Quality Improvement Toolkit for Emergency Department Transfer Communication Measures

Section 2: Developing and Implementing an Action Plan

Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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The electronic version of this document contains clickable links to online tools and resources, and is available for download on the Stratis Health website at:

Section 2: Developing and Implementing an Action Plan

2.1 Quality Improvement Basics

“Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Institute of Medicine (IOM) which is a recognized leader and advisor on improving the Nation's health care, defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations.”¹

The IOM outlines six Aims for Improvement for health care:

- Safe - avoiding injuries to patients
- Timely - reducing waits for both recipients and providers of care
- Effective - providing care based on scientific knowledge
- Efficient - avoiding waste
- Equitable - ensuring that the quality of care does not vary because of characteristics such as gender, ethnicity, socio-economic status, or geographic location
- Patient-centered - is providing respectful and responsive care that ensures the patient values guide clinical decisions.²

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² Crossing the Quality Chasm, Institute of Medicine.
The foundations of QI are customer focused, process oriented and data driven. There are many models used to identify and address quality improvement needs. One common example is the Plan-Do-Study-Act (PDSA) model for improvement. In essence, it asks, what are we trying to accomplish? How will we know that a change is an improvement? What change can we make that will result in an improvement? Each of these is outlined in the table below. The model uses the following approach: 1) encourages learning by testing change on a small scale, 2) eliminates studying the problem endlessly, 3) minimizes data collection/overload, 4) works well with small numbers, and 5) uses three questions as its framework. PDSA is a perpetual cycle for continuous improvement.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we trying to accomplish?</td>
<td>Implement Solutions</td>
<td>Study the results</td>
<td>Standardize the solution</td>
</tr>
<tr>
<td>• Aim: How will we know that a change is an improvement?</td>
<td>• Rapid cycle PDSA</td>
<td>• Display data (graphical or tables)</td>
<td>• Make system/process changes</td>
</tr>
<tr>
<td>• Measures: What changes can we make to achieve our goal?</td>
<td>• Trend data over time</td>
<td>• Trend data over time</td>
<td>Plan for the future</td>
</tr>
<tr>
<td>• Strategies</td>
<td>• Describe what the data mean</td>
<td></td>
<td>• Next steps?</td>
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A wide variety of QI education and resources are available online. A sampling is listed below:

**Health Resources and Services Administration QI Guide**: Includes six modules outlining steps of a quality improvement initiative.

**New Performance Improvement Coordinator Education, Montana Rural Healthcare Performance Improvement Network**. Specific for CAHs, designed to provide new quality professionals with basic education about quality management and the tools used in implementing an effective, organization-wide quality program.

**Stratis Health Quality Improvement Basics Webinar Series**. Stratis Health produced a series of recorded Webinars on the basics of quality improvement. These sessions allow provider organizations to hone a specific quality improvement skill set, orient new staff, or offer in-service workshops for teams.

### 2.2 Establishing an ED Transfer Improvement Team

Quality improvement requires the involvement of multiple stakeholders. This is no different when working to improve emergency department transfer communications.

**Step One: Gaining commitment of hospital leadership**. This commitment includes supporting the project team towards accomplishing its goals, in particular, removing barriers identified through the improvement process.

Tips for gaining leadership commitment:

- Show them the data! The purpose of data collection on the Emergency Department Transfer Communication measures is to identify opportunities for improvement.
- Identify a realistic timeframe. Leaders and team members are more likely to offer support and input if they have an expectation of how long a particular improvement effort will take.
- Share how improvements in ED Transfer Communication align with other priority health care efforts. For example:
  - Effective transfer of patient information from the Emergency Department to the next site of care can foster continuity of patient care and help to reduce errors, improve outcomes, and increase patient and family satisfaction.
  - Stabilization and transfer of patients in emergency situations is a fundamental role of Critical Access Hospitals in the health care safety net for rural communities. This effort allows our CAH to evaluate and demonstrate the effectiveness of that important role.
Step Two: Establish an improvement team. The team will work to evaluate and improve the emergency department transfer communication process. It is important to involve those that work directly with transferring patients from the hospital emergency department to another hospital or care setting. As appropriate for your hospital the team should include:

- Team leader (often a QI coordinator/manager)
- Physician champion(s),
- Nurse leader(s),
- Case manager(s),
- Those responsible for maintaining patient information such as a unit coordinator and a medical records representative.
- IT representative that can help the team understand capabilities, and make adaptations to the electronic medical record if needed.
- Local EMS and transport organizations.

Teams should also consider including representation from facilities who will receive patients from the ED such as local nursing homes or a referring hospital.

The emergency department transfer improvement team should meet regularly to review performance data, identify and discuss areas needing improvement, and make and monitor improvement plans. It is always important to have a clearly identified champion who is both invested in the process but also interested in building capacity that results in outcomes.

