# Coordination of Care

The following summaries of recent peer-reviewed studies and articles describe the impact of various care coordination activities across a range of care settings on patient experience, patient safety, quality, and outcomes. Citations are linked to full-text articles when available.

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▪ When patients perceive lapses in communication among their providers and receive conflicting information from multiple health care stakeholders, they are more likely to report medical, medication, and laboratory errors.  
▪ Patients can provide valuable insights on received care and play an important role in patient safety initiatives.  
▪ Patient engagement initiatives are essential in health care quality management, as they may be the most reliable reporters of some aspects of the health care process. |
| Alaloul, F., Williams, K., Jones, K. D., & Logsdon, M. C. (2015). *Impact of a script-based communication intervention on patient satisfaction with pain management*. *Pain Management Nursing*, 16(3), 321-327. | To evaluate the effectiveness of an intervention (script-based communication, use of white boards, and hourly rounding) related to pain management on patient satisfaction with nurses’ management of pain. | ▪ Using script-based communication helps nurses deliver a clear, consistent message that health care providers are aware of patients’ needs, caring for their suffering, and working hard to keep them as comfortable as possible.  
▪ The intervention improves patients’ satisfaction with their pain control and with health care providers’ performance in relieving pain.  
▪ Clear and consistent communication related to pain can improve patient perceptions of nurses’ performance in pain management. |
| Barata, I., Brown, K. M., Fitzmaurice, L., Griffin, E. S., & Snow, S. K. (2015). *Best practices for improving flow and care of pediatric patients in the emergency department*. *Pediatrics*, 135(1), e273-e283. | To provide a summary of best practices for improving flow, reducing waiting times, and improving the quality of care of pediatric patients in the emergency department. | ▪ Several points of impact can reduce emergency department boarding, improve pediatric patient safety, and promote effective, efficient, timely, and patient-centered care, including:  
  – 5-level triage system and nurse-initiated emergency care pathways during initial assessment without delay in seeing a provider  
  – Fast tracking and cohorting of patients  
  – Clinical pathways  
  – Responsive staffing as patients advance through the emergency department system |
<p>| Carter, J. A., Carr, L. S., Collins, J., Doyle Petrongolo, J., Hall, K., Murray, J., … Tata, L. A. | To describe how an academic medical center reduced 30-day readmissions through a multidisciplinary approach to improving care coordination effectively reduces avoidable readmissions. Combining targeted interventions—such as having |</p>
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▪ In the perioperative environment, two specific TeamSTEPPS tools—briefings and debriefings—provide the most benefit in improving effective communication among OR team members and improving the actual operations of the department.  
▪ Medical team TeamSTEPPS training is associated with decreases in OR start time delays, reduced equipment delays, and fewer reported hand-over issues. |
▪ The process allows for both a population-centered and patient-centered approach:  
  1. It addresses the needs of high-risk subpopulations within a larger assigned populations through targeted programs, care plans, or protocols  
  2. It targets a specific aspect of care coordination that will benefit an entire assigned population (e.g., improving primary prevention interventions) |
| Fox, D., Brittan, M., & Stille, C. (2014). The pediatric inpatient family care conference: A proposed structure toward shared decision-making. Hospital Pediatrics, 4(5), 305-310. | To describe a structure for family care conferences (FCCs) in the pediatric inpatient setting.                                                                                                                                 | ▪ FCCs in the pediatric inpatient setting have the potential to support families in collaborative and shared decision making.  
▪ Preparing appropriately for FCCs, using a structured communication style, and engaging parents to express their concerns may improve the outcomes of these meetings. |
| Hajewski, C. J., & Shirey, M. R. (2014). Care coordination: A model for the acute care hospital setting. Journal of Nursing Administration, 44(11), 577-585. | To evaluate a patient care delivery model that redefined roles for unit-based nurse case managers and RNs to streamline care coordination processes.                                                                 | ▪ Outcomes within the acute care inpatient setting can be improved by applying a model for care coordination that involves the primary care physician as a partner with a case manager for complex care and a staff RN for predictable care.  
▪ A unit-based nurse care coordinator role is essential |
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| Shunk, R., Dulay, M., Chou, C. L., Janson, S., & O’Brien, B. C. (2014). *Huddle-coaching: A dynamic intervention for trainees and staff to support team-based care*. *Academic Medicine, 89*(2), 244-250. | To evaluate the effectiveness of a huddle-coaching program on developing team-based, patient-aligned care in an *outpatient* clinic. |  - Huddles are the hub of inter-professional, team-based care.  
