BY CONNIE SAVAGE, LPN

Bridging the Gap from Inpatient to Outpatient Care

In 2014 Cancer & Hematology Centers of Western Michigan looked to improve continuity of care—specifically patient transitions from the hospital inpatient to the outpatient setting. In October of that same year, the practice created the position of inpatient coordinator with an eye towards:

- Improving patient and family satisfaction
- Increasing patient visits by freeing up physician and mid-level provider time
- Reducing no-show appointments
- Decreasing hospital length of stay (LOS) and admissions.

Further, the practice believed an FTE inpatient coordinator would improve the patient discharge experience and facilitate more effective communication between multidisciplinary care teams across care settings.

Key Roles & Responsibilities

Today, the inpatient coordinator works closely with mid-level providers and physicians in the hospital setting. Once patients are ready for discharge, the inpatient coordinator ensures that all outpatient appointments are scheduled, including:

> ...the greatest benefit to adding the inpatient coordinator has been the improvements in patient and provider satisfaction.

- Physician office visits
- Labs
- Imaging appointments
- Referrals and appointments with other physicians
- Referrals and appointments with other providers, for example dietitians or financial advocates.

The inpatient coordinator enters all appointments into the patients' discharge paperwork so that the bedside nurse who goes over the discharge instructions can answer any patient or caregiver questions regarding home or follow-up care. Working in tandem,

Table 1. Inpatient Coordinator Key Roles & Responsibilities
SCHEDULE FOLLOW-UP CARE
• Physician visit(s)
• Lab(s)
• Imaging appointments
• Referrals to other physicians or locations
• Referrals to other specialties (i.e., dietitians, financial advocates)
COORDINATE COMMUNICATION WITH OTHER DEPARTMENTS & OTHER ORGANIZATIONS
• Nursing
• Pharmacy
• Lab
• Reimbursement
• Financial Advocacy
• Social Work
• Behavioral Oncology

the inpatient coordinator and the bedside nurse ensure that patients know exactly what to expect and what they need to do at time of discharge.

The inpatient coordinator has also developed close working relationships with clinic nurses. When a patient is admitted to the hospital, the inpatient coordinator will review the clinic appointment schedule and notify a nurse if an appointment needs to be canceled, thereby opening the slot up for another patient appointment. At discharge, the inpatient coordinator closes the loop by sending discharge information to clinic nurses, including:

- The patient's diagnosis
- Date of discharge
- Reason for the hospital admit
- If chemotherapy was given or held; if medication was held, the inpatient coordinator provides the reasoning behind this decision.

As stated above, the inpatient coordinator also arranges for all follow-up care, keeping the hospital and physician practice informed every step of the way. Table 1, above, identifies the key roles and responsibilities of the inpatient coordinator.

