

Defining Quality Outcomes for Complex Care Patients Transitioning across the Continuum Consensus Panel

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Investigative Team

Investigators:

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- **Sharon Straus**, MD, MSc, Canada Research Chair in Knowledge Translation, Scientist & General Internist/Geriatrician at St. Michael's Hospital
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- **Roberta Cardoso**, RN, PhD
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Background

- Patients with complex needs associated with their multiple diseases and conditions, frequently require care in multiple settings and are particularly vulnerable to poorly executed transitions in care.
- Poor transitions often result in unnecessary adverse patient outcomes (e.g. increased LOS in hospital & unplanned readmissions, & medication errors) & additional health care spending.

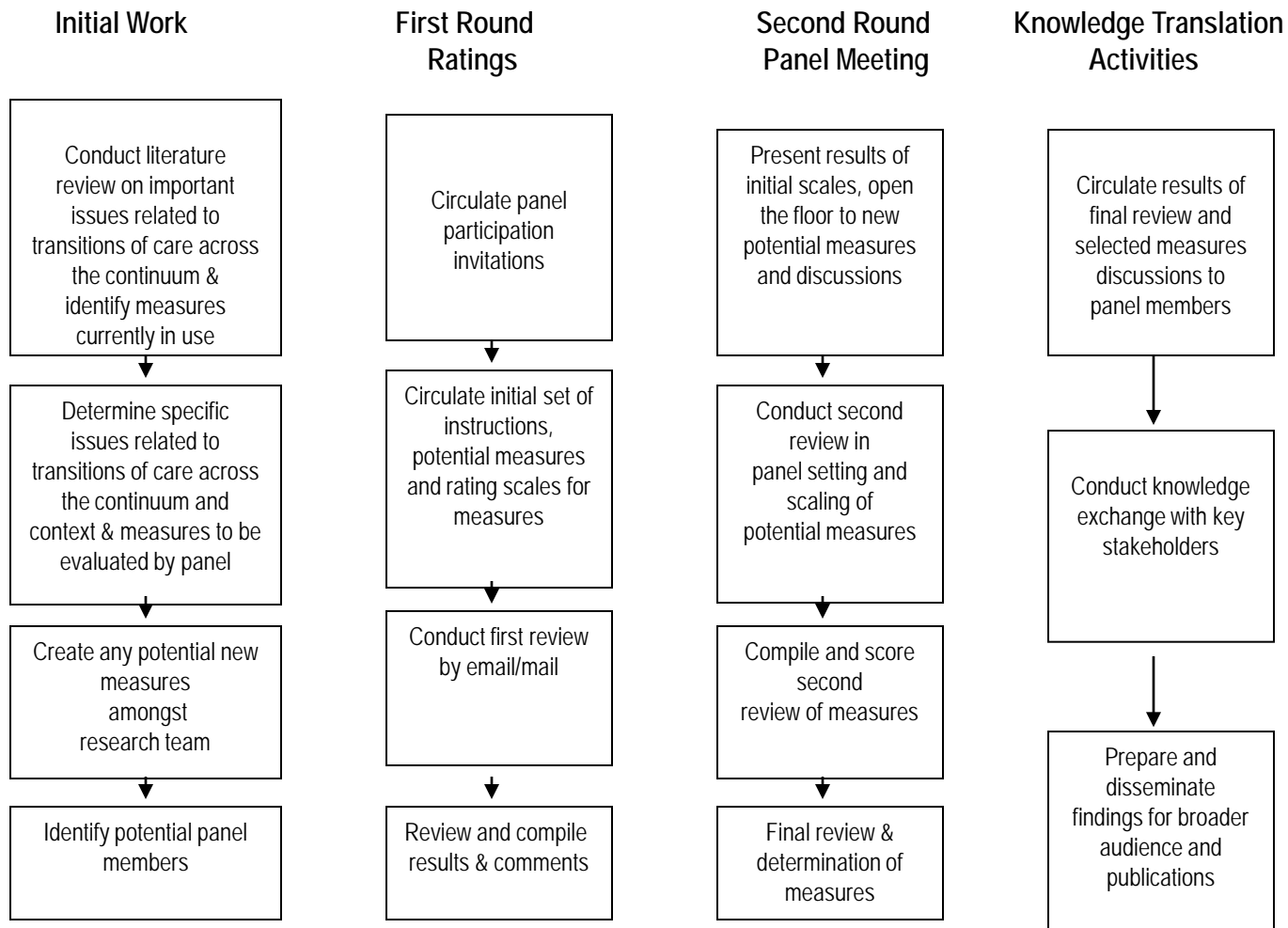
Background

- The continuum of care includes acute care hospitals, complex care, rehabilitation care, long term care, home care, and primary health care settings.
- There was no standardized set of quality outcomes and measures associated with transitioning complex care patients across the various health care settings and discharged and/or readmitted to/from home.

Primary Objective

Our primary objective for this project was to delineate quality outcomes for complex care patients as they transition across the continuum using a structured panel process.

