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**DRAFT**

Report to the Quality in Health Care Advisory Committee  
April 30, 2003

**Recommendations for  
Best Practices of Medical Care in Connecticut Hospitals**

**Promotion of Quality and Safe Practices Subcommittee  
Working Group III  
Best Practices**

*Rationale:*

ISO 9000 is a family of standards concerned with management of processes or activities. The ISO 9000 auditing system is one means, but not the only means, of hospitals meeting the new JCAHO and CMS requirements for quality assurance, quality improvement, and patient safety. All Connecticut acute-care hospitals are certified by JCAHO, while nationally only 9 hospitals use ISO 9000.

*Resources:*

Many quality assurance or quality improvement programs are available, or may be devised in-house.

Information Technology

*Organizational Steps:*

Form a group reporting to the Advisory Committee to develop an electronic W-10 form and a plan for its implementation.

**Recommendation: develop a standardized electronic inter-agency patient referral report (W-10) form for patient transfers**

Standardize the W-10 form using the core elements identified by the Qualidigm INFObridge Project and recommend that electronic data, verified by the physician, are the ideal way to minimize errors during patient transfers.

*Rationale:*

Current Department of Public Health (DPH) regulations stipulate that the physician needs to transcribe medications directly onto the W-10, not just sign the form. This policy adds to the risk of error in transcription. Variability in the W-10 form, depending on the facility to which the patient will be transferred, also increases opportunities for error. However, hospitals with Computerized Physician Order Entry have forms with medications and doses already transcribed.

*Resources:*

The Continuum of Care Subcommittee considers developing an electronic W-10 important but does not have the resources to do so. A considerable barrier to the development of an electronic W-10 is the lack of information technology resources in nursing homes and home health care agencies.

**Recommendation: computerization**

- The State and hospitals should keep abreast of demonstration projects that test the efficacy of Information Technology (IT) standards and of federal legislation establishing standards.
- Hospitals should build computer user loyalty with successes in smaller projects such as results reporting, ambulatory prescribing, and reference information delivery.

# INTER-AGENCY PATIENT REFERRAL REPORT

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES - Health Services

PS-10 (Rev. 7/83)

PATIENT'S NAME (Last, First, Middle)		SEX	BIRTH DATE	ADMISSION DATE	DISCHARGE DATE
PATIENT'S HOME ADDRESS (No. and Street, Town or City, State, Zip Code)			HOME PHONE NO.	MARITAL STATUS	RELIGION
RESPONSIBLE PERSON OR AGENCY (Name and Address)					TELEPHONE NO.
REFERRED BY (Name and Address of Facility or Agency)			CONTACT PERSON OR UNIT		TELEPHONE NO.
REFERRED TO (Name and Address of Facility or Agency)			CONTACT PERSON OR UNIT		TELEPHONE NO.
FOLLOW-UP BY (Name and Address of Physician or Clinic)				TELEPHONE NO.	DATE OF NEXT APPOINTMENT
1. _____					
2. _____					
MEDICAL RECORD NO.	MEDICARE NO.	SOCIAL SECURITY NO.	DEPT. OF SOCIAL SERVICES NO.	OTHER	

PERTINENT HISTORY (include dates of diagnosis and problems) AND PLAN OF CARE (include treatment dir., activity permitted)

MEDICATIONS (Drug, Strength, Mode)	FREQUENCY	LAST GIVEN	MEDICATIONS (Drug, Strength, Mode)	FREQUENCY	LAST GIVEN
1.			2.		
3.			4.		
5.			6.		
7.			8.		

ALLERGIES	DIAGNOSIS GIVEN	EXPLAINED TO <input type="checkbox"/> Patient <input type="checkbox"/> Family	PROGNOSIS	EXPLAINED TO <input type="checkbox"/> Patient <input type="checkbox"/> Family
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THERAPEUTIC GOALS

PATIENT SERV. START DATE	SERVICES REQUESTED <input type="checkbox"/> Nursing <input type="checkbox"/> Occ. therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Physical therapy <input type="checkbox"/> H. H. aide <input type="checkbox"/> Social work <input type="checkbox"/> Other (specify)		
IS TREATMENT FOR CONDITION FOR WHICH PATIENT WAS HOSPITALIZED (if no explain)		PATIENT ESSENTIALLY HOMEBOUND	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I HEREBY CERTIFY THAT THE ABOVE SERVICES SHOULD BE PROVIDED BY <input type="checkbox"/> Acute Hosp. <input type="checkbox"/> Chronic Hosp. <input type="checkbox"/> NF <input type="checkbox"/> Home Health Agcy. <input type="checkbox"/> Rehab. Center			SIGNED (Physician)
			DATE SIGNED

