

Project Summary: Boosting Transitions of Care for Patients with Cognitive Impairment At Houston Methodist Hospital

In Boosting Transitions of Care for Patients with Cognitive Impairment at Houston Methodist Hospital, the project goal is to develop a sustainable, modified transition process for patients age ≥ 70 years that will achieve better patient-centered care by identifying and addressing cognitive impairment, better health by decreasing the risk of medication errors and poor compliance with transition plans, and lower costs by minimizing unnecessary emergency room visits and early readmissions to the hospital.

The Houston Methodist Hospital System (THMHS) has undertaken two major quality improvement initiatives, the Center for Medicare and Medicaid Innovation (CMMI) Delirium Grant and the Project Better Outcomes by Optimizing Safe Transitions (BOOST). With Practice Change Leaders' support, I propose to employ the data-collection and transitions-of-care resources of the CMMI Delirium grant to extend the benefits of the Project BOOST discharge process to the estimated 40% of hospitalized elders with cognitive impairment and their caregivers who are currently not fully addressed as they transition to home. The CMMI and BOOST teams have identified a lack of adequate attention to cognitive impairment and absence of plans to support cognitively impaired patients in transition to home.

Through the PCL award, we will support the nurses that make discharge follow-up phone calls with the BOOST program to make pre-discharge visits to patients on the unit. During this visit, the nurse will document a Mini-Cog exam, and help the transition team detect cognitive impairment. This will help us to assess the impact of cognitive impairment on readmissions. Initially, we will collect data on readmissions and medication errors in patients with unrecognized vs. recognized cognitive impairment with more intensive transitions-of-care programs. Subsequently, we will develop and implement a modified BOOST discharge transition process to include screening for and incorporating the needs of elders with cognitive impairment.

By boosting transitions-of-care procedures at HMH, cognitive impairment will trigger an enhanced process that actively engages caregivers and provides increased safeguards and educational materials.