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Lost in Transition

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

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Editorial

"Lost in Transition"

By *David B. Nash, MD, MBA*

Editor-in-Chief

Is there a specific point along the health care delivery continuum at which the risk for compromising patient safety and quality care is dangerously high? We asked ourselves this question last spring while brainstorming possible themes for the 5th set of issues for *Prescriptions for Excellence in Health Care* – and, time after time, our conversation gravitated toward transitions of care (TOC).

Transitions of care refers to those very common, relatively brief, but critically important intervals that begin when preparations are made for a patient to leave one provider and/or setting and end when the patient is received by another provider and/or setting. It is difficult to imagine another point in the health care delivery process that is so ubiquitous and yet so vulnerable to pitfalls.

As an internist, imagining what is "lost in transition" in a single day is a scary thought! Whenever patients are "handed off" – from primary physician to specialist physician and back; from inpatient unit to imaging department and back; from hospital to skilled nursing facility to home – there is the potential for non-

communication or miscommunication of vitally important information.

The consequences of these communication failures are at the root of some of the most challenging issues in health care today. The classic example is chronic illness, where inadequate TOC processes can lead to medication over- or under-dosing, polypharmacy, duplicative services, and/or failure to provide necessary services. Hospital readmissions are another example of how communication failures during TOC can result in negative health and financial outcomes.

With the enthusiastic support of our partners at Lilly USA, we identified a number of programs and initiatives aimed at improving TOC across the health care spectrum and invited their leaders to participate in an invitation-only forum. The articles in this issue and the 3 that follow are based on the material that was presented and discussed at this special expert forum.

The 3 articles in this issue touch on as many different aspects of TOC. The first, "Transition of Care Program Evaluation: Accountability and Attribution," offers insight

into the essential elements of TOC improvement, and provides a 5-step process for designing an initiative. The second article, "Reporting Patient Safety Events: Learning Opportunities for Resident Physicians," approaches the issue from the clinical training perspective. The final article, "Improved Transitions Through Accountable Care Organizations," provides an excellent overview of this promising new model, using the successful Program of All-inclusive Care for the Elderly (PACE) as an example.

On a personal note, I must admit that I was skeptical about finding a strong, core group of projects that targeted TOC. I couldn't have been more impressed with the breadth and quality of the work being done or with the dedication and expertise of the authors.

As always, I welcome reader comments and questions. I can be reached at david.nash@jefferson.edu.

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