## Overview

### theINFObridge Project: A Provider Needs Assessment

June 22, 2001

In January of 1997, approximately 150 nursing leaders met to consider patient care issues that needed to be addressed. They decided that communication of patient information across levels of care should be improved. Recognizing the W-10 as the basic transfer form in the state, these leaders were concerned with the lack of standardization in the information and format, a documented barrier to effective communication when patients are transferred between hospitals, nursing homes or home care agencies. From this initial identification of the issues, theINFObridge project was launched. A Planning Committee, representing a cross-section of all levels of care and nursing education throughout the state, focused on developing an intervention to improve patient-focused communication across the continuum of care. A Professional Council was formed to provide advice for the project from a multidisciplinary perspective (i.e. physicians, nurses, dietitians, pharmacists, physical therapists, respiratory therapists, and case managers).

Based on review of relevant literature, forms used in other states and activities of local health care facilities, the Planning Committee decided to undertake a "provider needs assessment" to obtain input from various disciplines involved in patient care and transfers. This needs assessment was viewed as a necessary first step in the development of a new communications vehicle. Qualidigm helped develop the questionnaire, which was sent to professionals throughout the state representing a wide range of facilities, professional organizations and levels of care. Providers were asked to rate the importance and availability of over 150 items of information when receiving a transferred patient. Both clinical and demographic items were included. Nearly 250 responses were received.

The analysis of this data set suggests that a core set of items that are considered very important to have by providers in hospitals, long term care, home care, community care, and sub-acute/rehabilitation care can be identified. In addition, there are items needed specifically by providers in one or more, but not all, of these settings. Next steps include review of these items and consideration of the implications of these findings for the development of a standard data instrument.

The analysis has identified a core set of patient information elements that are considered important when receiving a transferred patient by providers in hospitals, long-term care facilities, home care, community/ambulatory care and sub-acute/rehabilitation care. Additional elements that are needed by providers in specific settings have been identified. Many items reported to be important are not readily available, highlighting the need for improved communication of critical patient information. The INFObridge Symposium provides a forum for discussion of the data elements and consideration of the implications of these findings for the development of a standard patient information transfer instrument.

# theINFObridge

for better health care

## Collaborators

AA Home Care & Nursing  
Association of Connecticut HMO (ACHMO)  
Berlin Public Health Nursing Service  
Bridgeport Hospital  
Case Management Society of America, Connecticut Chapter  
Central Connecticut State University  
Community Health and HomeCare, Inc.  
Connecticut Association for Continuity of Care (CACC)  
Connecticut Alliance for Long Term Care (CALTC)  
Connecticut Association of Healthcare Facilities, Inc  
Connecticut Association for Healthcare Quality  
Connecticut Association for Homecare, Inc.  
Connecticut Association of Not-for-Profit Providers for the Aging  
Connecticut College of Emergency Physicians  
Connecticut Community Care, Inc.  
Connecticut Community Provider Association  
Connecticut Department of Public Health  
Connecticut Department of Social Services  
Connecticut Dietetic Association  
Connecticut Health Information Management Association (CHIME)  
Connecticut Home Health Services Staffing Association  
Connecticut Hospital Association (CHA)  
Connecticut League for Nursing  
Connecticut Medical Directors Association  
Connecticut Nurses Association  
Connecticut Pharmacists Association  
Connecticut Physical Therapy Association  
Connecticut Primary Care Association  
Connecticut Society for Respiratory Care  
Connecticut State Medical Society  
Continuum Care Services

Chelsea Place  
Day, Berry & Howard  
Harbor Hill Care Center  
Hartford Hospital  
Hebrew Home and Hospital  
Homecare, Inc.  
Honey Hill Care Center  
Middlesex Hospital  
National Association of Social Workers, Connecticut Chapter  
New Britain General Hospital  
Norwalk Hospital  
Public Health Nursing Service  
Qualidigm (formerly CPRO)  
St. Joseph College  
St. Mary Home  
VHA, Inc.  
VHA Northeast  
Waterbury Hospital Health Center  
Windham Hospital  
Yale University Health Services

Qualidigm INFObridge Project

6/22/01



**Core Clinical Elements**  
( 39 elements in 16 categories) \*

Category	Name of Element
Past Medical History	Medication allergies Co-morbid conditions Psychiatric history ETOH/substance abuse history
History of Present Illness	Admission date Where admitted What happened/Chief complaint Prognosis
Current Medications	Medication name Dose Route Frequency Date/time last given
Dietary	Parenteral/Enteral
Discharge Plans	Treatment/care plan Specific orders
Cognitive/Neuro/Behavioral	Level of alertness Depression Impaired judgement
Communication/Hearing	Hearing impairment Ability to speak Ability to make self understood Ability to understand Communication devices Visual impairment
Cardiac/PV	Vital signs
ADL/Activity/Orthopedic	Functional status <i>what tool?</i>
Respiratory	Oxygen requirements
Skin	Pressure ulcer presence Pressure ulcer size Wound presence Wound location Wound size
Gastrointestinal	Swallowing difficulties Feeding tube
Genito-urinary	Incontinence
Safety	Fall risk <i>Scale of 1-10</i>
Pain	Intensity <i>1-10</i>
Problems	Current list of problems

