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Improving the Quality of Information sent to Primary Care Physicians for Patients Discharged from Nursing Facilities

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Abstract:
As the focus on reimbursement on documentation in transitions of care, we identified that none of the nursing facilities (NF) where our group is on staff had a formal discharge form. The six providers in our geriatric group developed a standardized single page summary to be used by the facility physician to complete before discharge. This form included Patient name and Date of birth, NF where the patient received care and discharge destination, functional and cognitive status, durable power of attorney, admission date and discharge date, administration of medications and course of treatment, lab or x-ray results. The form was designed for completion by both the facility physician and the case manager. The form was faxed to the PCP's office at discharge to avoid delays and ensure timely communication with the PCP. Approval was required to fax the form or to complete it by phone. The form was completed in 23 out of 35 cases (66%) within 24 hours of discharge. This project was piloted for six months before being implemented for all patients. We plan to review the forms after 6 months of implementation to evaluate process and outcomes.

Methods:
Development of the Form and Utilization
The providers in our geriatric group met to determine what information should be included on the form. The first draft of our form is shown in Figure 1. The providers are able to fax any additional information that they believe should be included on the form. During the initial pilot period of 8 weeks, 75 DC forms were faxed to PCP office. Of these, 70/75 (95%) needed to be re-reviewed. 75% (56/75) PCP offices never responded back to us to verify that the form was received or responded to by the PCP, and 25% (19/75) were faxed to a PCP with a different fax number. None of the forms were completed by a case manager and nurse rather than providers. The form is completed before the discharging physician completes the discharge inpatient summary, so the responsible physician completes the discharge form on August 8, 2010. The form was completed before discharge by the discharging physician in 58/75 (77%) cases. All forms were faxed to the PCP's office and our follow-up calls were made to the nurse in our office to ensure that the form has been received; if the form has not been received by the primary care physician, it is re-faxed to the appropriate office. If any further information is needed, and any comments made by the PCP were recorded.

Results:
For the five month period from mid August to the end of December 2010, there were 135 copies of a DC form received in the office. Follow up calls showed that 79 (58.5%) were identified as “received” by the PCP office, 29 (26.8%) were identified as “not received” by the PCP, and 26 (20.6%) were not completed by the PCP. Two of the 26 PCP offices never responded to the inquiry. 48 (35.25%) had to be re-reviewed by the PCP.

Discharging Provider Compliance with Use of the Form:
We did not have the resources to visit the NFs and perform an audit to assess for compliance. We thus chart reviewed the measure provider compliance with use of the form by looking at number of DC forms completed, and comparing to the number of patients in whom a 99315 or 99316 billing code was billed. From August 8, 2010 to December 31, 2010, there were 177 discharge codes billed, for which only 135 DC forms (76%) were received in the office. The individual provider compliance was 32% to 85% and is shown in Table 1. This is only a measure of how many copies of the DC form were received in our office; it may be that these forms were completed and faxed to PCPs, but not to our office. Also the form was not in use at 2 NPs for the first two months of this project due to delay in NH approval.

Background:
Lehigh Valley Health Network (LVHN) began an initiative to improve the transfer of information when patients transition between sites of health care. Physicians from the Division of Geriatrics care for patients in multiple skilled nursing facilities (SNF), and we determined that there was no discharge form to transfer information to the Primary Care Provider (PCP) when the patient leaves the SNF to return home. All of the providers attempt to send information, but the process is not standardized and is inefficient. Our goal was to develop a single page discharge form that would update the PCP about the nursing facility stay, the patient’s condition at discharge and any follow up required.

Primary Care Provider
PCP process issues are shown below. The main issue was the inability to locate the form in their office. We did not inform the PCP offices about our project before sending discharge forms. Thus many of them were unfamiliar with the form which may have contributed to their evaluation that the forms had not been received.

Geriactic Division Office
The implementation of this new discharge form had implications on our office staff as shown below:

Process Issues:
Providers
The main provider process issues are shown below. Although it was a component of a safe transition back to the primary care provider, completion of the form was considerable extra work for the discharging provider.

Nursing Facility
The NF process issues are shown as:

Post Utilization Review
The providers in our group met again to identify issues related to the layout and content of the form. Most were finding the form adequate for their needs other than providers. To evaluate the usefulness of the content of the DC form, we plan to survey PCP offices.

Discharging Provider Compliance with Use of the Form:
We did not have the resources to visit the NPs and perform an audit to assess for compliance. We thus chart reviewed the measure provider compliance with use of the form by looking at number of DC forms completed, and comparing to the number of patients in whom a 99315 or 99316 billing code was billed. From August 8, 2010 to December 31, 2010, there were 177 discharge codes billed, for which only 135 DC forms (76%) were received in the office. The individual provider compliance was 32% to 85% and is shown in Table 1. This is only a measure of how many copies of the DC form were received in our office; it may be that these forms were completed and faxed to PCPs, but not to our office. Also the form was not in use at 2 NPs for the first two months of this project due to delay in NH approval.

Figure 1. Initial Discharge Form

Figure 2. Receipt of Discharge Form by Primary Care Provider Office

Figure 3. Revised Discharge Form

This Quality Improvement project was supported by the Lehigh Valley Physicians Health Organization, who was a key stakeholder and champion of this project.

610-402-CARE LVHN.org