



Session #

Hospital to Skill Nursed Facilities: Improving Transitions across Healthcare Settings

- ❖ Lauren DeCaporale-Ryan, PhD, Assistant Professor of Psychiatry, Medicine, & Surgery
- ❖ Joseph Nicholas, MD, MPH, Associate Professor of Medicine
- ❖ University of Rochester Medical Center

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Understand the practical high risk nature of transitions of care from a hospital to other facilities
- Recognize strategies to improve the safety and patient centeredness of transitions of care
- Identify new areas for interprofessional training of internal medicine residents and other healthcare professionals

Bibliography / Reference

1. Kripalani, S., Jackson, A. T., Schnipper, J. L., & Coleman, E. A. (2007). Promoting effective transitions of care at hospital discharge: A review of key issues for hospitalists. *Journal of Hospital Medicine*, 2, 314–323.
2. Bull, M. J., Hansen, H. E., & Gross, C. R. (2000). Predictors of elder and family care- giver satisfaction with discharge planning. *Journal of Cardiovascular Nursing*, 14(3), 76–87.
3. Naylor, M. D. (2003). Transitional care of older adults. *Annual Review of Nursing Research*, 20, 127–147.
4. Besdine, R., Boulton, C., Brangman, S., Coleman, E. A., Fried, L. P., Gerety, M., . . . American Geriatrics Society Task Force on the Future of Geriatric Medicine. (2005). Caring for older Americans: The future of geriatric medicine. *Journal of the American Geriatrics Society*, 53(6), S245–256.
5. Thomas, D. C., Leipzig, R. M., Smith, L. G., Dunn, K., Sullivan, G., & Callahan, E. (2003). Improving geriatrics training in internal medicine residency programs: Best practices and sustainable solutions. *Annals of Internal Medicine*, 139, 628–634.
6. Chan, Brian et al. Transitioning toward competency: A resident- faculty collaborative approach to developing a transitions of care EPA in an internal medicine residency program. *Journal of Graduate Medical Education* 2014. 6 (4): 760-764.
7. Cate O & Young JQ. The patient handover as an entrustable professional activity: Adding meaning in teaching and practice. *BMJ Quality & Safety* 2012; 21: i9-i112.
8. Palamara K. Promoting success: A professional development coaching program for interns in medicine. *Journal of Graduate Medical Education* 2015; 7(4): 630-637.
9. Lovell, B. What do we know about coaching in medical education? A literature review. *Medical Education* 2017
10. Brown MM. Transitions of care. *Chronic Illness Care* 2018: 369-373.
11. DeCaporale-Ryan, LN et al. Hospital to home: A geriatric educational program on effective discharge planning. *Gerontology & Geriatrics Education* 2014, 35:4: 369-379.



Learning Assessment

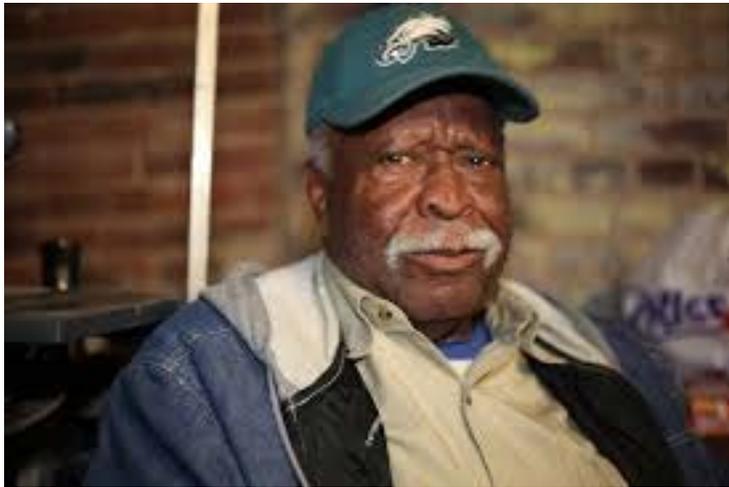
A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Background

Transitions of care are complex

- Biopsychosocial stressors of aging population are multiple (Kripalani et al, 2007)
- Communication and education is often inadequate (Bull, Hansen, & Gross, 2000)
- Patients often reflect on unmet needs at discharge (Naylor, 2003)



Education in Geriatric Care

American Geriatric Task Force on the Future of Geriatric Medicine (Besdine et al, 2005)

- Offer increased opportunities to ensure competencies in geriatric care are met

What can/should learning look like? (Thomas et al., 2003)

- Occur in **multiple settings**
- See patients through **transitions**
- Be **interdisciplinary in nature**

Few documented efforts in interdisciplinary teaching and learning in geriatric medicine.

Hospital to Home

Launched in 2011

Over 200 residents educated in this model.

General principles of the model.

Success so apparent that then Reynolds Foundation supported faculty learning in this same model.