**\* Criteria for Inclusion:**

1. Ranked in the TOP-50
2. At least 70% endorsed item
3. Agreement by 4 settings

**Second Tier Clinical Elements**  
**( 25 elements in 18 categories ) \***

<b>Category</b>	<b>Name of Element</b>
Past Medical History	Other allergies
History of Present Illness	
Current Medications	Usage concerns Recent changes in drug treatment Reason changes in drug treatment Other pain control methods
Dietary	Fluid restrictions Type of diet
Test Results	Most recent lab/radiology data
Discharge Plans	
Services Needed	Physician Nursing
Cognitive/Neuro/Behavioral	Abusive Anxiety Memory/recall Refuses meds/treatment
Communication/Hearing	Hearing aid
Cardiac/PV	Edema
ADL/Activity/Orthopedic	Eating ability General mobility status Ambulation
Respiratory	
Skin	Pressure ulcer location Pressure ulcer color
Gastrointestinal	
Genito-urinary	Catheter Appliances
Safety	Restraints
Pain	Perception
Problems	

- \* Criteria for inculsion:
1. Ranked in the TOP-50
  2. At least 70% endorsed item
  3. Agreement by 3 settings

**Core Demographics Elements**  
(22 elements) \*

Category	Name of Element
Demographic	Name
	Address
	Home telephone
	Gender
	Birthdate
	SSN
	Medicare number
	Medicaid number
	Commercial number
	Name of primary payor
	Name of second payor
	Name of PCP
	PCP address/phone
	Specialist
	Referral source
	DNR status
	Name of legal guardian
	Address/phone of guardian
	Relationship of guardian
	Name of emergency contact
	Address/phone of emergency contact
	Relationship of emergency contact




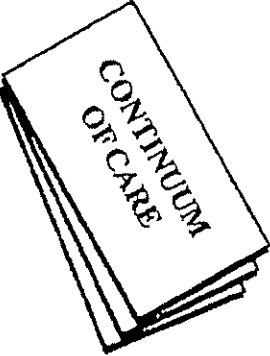
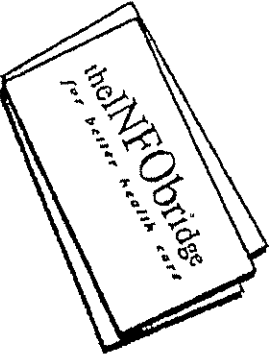

\*Criteria for inclusion:

1. Ranked in the TOP-25
2. At least 70% endorsed item
3. Agreement by 4 settings

# theINFObridge Project

*for better health care*

*We need your help to improve the patient transfer process. Help patients move to the next level of care!*

<p><b>START/ FINISH</b></p> <p>→</p>	<p>Patient is transferred to a new level of care.</p>		<p>theINFObridge for better health care form is completed - pass go, begin care.</p>		<p> information missing - move back 2 spaces</p>	<p>↓</p>
	 					<p>No Advanced Directive info - call relative, go back 1 space</p>
<p>ADL information missing - call SNF, move back 3 spaces</p>			<p>Allergies not known, delay course of antibiotics &amp; move back 2 spaces.</p>			<p>↩</p>

*Your input as a health professional will help us design a more effective patient information transfer form to enhance patient care across the health care continuum.*

**theINFObridge**  
*for better health care*

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### Instructions

The communication of information is part of the process of following patients (and clients) across the continuum of care (e.g., through W-10 and other forms). The purpose of this Provider Needs Assessment is to determine the information needs of providers when patients are transferred from one level or type of care to another.

You are being asked to respond from your perspective. We are interested in the importance of specific patient information to you, as well as your best estimate of the usual availability of this information, when (or if) a patient is transferred to your care.

Listed on the pages that follow are a wide range of specific information items related to patients and their care. For each item:

- Please rate the importance to you of this information when you receive a patient.

*Circle the number closest to your opinion on the scale from:*  
**1 = Not Very Important (not needed), to 5 = Very Important (needed for all patients).**

- Please estimate how frequently each item of information is currently available with the patient. *Circle the number closest to your opinion on a scale from:*  
**1 = Usually Not Available, to 5 = Usually Available.**

*Thank you for taking the time to complete this Needs Assessment.*