According to the Agency for Healthcare Research and Quality, every quality improvement team should include: clinical leadership, technical expertise, day-to-day leadership, and project sponsorship. The team should consist of 5-8 individuals; however, size is less important than the team including, “a diverse group of individuals who have different roles and perspectives on the patient care or other processes under consideration.”

Resources:

**Sample ED Transfer Communications Improvement Team form.** Adapted from the Minnesota Hospital Association’s Safe Transitions toolkit, this form can be used or adapted further to identify and establish your ED Transfer Communications Improvement Team.

**Sample agenda** to use as guide for team meetings.

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5 Ibid.
Additional information and resources on QI Teams:

**Health Resources and Services Administration Quality Improvement Methodology - Improvement Teams.** Provides an overview of the characteristics and benefits of an improvement team for quality improvement (QI) work, the functioning roles and responsibilities of the various team members, the stages of growth as a team evolves into a cohesive entity with a single focus as well as tools, tips, and resources.

**Institute of Healthcare Improvement website.** Includes sections on the *Science of Improvement* including suggestions on forming a team, setting aims, and testing changes.

### 2.3 Developing an Action Plan

Once the improvement team is established, the action plan can be developed. Action plans are developed and used to move from a vision, to strategies, to meeting objectives. Action plans will be unique to each hospital and the processes in place.

Each action step or change should include: what actions or changes will occur, who will carry out the changes, start and end dates for making the changes, resources needed to carry out the changes, and communication plans for the changes (who will know, receive, and participate in what). Action plans should be complete, clear, and current. This includes anticipating any new barriers or opportunities.

Below is a list of items to consider when developing your action plan:

- Build in accountability.
- Engage key stakeholders.
- Design and standardize communications between sending and receiving health care organizations.
- Consider revising standardized forms already in use (e.g., discharge summary document).
- Consolidate information when possible.
- Obtain buy-in from all users.
- Provide staff training.
- Prioritize items that are actionable and address high priorities first.
- Create opportunities for care organizations to visit each other’s care settings to observe patient care processes and the flow of information.

In some instances, additional steps are needed before or during the action plan development process. This may be due to a lack of clarity with the processes currently in place and/or the roles of individuals, departments or organizations.

Process mapping is one common method used to clarify roles, create a view of the process, and identify opportunities for improvement. This visual can be particularly helpful for multiple care providers who are less familiar with one another’s processes.
When process mapping and developing plans to address emergency department transfer communication, consider some of the common barriers that can impact care transitions:

- Lack of an integrated care system
- Lack of longitudinal responsibility across care settings
- Lack of standardized forms and processes
- Incompatible information systems
- Ineffective communication systems
- Ineffective communication
- Failure to recognize cultural, educational, or language differences
- Compensation and performance incentives not aligned with goal of maximizing care coordination and transitions
- Payment is for service rather than incentivized for outcomes
- Care providers do not learn care coordination and team-based approaches in school
- Lack of valid measures of the quality transition

When evaluating the outcomes of your action plan and the information communicated between providers, consider the timeliness, completeness, and accuracy of information transferred; the protocol of shared accountability in effective information transfer; and whether insurance requirements were met.

For more information on Process Mapping:

**HRSA Redesigning a System of Care to Promote QI**

Action Plans can be developed in a variety for formats but will be most useful if they include the critical information of Who, What, When, Where, Why, and How.

Sample Action Plan formats:

- **Sample Action Plan 1**
- **Sample Action Plan 2**
- **Sample Action Plan 3**

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2.4 Implementing your Action Plan: Education and Training

An often forgotten component to quality improvement is educating and training staff on process improvements/changes. This includes training staff at both ends of the care transfer/transition process and others inbetween (e.g., local EMS). Within the context of care transitions, there are different approaches that can be taken such as:

- **In-services for the staff** that include information on the following:
  - importance/benefits of good transitions of care
  - components of an ideal transfer
  - baseline assessment findings (with specific examples)
  - the newly created policy and procedures
  - standardized transfer forms and/or patient resources
- **Mock patient transfer exercise** that highlights where breakdowns or failures may potentially occur (failure mode analysis exercise); allows for proactive consideration and considers implementing some actions to prevent failures from occurring
- **Joint educational sessions** with staff from health care facilities that send and receive transfers from your ED. Topics could include the importance of good care transitions for patients, especially those who are the most vulnerable, plus a “meet and greet” social function to help increase relationships with professionals sending and receiving patients to your facility
- **An article** about transitions of care in the local newspaper or a television news interview advertising the efforts by the hospital to improve transitions of care

It is important to determine the education needs of all staff, assign responsibility, and be explicit in what each person needs to know. In some instances, an education/training team will need to be assembled to identify and define the training requirements keeping in mind that the transfer of learning is not the same for all people so different training techniques may be needed for different people who serve in the same or similar roles.

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8 Adapted from National Transitions of Care Coalition’s *Improving Transitions of Care: Hospital to Home*,