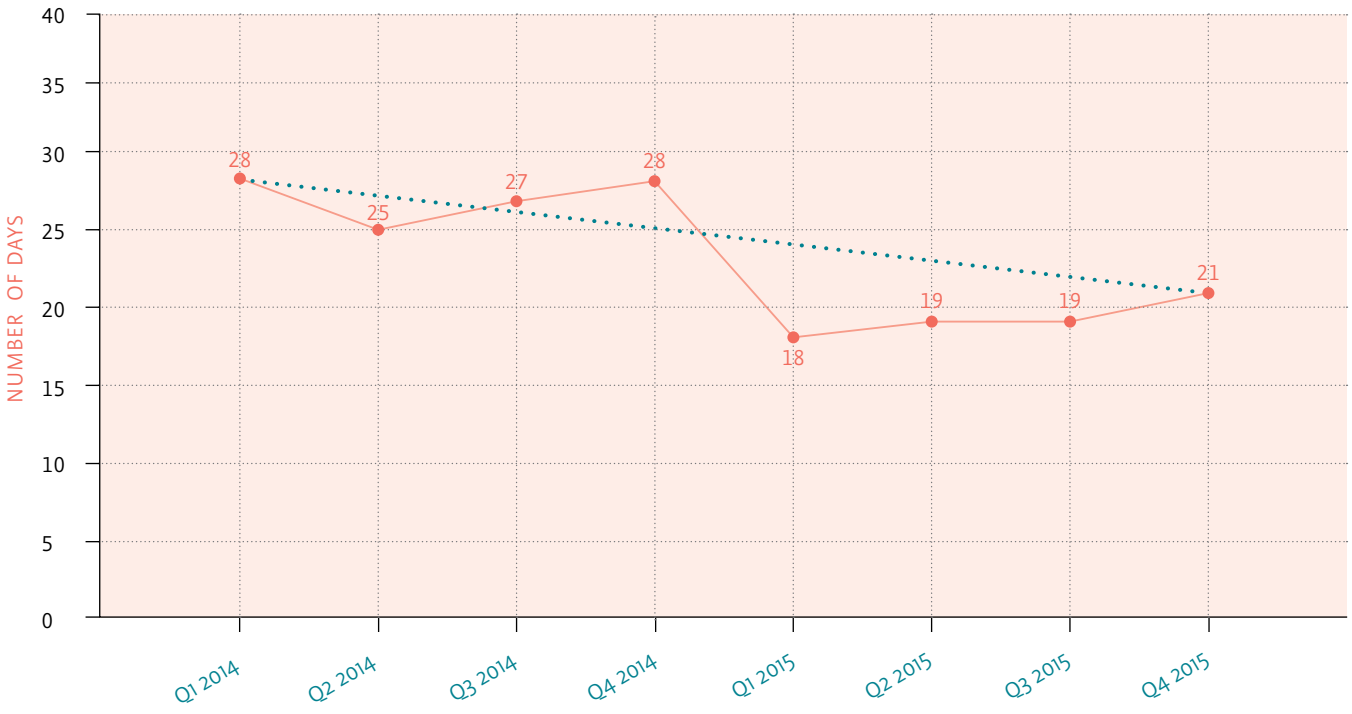
Programmatic Benefits & ROI

Adding this new staff position has resulted in numerous programmatic benefits. In brief, here's how the practice received return on investment (ROI). By giving the inpatient coordinator the responsibility of scheduling appointments and managing follow-up care, mid-level providers and physicians are now able to see more patients each day. This has increased patient volume to the clinic.

The inpatient coordinator has also had a positive impact on care coordination. It is well-documented that poor care coordination can result in unnecessary hospital admissions and readmissions, duplicate lab work, and unnecessary imaging, increasing the cost of care for patients and payers. The inpatient coordinator streamlines the discharge process, working in partnership with both inpatient and outpatient providers to improve continuity of care.

These improvements in care have resulted in improvements to the practice's bottom line. For example, Figure 1, right, shows how the time from hospital discharge to charge date was reduced from an average 37 days in 2013 (prior to the creation of the inpatient coordinator role) to an average 27 days in 2014 to an average 19.25 days in 2015. The inpatient coordinator has also helped to reduce hospital LOS (Figure 2, page 46), and the practice expects to see a similar decline in hospital admissions and readmissions.

Figure 1. Inpatient Time Between Date of Service and Charge Date



But perhaps the greatest benefit to adding the inpatient coordinator has been the improvements in patient and provider satisfaction (Table 2, page 46). Cancer patients are easily overwhelmed by the sheer number of clinic visits, tests, labs, and imaging appointments required during treatment, and now these patients have someone on staff to help ease these burdens. The inpatient coordinator manages follow-up care and is readily available to intervene if the need arises or if a patient's situation changes. A Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey shows an increase in patient satisfaction; physicians are able to spend more quality time during rounding to communicate with patients and their families. OI

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Cancer & Hematology Centers of Western Michigan At-A-Glance

Established in 1979 as a solo-physician practice, Cancer & Hematology Centers of Western Michigan is currently the largest private oncology/hematology practice in the state. As part of the Texas-based START Midwest Program, the practice has opened the first comprehensive Phase I Oncology Clinical Trials Program in Grand Rapids. Cancer & Hematology Centers of Western Michigan has an on-site CLIA-certified laboratory that offers more than 75 different tests. With 95 percent of the tests drawn on patients run in the in-house lab at the time of draw, the lab supports real-time decision making by its providers. Today, Cancer & Hematology Centers of Western Michigan has 22 physicians, 12 mid-level providers, 4 main clinical sites, 4 infusion pharmacies, 3 specialty pharmacies, an FTE psychologist, and more than 250 employees.

