Post-Hospital Follow-up

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Director of Enabling Services

Keystone Health Center

- Federally qualified health center in Chambersburg, PA
- Established in 1986
- Total number of patients (2023 UDS data) = 60,587
- Total number of patient visits in 2023 = 194,020
- Total number of sites = 18
  - Primary Care: Family Medicine, Internal Medicine, 2 Pediatric offices
  - Specialties: Behavioral Health, Women's Care, Dental, Pediatric Dental, Foot and Ankle, Chiropractic, Infectious Disease, Community Health Services, Pediatric Developmental Center
  - Urgent Care
  - School Clinic
  - Pharmacy
  - Agricultural Worker Program
  - Crisis Intervention Program

Where and Who?

- Focus sites = Family Medicine, Internal Medicine, Pediatrics, Behavioral Health, and Women's Care

- Responsible Staff
  - RN Care Managers
  - LPN Care Coordinators

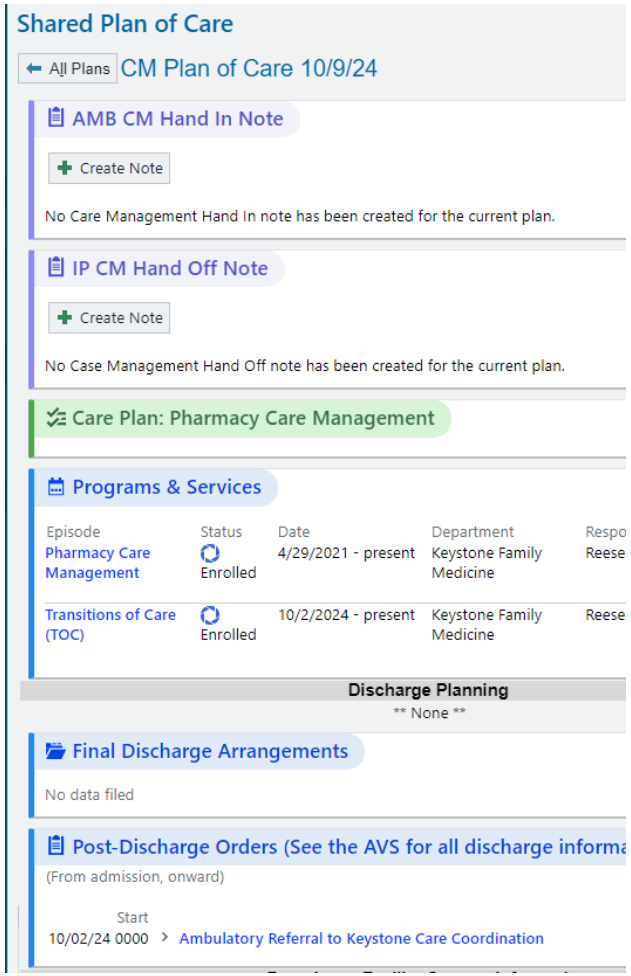
How?

Daily reports for the local hospital system (Wellspan Health)

- Current Inpatients
- Discharges
- ED Visits

HIM sends discharge records received from outside facilities via the In-Basket

NEW – ADT report in Arcadia



Inpatient review

- Monitor for discharge plan and anticipated needs
- Provide hand-in reports to the hospital Care Management or Social Work team as appropriate
  - Shared Plan of Care = electronic communication process between inpatient and outpatient care management teams
  - Secure Chat – texting feature within Epic

Discharge Follow-Up Expectations

- Keystone's Policy for Tracking Hospital and ER Room Visits:

"The expectation is for patients admitted for ambulatory- sensitive conditions to be seen by their primary care provider (or covering provider) within 7 days of hospital discharge or ER visit."

- Prioritize level of follow up based on the patient's risk for readmission using the LACE+ score.
  - **L** = Length of stay
    A = Acuity of the admission
    C = Comorbidities
    E = ER utilization in the past 6 months
    + = age, sex, urgency of admissions in the previous year
  - Low to medium risk = less than 60
  - Medium high to high risk = 60 or higher

- Payer Agnostic – same follow up process for all patients, regardless of insurance coverage

Low to Medium Risk

The Care Manager will confirm that a follow up appointment is scheduled within 7 days with the PCP or covering provider.

If an appointment has not been scheduled, the Care Manager or Patient Access Team will complete 3 attempts by phone/portal and a letter to reach the patient.

The Care Manager will follow to ensure the appointment is kept. If the patient cancels or no-shows, the Care Manager or Patient Access Team will attempt to reach the patient to reschedule.

Medium High to High Risk

The Care Manager creates a TOC program within Epic.

A post-discharge phone call to the patient is completed within 24-72 hours of discharge.

The Care Manager will follow to ensure the appointment is kept. If the patient cancels or no-shows, the Care Manager or Patient Access Team will attempt to reach the patient to reschedule.

Once the follow up is completed, the Care Manager closes the TOC program unless further patient support is needed.

