Barriers to Safe Transitions

Creating a Culture of Quality

September 12, 2012

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Barriers to Safe Transitions

- Failure to understand importance of COMMUNICATION!
- (Multiple levels of Transition)
  - Hospital to Facility and vice versa
  - Physician Office to Facility
  - Nursing Home/Rehab Facility/SNF to Facility & vice versa
  - Facility to Facility
  - Shift to Shift
  - Coverage to Coverage
    - Physician to RN and vice versa
    - Physician to Physician
    - RN to RN
    - RN to PCT and vice versa
    - RN to Equipment Technician and vice versa
- Lack of IT System integration or interface
- Urgency in transfer
  - Emergent admissions from facilities
  - Need for prompt discharge
- Complex patients with multiple caregivers

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Barriers to Safe Transitions

- Accepting Accountability
  - Shared Accountability leads to errors
  - The person administering the treatment has the ultimate responsibility
  - Physicians should identify the primary physician for all orders in the facility
- Patient and family uninvolved in the process and lack of identified health care proxy
- Physician absence for much of the outpatient treatment
- Cultural/Language differences
- Indifferent attitude of health care provider
- Poor Education of importance of handoffs
- Failure of nursing staff to perform comprehensive nursing assessment or review admission paperwork before initiating treatment
- Transfers occurring on weekends or times when staffing may not be optimal
- Appropriateness of transfer (patients who would best be treated elsewhere)

Safety Conundrum

- Medical workers are expected to function without errors or mistakes.
- Errors are made by highly competent, careful and conscientious people for the simple reason that everyone makes mistakes every day. Lucian Leape 1997
- Develop a process that seeks out “systems” that set up the health care provider to make mistakes.
- Highly dependent on consistent and thorough reporting of all adverse events.

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Patient Information:

Patient name: _____DOB:_____

Contracted hospital name:_____

FMS Inpatient program contact phone number:

FMS Services provided:

□HD Reason for admission:_____

□PD

□CRRT Diagnosis on discharge:_____

□Apheresis

□Ultrafiltration Attending Physician:_____

Date of first Dialysis Treatment (If new patient):_____

Access History:

Active access in use:_____

Date access inserted: (if placed this admission):_____

Access procedure if revision:_____

Vascular Access Surgeon (if new or revised access):_____

Other Access and Status (maturing, inactive, etc):_____

Hepatitis Satus:
HbsAg: ☐ positive ☐negative: Date of result____
Anti-HBs: ☐ positive ☐negative: Date of res _____
Anti-HBc: ☐ positive ☐negative: Date of result

Most recent Hgb:

Other pertinent lab results/dates:

Cardiac Support Services (check box for all applicable):

□ Pacemaker □ Internal Defibrillator

□ LVAD □ Other (list if applicable)_____

Medications and dose given during renal replacement therapy:

Other medications or changes in current medications:

List Allergies:

Dry Weight: _____(Last dry weight post dialysis)

Problems with fluid management? □ YES □ NO
Instructions to Incenter Program: **Confirm Dry weight with Attending Physician**
Comment:

Vital Signs: (Attach up to last three dialysis treatment sheets)

Comorbid Diagnoses:

Procedures during Admission:

Respiratory Support Services (check box for all applicable):

□ Portable Oxygen (list liter of oxygen)_____

□ CPAP □ Tracheostomy □ Other (list if applicable)_____

Contact Information:
Outpatient facility name:_____

Outpatient facility phone/fax#:_____

Name of person giving report to facility:_____

Name of person giving report at facility:_____

Attachments: □ **Last 3 Treatment Records** □ **Medication List** □ **Other** _____

Transfer Templates

- Out-Patient Dialysis Facility
  - What did you do to my patient?
- Hospital
  - Why is this patient here?

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