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# A Call to Action on Transitions of Care

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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

### A Call to Action on Transitions of Care

By *David B. Nash, MD, MBA*

*Editor-in-Chief*

For some time, we've known that the high degree of fragmentation in our health care system is spawning many of its problems. Inadequate communication and poor transitions of care (TOC) undermine even the best care planning.

The ripple effect from ineffective TOC is broader than one might think. When vital information regarding therapy is "lost in transition," it undermines patients' and families' confidence in their providers. It also creates friction and potentially damages important relationships between inpatient care facilities and primary care physicians.

The good news is that TOC has come under the microscope of health care reformers as they recognize the need to reduce preventable – and costly – hospital readmissions precipitated by flawed handoffs. Our national accreditation and oversight organizations are getting on board; for example, The Joint Commission's Center for Transforming Health Care (2009) signaled its keen interest in TOC by making handoff communications its second major

target in solving health care's most critical safety and quality problems.

As a physician, the proactive efforts that are already under way in medical education are most heartening. Chief among these is the American Association of Medical Colleges' (AAMC) "Integrating Quality (IQ)." This organizational quality improvement initiative is aimed at integrating quality and patient safety improvement into the educational process across the full continuum of medical education. The IQ Team and Steering Committee are already engaged in 3 major objectives:

- **Learning** – sharing innovative approaches to quality and safety integration
- **Serving** – packaging resources (eg, team training initiatives) and responding to the needs of AAMC members
- **Leading** – assisting AAMC members in implementing educational and clinical quality and safety initiatives

In this issue of *Prescriptions for Excellence in Health Care*, we continue our exploration of how TOC processes are being improved by provider and professional organizations across the health care spectrum.

The first article, "The Role of Readmission Risk Assessment in Reducing Potentially Avoidable Rehospitalizations," introduces some recently developed generic models that are relatively simple to apply, and promotes the use of a comprehensive readmission reduction system as part of an organization-wide strategy for cost savings.

After documenting the facts and discussing the magnitude of the problem, the article entitled "Handoffs and Transitions in Care: An Inpatient Perspective" presents a real-world example of the positive change that can be achieved with a system-wide overhaul of TOC care practices. The results are impressive.

Finally, "Pharmacists: Part of the Transitions of Care Team in the Ambulatory Setting" introduces the

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relatively new concept of medication therapy management and suggests a broad range of venues and opportunities in which specially trained pharmacists are well suited to the task of improving TOC, particularly for patients with multiple chronic conditions.

Once again, I commend our authors and the projects they have chronicled in this issue. With proactive leadership like this, the outlook for improved TOC begins to look more optimistic.

As always, I welcome reader comments and questions. I can be reached at [david.nash@jefferson.edu](mailto:david.nash@jefferson.edu).

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