Pediatric Hospital Care Improvement Project (P-HIP): Improving Care of Hospitalized Children Through the After Visit Summary

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Background

- Transitions of care during hospital care are associated with threats to patient safety, including medication errors and communication failures.\textsuperscript{1,3}
- The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) have targeted transitions of care as a priority area for the Pediatric Quality Measures Program (PQMP).
- The Pediatric Hospital Care Improvement Project (P-HIP) Transitions of Care Initiative, a collaborative of 8 pediatric hospitals, seeks to improve transitions for hospitalized children.

Aims

- The practicum experience aimed to improve the performance at Vanderbilt Children’s Hospital (VCH) on 1 of 9 core metrics of the P-HIP Initiative (Table 1).

Specific AIM Statement:
- To improve the percentage of admitted patients with a discharge diagnosis listed on the After Visit Summary (AVS) from 30% to 60% by December 1st, 2018.

Methods

- All children admitted to VCH from December 2017 to October 2018 were eligible for inclusion, with progress tracked through random-sampling of 20 patient records each month.
- Efforts were made to increase inclusion of a discharge diagnosis on the AVS through quality improvement methodology, including clinical observations, engagement of key stakeholders, Plan Do Study Act (PDSA) cycles, and educational initiatives (Figure 1).
- Specific initiatives were targeted at inclusion of the “Principal Diagnosis” (Figures 2 & 3).
- Additional chart review was performed on all October 2018 admissions, to analyze admitting team-specific performance following educational interventions.

Results

- Changes to the Electronic Health Record (EHR) mid-project resulted in decreased performance on a previously well-performing metric, which was targeted for intervention (Figure 4).
- The percentage of reviewed charts with a discharge diagnosis on the AVS remained within common cause variation (Figure 4).
- Teams most routinely targeted for educational initiatives and PDSA cycles (Pediatric Hospitalist Service) demonstrated superior performance during a 1 month data review (Figure 5).
- Highlighted inadequacies of the AVS in both inpatient and outpatient settings through the P-HIP project resulted in the creation of an ongoing medical center-wide AVS Task Force.

Conclusions

- Educational initiatives can be beneficial, but difficult to implement.
- Long-term improvements are best achieved through “hardwiring” through the EHR; a slow process in a large medical center.
- Engaging key stakeholders (patients, families, & providers) is a crucial component in intervention development and motivation of hospital leadership.

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References