Modified Delphi Process



Key Points on Literature Review

- Initial search (2000-2011) yielded a large # of abstracts that through limits (e.g. English language, reviews and/or meta-analyses) resulted in 76 abstracts to review.
- Of the 76, 23 articles were selected.
- An additional 10 articles were recommended by experts and a review in January 2012 of targeted journals and grey literature yielded an additional 12 other articles/reports.
- This review yielded an initial set of 119 measures.

Some Key Points on Rating the Measures

- Each measure was rated using 6 domains including the AHRQ 4 domains of quality measures (importance of a measure, scientific soundness -clinical logic; scientific soundness - measure properties, and feasibility), the usefulness of the measure to drive quality improvement efforts and for accountability purposes in public reporting.
- A nine point Likert scale used
- Measure had to score 7/9 or greater to be included in next round of rating - consensus agreement score ($\geq 75\%$).

Our Results

- In Round One, an initial set of 119 measures. with 30 measures received an aggregate rating of > 75% (7/9 or more).
- In Round Two, 11 measures received an aggregate rating of > 75% (7/9 or more).

Our Final List of Measures

- Patient and caregiver satisfaction (follow up during interventions and/or after)
- Readmission rates within 30 days
- Medication reconciliation completed at admission and prior to discharge
- Discharge Summary (all medications & follow-up appointments) given to primary health care provider
- Readmission rates within 72 hours
- Readmission rates within 90 days

Our Final List of Measures

- Time from discharge to homecare nursing visit for high-risk patients
- Mortality/death/cause of death/risk of death within 72 hours
- Discharge Summary (all medications and follow-up appointments) given to patient
- Primary care visit within 7 days post-discharge for high-risk patients
- Multiple psychiatric readmissions in 30 days

Our Final Ranking

Measure	Ranking	Mean Score
Readmission Rates within 30 days	1	3
Primary care visit within 7 days post-discharge for high-risk patients	2	3.6
Medication reconciliation completed at admission and prior to discharge	3	3.8
Readmission Rates within 72 hours	4	4.5
Time from discharge to home care nursing visit for high-risk patients	5	4.8
Discharge Summary (all medications and follow-up appointments) given to primary health care provider	6	5.6
Discharge Summary (all medications and follow-up appointments) given to patient	7	6
Patient and caregiver satisfaction (follow up during interventions and/or after)	8	7.5
Readmission Rates within 90 days	9	8.6
Mortality/death/cause of death/risk of death within 72 hours	10	9
Multiple Psychiatric Readmissions in 30 days	11	9.6

Some Reflections

- Readmission rate ranked highest
- Primary care visit within 7 days post-discharge for high-risk patients rated # 10 in Round Two and ranked # 2 in final ranking
- Patient and caregiver satisfaction rated # 1 in Round Two and ranked # 8 in final ranking

Some Limitations

- Literature review not a systematic review
- Potential for selection bias in panel member selection
- Whether measure is measuring quality of care
- Only one patient representative on panel

Thoughts and Next Steps

Future research will require:

- 1) Testing of whether these measures actually measure the quality of care (vs. differences in case mix).
- 2) Determining if there are sufficient numbers to enable stable estimates when measuring at the provider/hospital level.
- 3) Determining the need for risk adjustment.
- 4) Ascertaining the level of measurement for the indicators.

Thoughts and Next Steps

- Further work is required to create standardized operational definitions (e.g. the patient and caregiver satisfaction follow-up during interventions and/or after measure).
- These efforts will produce findings that can be used by health care administrators, clinicians and policy makers to monitor care transitions and to work together to improve the quality of transitions of care with complex care patients.

Our Panelists

- Dr. Brian Hutchison, Senior Advisor for Primary Care - Health Quality Ontario
- Carol Kushner, Co-Chair Patients for Patient Safety Canada
- Dr. Carole Estabrooks, Professor & Canada Research Chair in Knowledge Translation, Faculty of Nursing, University of Alberta
- Dr. Chris Hayes, Medical Officer, Canadian Patient Safety Institute
- Dr. Dan Cass, Regional Supervising Coroner, OCC
- Jennifer Kodis, Clinical Director, Regional Rehabilitation Out-patient Services, Hamilton Health Sciences Centre
- Jonathan Mitchell, Manager, Policy and Research, Accreditation Canada
- Dr. Karen Chien, Palliative Care, St. Michael's Hospital & Staff Physician Bridgepoint Health
- Dr. Olavo Fernandes, Pharmacy Clinical Site Leader, Toronto General Hospital, UHN
- Dr. Onil Bhattacharyya, Assistant Professor and Clinician Scientist, University of Toronto, Department of Family and Community Medicine, Li Ka Shing Knowledge Institute of St. Michael's Hospital
- Dr. Walter Wodchis, Associate Professor, University of Toronto, Research Scientist, Toronto Rehabilitation Institute, Adjunct Scientist, Institute for Clinical Evaluative Sciences