Interview

Guide provided that supports understanding of how to incorporate biopsychosocial content into interview.

- Includes application of GDS, MOCA, and other brief screens.
- Instruction provided in utilization of these measures.
- Supportive role of fellow.

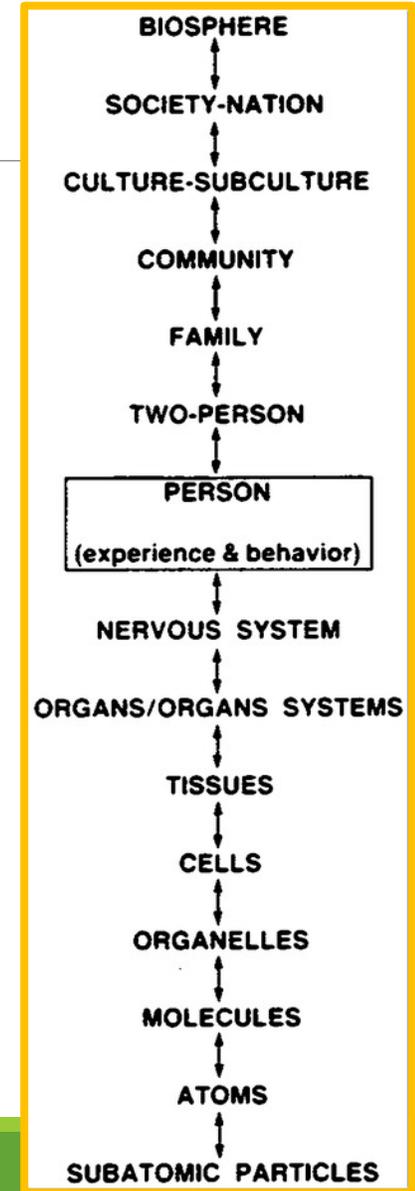
What residents learn

2012 evaluation of 68 resident reflections on learning (DeCaporale-Ryan et al., 2012)

Major themes:

- Recovery
- (Un)Successful aging
- Social support
- Communication
- Pts/Families as team members
- Resources

Increased Appreciation of Whole Person Care



Sustainability & Evolution of Program

Transition to SNF

- Why: Another high-risk transitional area
 - Gaining exposure to home interviews in other settings
- Unique learning
- Unique patient experience
- Unique provider role- developing a medical plan in a limited resource environment
- Handoff communication between care teams
 - Producing effective handoff documentation
 - Providing inter and intraprofessional feedback for improvement

Video element

- Impact on resident, impact on fellow

Hospital to Skilled Nursing Facility

- ❖ Embedded into Medical Intern Year Experience
- ❖ Started June 2018
- ❖ 2 half day experiences in a local university nursing home
- ❖ Patients in short term rehab, in an attempt to return home
- ❖ Patients originate from university hospitals
- ❖ Co-precepted by Geriatric Medicine faculty (Day 1) and Psychology Fellow (Day 2)

Structure- Day 1

Day 1- Medical focus

- Medical Admission for new Short Term Rehabilitation Patient
- History and Physical
- Adapted medical plan with geriatric medicine attending
- Evaluation of hospital handoff and hospital plan
- Observe social service admission process

Structure Day 2

Day 2- Psychosocial focus

- Observe patient during physical therapy session
- Conduct a guided psychosocial assessment jointly with fellow
- Reflections and feedback from fellow

Preliminary Results

Resident feedback

Fellow feedback

Reports

How we provide feedback – team communication, improving systems

What is physician trainee gaining

New care setting

- Uniquely on the receiving end of hospital generated communication and care plans

Adapted care plans for unique patient goals, facility resources and goals of care

Personalized observation, feedback and tools regarding communication skills

What is psychology gaining?

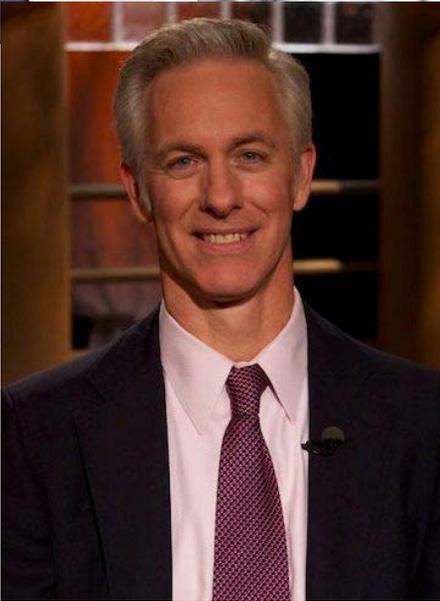
Developing expertise in medical education

- Providing brief communication coaching
- Observing progress over time
- Enhancing psychosocial content within medicine curriculum

Advancing skill in geriatrics, integrated care

And the possibility of an expanding role...

Find Champions



Acknowledgments

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