- By emphasizing team process and relational factors and actively engaging trainees in leading and facilitating huddles, the huddle-coaching program develops trainees and staff committed to working as a team to deliver quality patient care.  
- Critical elements of a successful huddle-coaching program include huddle coaches, the huddle checklist, and the team retreat which reinforced basic teamwork and communication skills. |
| Watkins, L. M., & Patrician, P. A. (2014). *Handoff communication from the emergency department to primary care*. *Advanced Emergency Nursing Journal, 36*(1), 44-51. | To evaluate the effectiveness of an electronic handoff communication template to notify primary care providers that follow-up care is needed for patients discharged from the *emergency department*. |  - The study supports the use of an electronic template for effective handoff communication in the emergency department.  
- After implementing the Emergency Provider Written Plan of Discharge (eEPWPD) electronic template, there was a 50% increase in the number of patients who received needed diagnostic testing post-discharge.  
- Post-implementation, there was a 43% improvement in primary care provider follow-up with discharged emergency department patients. |
- Among patients readmitted, the mean hospital length of stay was lower for patients receiving coordinated care management and transition processes (5.8 days) compared to patients receiving usual care (7.1 days).  
- Patient readmissions for patients receiving coordinated care management and transition processes decreased significantly from 27% to 7.1%. |
- There was no change in the rate of all-cause 30-day readmissions as a percentage of hospital discharges. |
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| Hansen, L. O., Greenwald, J. L., Budnitz, T., Howell, E., Halasyamani, L., Maynard, G., ... Williams, M. V. (2013). Project BOOST: effectiveness of a multihospital effort to reduce rehospitalization. *Journal of Hospital Medicine, 8*(8), 321-427. | To determine the effect of Project BOOST (Better Outcomes for Older adults through Safe Transitions) on inpatient readmission rates and length of stay. | - Hospitals coordinating care through Project BOOST were associated with decreased readmission rates.  
- No significant change in length of stay was found among the hospitals implementing BOOST tools. |
- A well-coordinated, collaborative Patient Care Circle (PCC) support system is fundamental to ensuring safe and effective transitions across all settings.  
- Communication and comprehensive planning between all members of the PCC are instrumental to the circle's ability to address issues pertaining to patient-centered themes. |
| Kipnis, A., Rhodes, K. V., Burchill, C. N., & Datner, E. (2013). The relationship between patients’ perceptions of teamwork and care experience in the emergency department. *The Journal of Emergency Medicine, 45*(5), 731-738. | To examine the relationship between patients’ perceptions of teamwork and care experience in the emergency department. | - Patients with positive perceptions of emergency department teamwork were more likely to be satisfied with:  
  - Their overall care experience  
  - Care provided to reduce pain or discomfort  
  - Confidence in the providers  
- Patients who had positive perceptions of emergency department teamwork were more likely to have a self-reported likelihood to follow treatment recommendations. |
- Identified best practices for emergency department care transitions include:  
  - Obtaining information about patients’ outpatient clinicians  
  - Sending summary clinical information to downstream clinicians  
  - Performing modified medication reconciliation  
  - Providing patients with effective education and written discharge instructions |
<p>| Narayan, M. C. (2013). Using SBAR communications in efforts to | To explore why communication between physicians | - The SBAR communication method improves not only interprofessional communication, but all communication. |</p>
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| prevent patient rehospitalizations. *Home Healthcare Nurse*, 31(9), 504-515. | and **home health** clinicians can be so problematic and how **Situation-Background-Assessment-Recommendation (SBAR)** **communication** provides effective and efficient caregiver communication, thereby promoting better patient outcomes. | ▪ **SBAR** is very effective when hierarchical positions or critical situations make effective communication difficult.  
▪ **SBAR** communication promotes patient safety and enhances outcomes while controlling health care costs and decreasing hospitalizations.  
▪ **SBAR** can help home health care clinicians with efforts to prevent avoidable hospitalizations. |
▪ Collaborative care:  
  – Reduced cost per case and average length of stay  
  – Improved adherence to clinical best practice standards  
  – Increased nurse productivity  
  – Enhanced patient, staff, and physician satisfaction |