



Featured Article

Strengthening patient-centered transitions of care



Imagine for a moment that you're a patient with a chronic illness, stuck in the cycle of acute care. You're sent back and forth from the hospital to a skilled nursing facility and back again. How do you feel? Do you recognize the medical team taking care of you? Do you keep having to repeat your history?

Moving between care settings can be confusing and stressful for patients – but it doesn't have to be. Transitions of care provide opportunities for clinicians to engage in patient-centered care that prioritizes collaboration, communication and community to improve healthcare delivery.

WHY ARE TRANSITIONS OF CARE HARD?

The progression of patients to and from acute and post-acute settings requires a network of clinicians and administrators, and it can be a challenge to effectively connect that network. Effective technology utilization can improve transitions of care, but poor or inconsistent utilization can have a negative impact.

“Technological limitations that hinder access to patient medical records across different care settings can lead to medication errors, misdiagnoses, increased costs, and confusion about treatment plans,” says Teizu Wolokolie, MD, Regional Medical Director, Post-Acute Care.

Communication is also another key challenge area. “The real challenge lies in making sure that the whole network is

connected or at least available so that there could always be a provider to be called up, either electronically, via chat or telephonically,” says Hammad Rizvi, DO, Hospitalist, Senior Vice President, Northeast Group.

Every level of care has a unique mindset so medical teams must be able to communicate across that spectrum. This often presents a challenge, as healthcare can often become siloed and specialties may lack understanding of each other's resources, processes and more.

“I've seen patients consistently experience better outcomes when there is effective communication between transferring and receiving care providers,” says Wolokolie.

HOW DO TRANSITIONS OF CARE IMPACT REHOSPITALIZATION?

Healthcare must rise to this challenge to provide patient-centered care, particularly for patients with chronic conditions who may get trapped in a cycle of rehospitalization, which can negatively impact outcomes and quality of life.

“Chronically ill patients may be readmitted for the same circumstances multiple times,” says Rizvi. “If teams in different settings can connect, even with a complex patient case, they could handle it at the lowest care level possible, and at the end of the day, that's what can promote better patient care.”

Reducing rehospitalization rates takes coordinated and comprehensive care at every stage of the patient journey. According to Wolokolie, this can include, “effective coordination of follow-up care with specialists and primary care providers upon discharge, along with medication Reduced rehospitalization not only improves patient outcomes but also reduces the cost of care and the overall cost of healthcare. Avoiding just one hospitalization makes a significant difference.





EASING BURDENS FOR ELECTIVE SURGEONS

Acute coverage can increase the productivity of elective surgeons. This can also lead to enhanced recruiting efforts for specialists, as relieving unassigned call burden is a vital recruiting point. The hospital and patients likewise benefit from prompt evaluation as on-site surgeons provide surgical services instead of waiting for community physicians to see patients at the conclusion of their elective schedules.

At CarolinaEast, the hospital and community physicians have benefited from the acute surgical coverage, as community physicians are freed from unassigned call coverage and can perform elective cases unencumbered. Moreover, the acute care general surgery program is also able to provide service for some urgent elective cases when community surgeons have extended appointment wait times for patients, many of whom are in the high renal failure population.

“We’re providing a lot of comprehensive care, including some services that are unique to CarolinaEast, and it has been very good for the community,” says Dr. Tom Davis, TeamHealth’s facility medical director of acute general care surgery at CarolinaEast and medical director of the wound clinic/hyperbaric medicine program. “We’ve been very responsive to the hospital’s needs, and we are integral here.”

COLLABORATIVE APPROACH

The enhanced coverage from these programs fosters collaboration among multidisciplinary healthcare teams. This collaborative approach enhances communication, coordination and teamwork – resulting in better patient

outcomes and a more cohesive healthcare delivery system. Additionally, teams experience increased staff satisfaction with prompt and courteous surgical consults when needed.

“The TeamHealth surgeons at each hospital are ingrained in the hospitals and in the communities,” says Dr. William Tapscott, TeamHealth’s national medical director of acute care general surgery. “They become committee members, chairpersons of departments and participate in community outreach. And, they have the huge resource backing of TeamHealth.”

CarolinaEast has also benefited from the long-term leadership of facility medical directors in acute care general surgery and acute orthopedic surgery. Both have brought a level of consistency and steadiness to the team that increases collaboration and satisfaction. By working together seamlessly, these programs ensure comprehensive and holistic care for patients with acute surgical needs

ENHANCING HOSPITAL OUTCOMES THROUGH IN-HOUSE SURGERY COVERAGE.

Consistent in-house surgical coverage is indispensable and plays a vital role in improving patient outcomes, enhancing hospital efficiency and driving financial sustainability. The close relationships we foster with our partners help us bring tailored solutions to meet their unique challenges, and the long-standing partnership at CarolinaEast is a testament to this. To learn more about partnering with us, [please get in touch.](#)



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