Figure 2. Change in Average Inpatient LOS, Month to Month Comparison 2014 to 2015

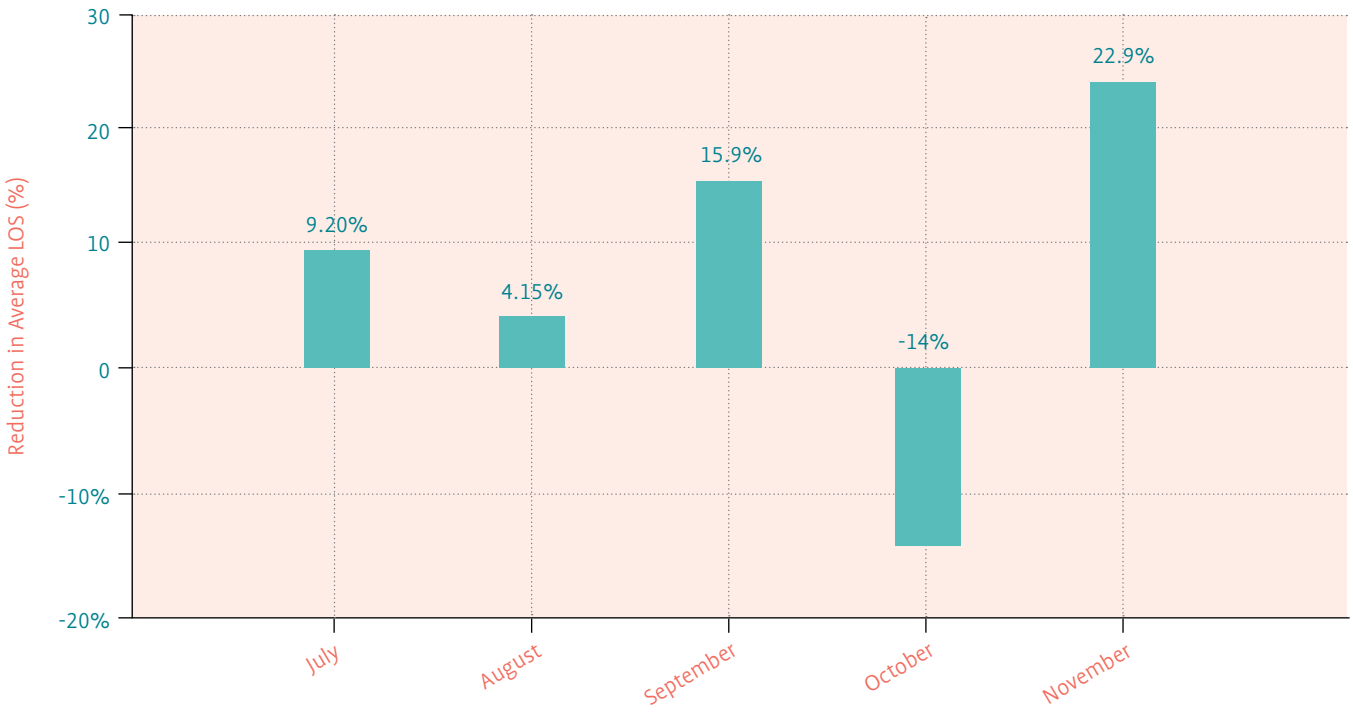

Table 2. HCAHPS Plus Survey Results, a Comparison of September 2014 to September 2015

	2014	2015	CHANGE MONTH-TO-MONTH
During this hospital stay, how often did doctors **explain** things in a way you could understand?	66.67%	88.24%	21.57%
During this hospital stay, how often did doctors **listen** carefully to you?	72.22%	94.12%	21.90%
During this hospital stay, how often did doctors **treat** you with courtesy and respect?	77.78%	94.12%	16.34%
Communication with doctors overall?	72.22%	92.16%	19.94%