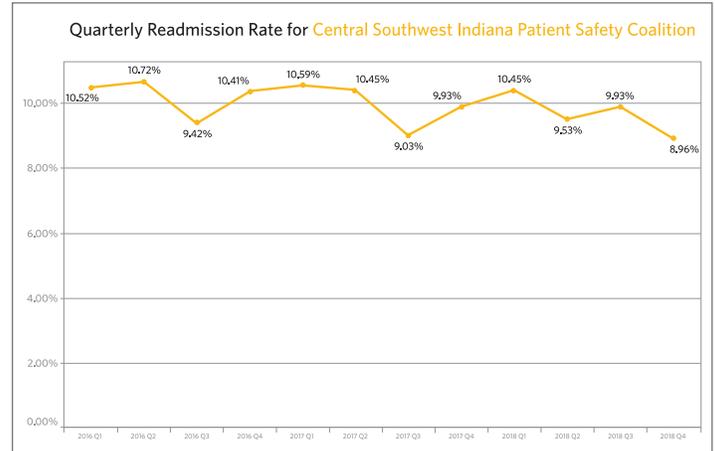


## Central Southwest Region Focuses on Transitions Across the Continuum of Care

Transitions, or hand offs, between health care settings, such as between the hospital and a nursing home, occur daily in hospitals. It can be a difficult time for patients, their families, and caregivers when it's not clear what comes next and caregivers are not on the same page. Effective communication is key to ensure the smooth transfer of responsibility for patient care from one provider to another. Ineffective, or no communication, can lead not only to adverse events but poor patient satisfaction. Clear communication sounds straightforward but coordinating care across health care settings is not always an easy task especially as patients' acute care lengths of stay become shorter. Patients with increasingly complex needs are being discharged to the next level of care after a short hospital stay making the seamless transfer of information critical to reducing adverse events and unplanned readmissions.

The Indiana Hospital Association's (IHA) Central Southwest Regional Patient Safety Coalition and post-acute care providers are engaged in multiple innovations to reduce readmissions and improve care transitions. A driving force for this work is the strong link between IHA's Hospital Improvement Innovation Network and Qsource's Medicare Quality Innovation Network-Quality Improvement Organization goals. And, seeing the need to include all types of health care providers led to the creation of the Wabash Valley Care Coalition. Ann Hayworth, quality improvement advisor with Qsource, provided leadership for the hospitals and post-acute care providers' conversations in the Wabash Valley Care Coordination Coalition. This coalition includes local hospitals, extended care facilities, home health and hospice providers, emergency service transporters, Indiana State Department of Health, and Area Agency on Aging.

Lennie Wilson, manager of population health for Union Health System, and Trudy Rupska, CEO of Visiting Nurse Association



and Hospice of the Wabash Valley, both located in Terre Haute, agree removing barriers between organizations is key to improving care. “We realize that for any of us to be successful, we have to hold each other up. Silos have been removed so we work together to be successful, eliminating competition to work on the same goals for patient-centered care,” said Rupska.

A foundational principle of the patient safety coalitions is that hospitals don't compete on quality. “All presentations must focus on what are you doing to better transitions in the community,” explains Wilson.

IHA's Rebecca Hancock, Ph.D., RN, quality and patient safety advisor, says, “When we listen to shared experiences, sequences of events and behaviors, common themes become evident allowing us to identify patient centered needs and interventions. This process builds communication bridges between different providers of care and ensures further improvements.”

*For more information about the transitions of care work in Central Southwest Indiana, contact Hancock at [rhancock@IHAconnect.org](mailto:rhancock@IHAconnect.org).*

## Wabash Valley Care Coalition Success

Creation of hand-off forms and the “Transportation Services Guide” as communication tools for warm, verbal hand-offs between respiratory therapy, emergency medical services, durable medical equipment provider, hospital, skilled nursing facility, and home health. **The Warm Handoff** tool for skilled nursing facilities can be accessed on Qsource's website at: [AtomAlliance.org/communication-tool-helps-reduce-hospital-readmissions](http://AtomAlliance.org/communication-tool-helps-reduce-hospital-readmissions).



# Indiana Patient Safety Center



Bringing hospitals together to identify goals, share best practices, and measure improvement to reduce and prevent harm

**11** Quality and patient safety coalitions that collaborate on regional and state improvement initiatives

**90%**

Participation of Indiana acute care hospitals in quality and safety initiatives with IHA

Federal and state grants that support a range of initiatives to help hospitals keep patients safe

**6**



Prevent patient harm



Improve community health



Increase patient and family engagement



Lead a culture of safety

## 100% OF ACUTE CARE HOSPITALS NOW HAVE SEPSIS GUIDELINES IN PLACE



14% reduction in sepsis mortality



5% reduction in all-cause readmissions\*

\*IHA Inpatient Discharge Study, 2016-2018



Protecting staff and reducing workplace violence through de-escalation training



Improving the coordination of patient care between rural hospitals, emergency medical services, and long-term care services with training and resources