Data: September 2024

Locations: Family and Internal Medicine

Total number of patients discharged from hospital to home = 244

49% (120 patients) seen by their PCP (or covering provider) within 7 days after discharge

26% (63 patients) seen within 14 days of discharge

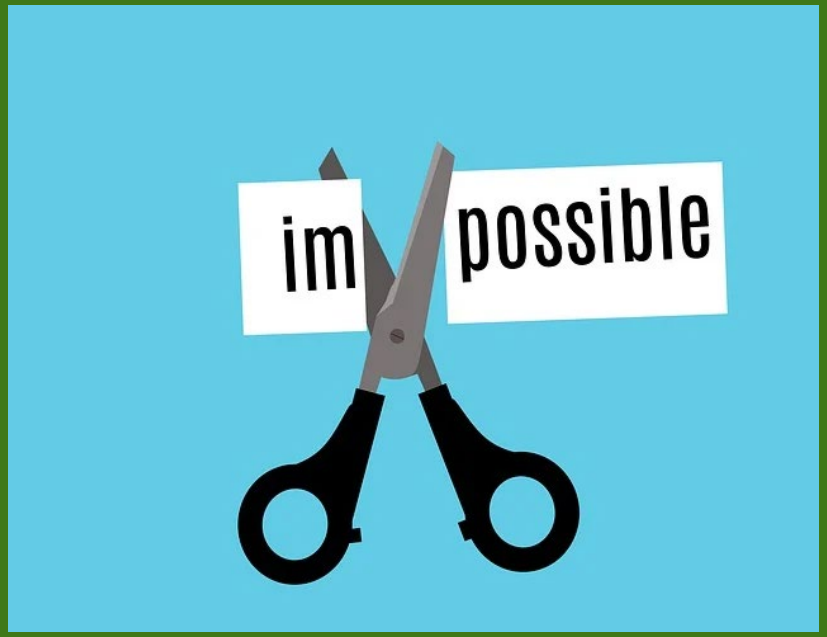
18% (44 patients) seen after 14 days

7% (17 patients) not seen for follow up

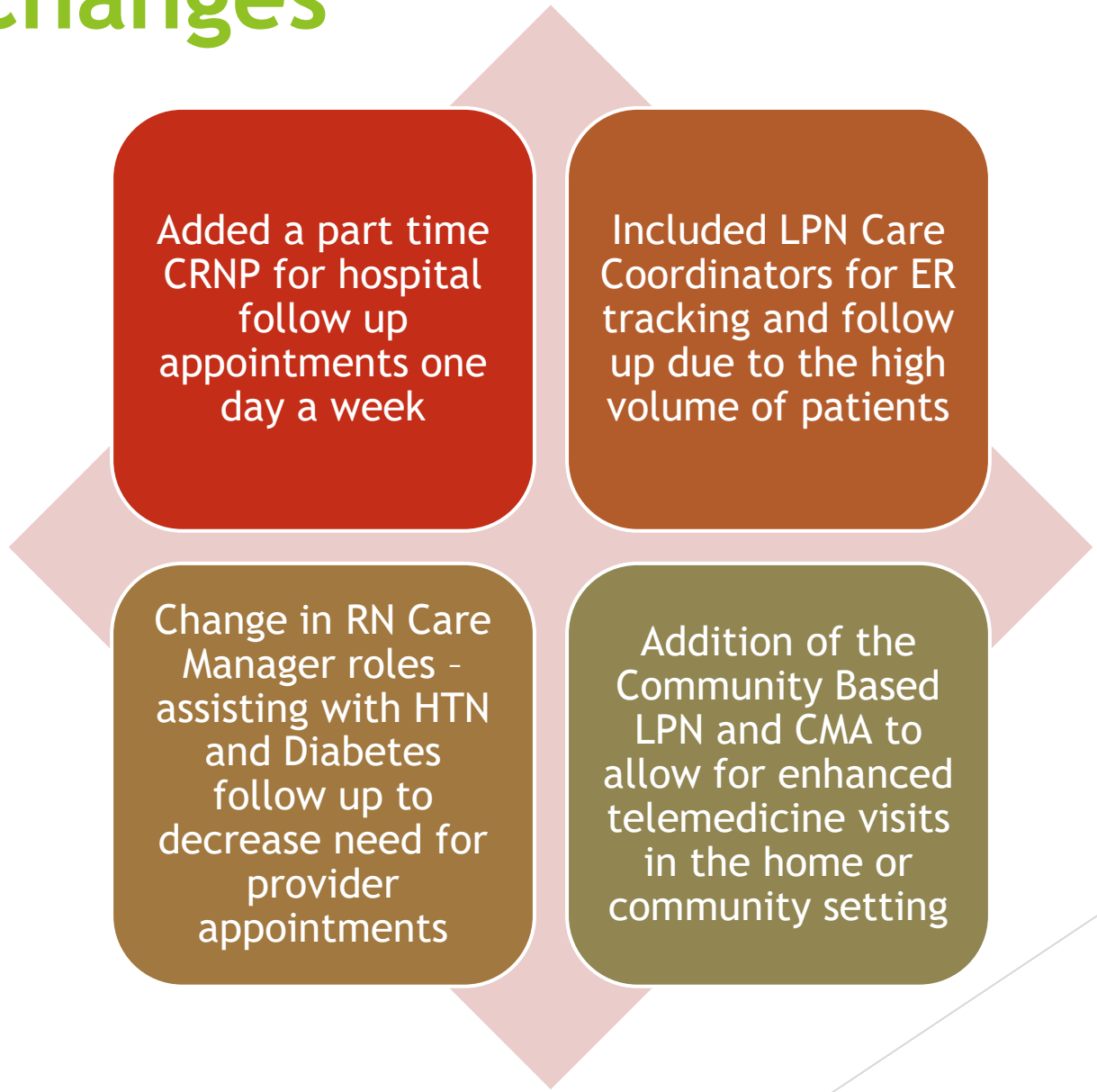
8 pts expired, 3 followed up with specialists, 1 discharged on Hospice, 1 pt cancelled, 4 unable to reach

Challenges

- Provider shortage with limited appointment availability
- Identifying patients discharged from facilities outside of the local hospital system in a timely manner
- Patients having difficulty coming into the office



Staff Role Changes



What's next??

Continue to develop the ADT reporting process to identify ALL patients admitted and discharged to/from ALL facilities in a timely manner.

Usage of automated outreach using technology

- Campaigns
- Ticket Scheduling

Continue to evaluate ways to utilize our RNs and Clinical Pharmacist.


WHY?
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Questions?

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