convened approximately 40 residents, attendings, and staff from Dell Seton Medical Center to build a shared systems view of how transitions happen and surface ideas to better support patients. Residents took stock of the various medical, social, and emotional, and other coordination "jobs" which have to be done to ensure a successful transition, recognizing the immense amount of coordination required between the many people involved.

Then, looking at the Service Experience Maps, they identified lessons learned from COVID-19 and beyond on how to better support patients and ensure effective communication and coordination between providers.











Improving the Discharge Summary

> ***Think of the discharge summary as a note to your future self.***
>
> - Tim Mercer

Building on earlier prototyping efforts with medical residents, we aimed to refine the standards of what makes an effective discharge summary and support Dell Seton Medical Center in implementing these standards by developing teaching

strategies for incoming and current residents. To support simpler discharge summaries, we also aimed to redesign the discharge summary template based on outpatient providers' needs.

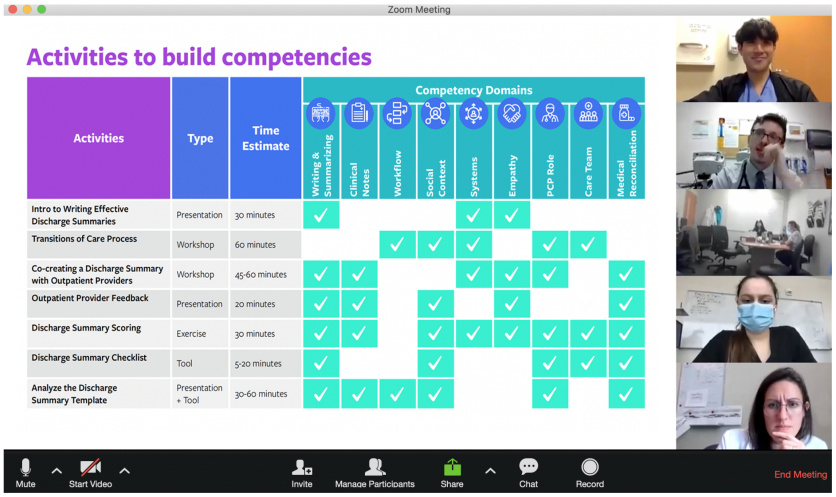
Create

Teaching Toolkit

We developed a teaching toolkit for Dell Seton Medical Center to onboard incoming and current internal medicine residents around developing an understanding of the standards for an effective discharge summary and building the competencies needed to write one.

To make this toolkit as easy-to-use as possible, we created several plug and play resources, including presentations, activities, and checklists, that residents could use throughout the year to receive feedback on and improve their discharge summaries.

This toolkit was first used by Joseph Joo and Mustafa Abdul-Moheeth, residents at Dell Seton as part of the 2021 Summer Safety Series.



Discharge Summary Redesign

We proposed an aspirational redesign of the discharge summary template, thinking beyond the constraints of the Electronic Health Record to provoke new thinking on how we could make the discharge summary a more effective communication tool. This effort was led by second year Dell Medical School resident Joseph Joo.

Our aspirational design aimed to provide the information outpatient providers need in a more digestible and human-centered format. We shared this design within Ascension to inform ongoing national efforts to redesign the discharge summary template.

Liz Blankenship from Dell Seton Medical Center created a prototype version within the Electronic Health Record system to enable residents and attendings to start putting our design principles to use.



> *For EHR and IT redesign, I've heard nothing but "we can't" and "we tried that and it went nowhere" since I joined the faculty. I think it's awesome that we not only created something useful, we created traction to actually implement it.*
>
> - Read Pierce, Steering Committee Stakeholder

Next Steps

While initial phases largely focused on the back-end aspects of effective transitions, particularly how information flows between inpatient and outpatient contexts, the next phase planned to focus on the front-end, patient experience.

The project was not renewed to complete this phase that included co-design and prototyping around opportunity areas identified in our stakeholder workshops to support patients in better understanding their care and prescribed medications and making their follow-up appointments. We are exploring utilizing this work in a new scope of work with a national partner.

Next

An emergent crisis' role in revealing compounding human factors within the long-term care system

SYSTEMS, COMMUNICATION, SERVICE

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