Challenge to Improve Care Transitions, Reduce Readmissions

Attending physicians, residents, fellows, nurses, physical therapists and pharmacists partnered with geriatrics faculty in a team competition last month to develop innovative approaches for improving care transitions and reducing hospital readmissions. Two of the winning teams will implement their projects this year.

Participating specialties included Cardiology, Emergency Medicine, Endocrinology, Family Medicine, Geriatrics, Hospital Medicine, Infectious Diseases, Internal Medicine, Orthopaedics and Pulmonary Critical Care. Teams met at the 2016 Geriatrics Principles for Specialists (GPS) World II Challenge in Asheville, N.C., April 8-10.

Competition judges were:

- Kevin High, MD, MS, Executive Vice President, Health System Affairs, Wake Forest Baptist Health
- Edward Abraham, MD, Dean of Wake Forest School of Medicine
- Russell Howerton, MD, Chief Medical Officer and Vice President, Clinical Operations
- Cathleen Wheatley, MS, RN, CENP, Chief Nurse Executive and Vice President, Clinical Operations
- Mitch Sokolosky, MD, Associate Dean for Graduate Medical Education

First Place Winner: “Be DIRECT” project led by Emily Mann, MD, Assistant Professor of Family Medicine, and Michelle Keating, MD, a graduating third-year resident in Family Medicine

[photo of 1st place team] Team members: Katie Alonso (Pulmonary Critical Care), Kathryn Callahan (Geriatrics), Laura Dinkins (Geriatrics), Molly Hinely (Pharmacy), and Karen Lordeman-Rowdy (Care Coordination)

Project: Pilot a standardized discharge summary for hospital patients that will clearly inform their outpatient doctor within 24 hours about the course of hospital treatment received, a list of medication changes, the functional and cognitive status of the patient, pending test results, and proposed follow-up. The after-visit summary also will be improved and standardized across the Medical Center to provide patients and their families with a more concise and understandable document about their hospital stay and appropriate follow-up care.

Second Place Winner: “myWakeTeam” led by Casey Glass, MD, Assistant Professor, Emergency Medicine, and Alison Ruch, MD, first-year resident, Emergency Medicine

[photo of 2nd place team] Team members: Kirsten Feiereisel (General Medicine), Jennifer Hernandez (Emergency Medicine), Joe Maki (Pharmacy), Matthew Miles (Pulmonary Critical Care), and Susan Reeves (Physical Therapy)

Project: Develop a smart phone or digital tablet app for patients and their families to keep in touch with the discharging care team at the Medical Center in the immediate weeks following a hospital stay, as well as provide educational content and help with medication management. To be piloted on chronic obstructive pulmonary disease (COPD) patients, the app will allow our care team to reach out on a daily or weekly basis to ask a patient a series of questions to discern potential problems. A team can intervene to triage as appropriate and prevent further decline. If successful, the project could be extended to patients discharged with congestive heart failure or after a coronary artery bypass graft, acute myocardial infarction, hip or knee replacement, pneumonia, stroke, and other conditions.

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