GHELP-TC: Improving Care Transitions from Hospital to SNF

Errors Identified in Early Implementation led by PharmD

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INTRO

- Geriatric High-Risk Evaluation and Liaison Program – Transitional Care (GHELP-TC) is a VA-based, pharmacist-led demonstration project aimed at improving transitions of care from hospital to extended-care facility (ECF) and back home.

METHODS

- Descriptive study of patients enrolled in GHELP-TC. Patients included were discharged from an inpatient hospitalization at the VA to an ECF with the eventual intention of returning home after the post-acute SNF stay
- Reviewed administrative data on all enrolled patients that was collected during early implementation for errors identified in transitions of care

RESULTS

- Data collected on 26 patients (out of the 58 enrolled) in whom errors were identified during transition from hospital to ECF
- Medication errors varied in severity from C (error that reached the patient but unlikely to cause harm) to I (error that could have resulted in death) and were evenly distributed among the categories.
- The most common error type identified during initial transition was related to follow up (52%)
- 91% of identified errors during initial transition were potentially related to ECF Discharge order

DISCUSSION

The GHELP-TC program aims to improve transitions of care for the older Veteran population from the hospital to ECF to their home. Observations from early implementation of GHELP-TC identified that errors related to the Discharge orders, including medication errors and follow-up orders, contribute significantly to the burden of errors in transitions of care. Discharge orders may therefore be a promising target for interventions to decrease errors and improve transitions of care from the hospital to ECF.

FINANCIAL DISCLOSURE

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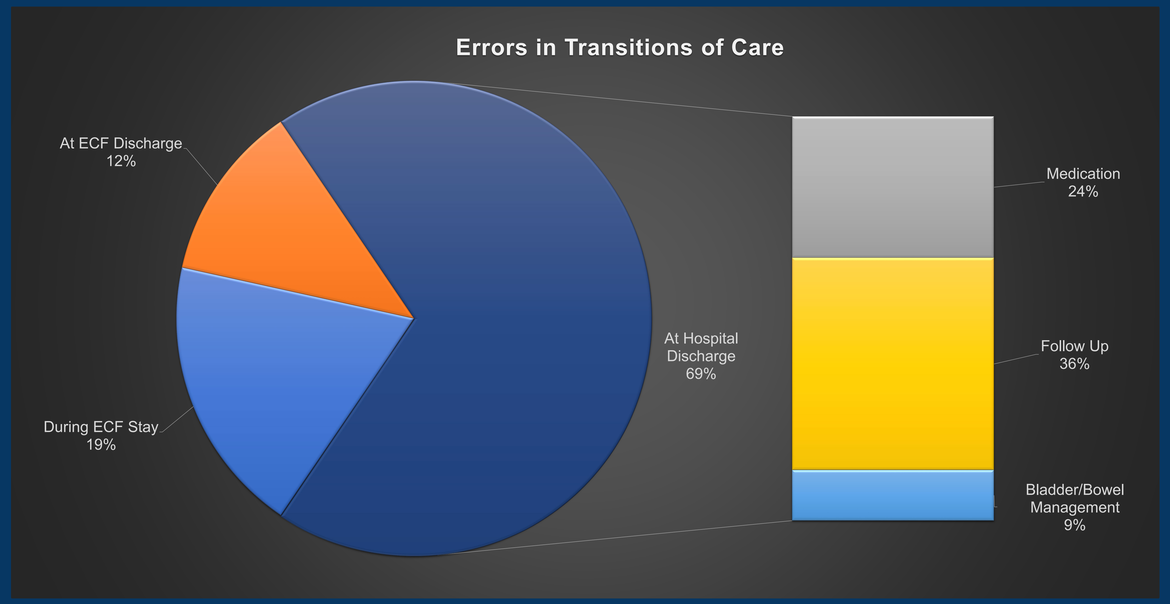
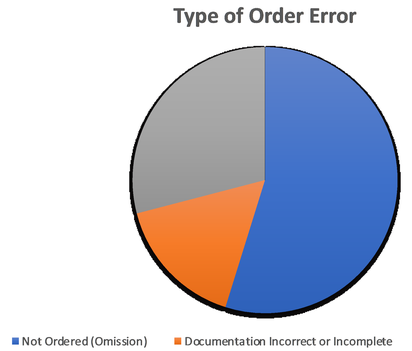
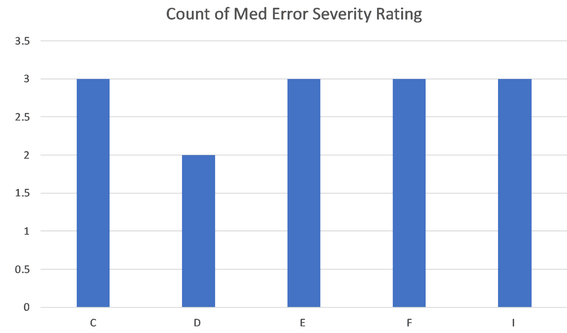
69% of all errors observed in this transitional care program occurred on initial transition from hospital to ECF.







C – Errors that reached patient but unlikely to cause harm
D – Error that reached patient and could have necessitated monitoring and/or intervention to preclude harm
E – Error that could have caused temporary harm
F – Error that could have caused temporary harm requiring initial or prolonged hospitalization
I – Error that could have resulted in death

So what?

Improving ECF discharge orders from the hospital is a potential target to decreasing errors in transitions of care.

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