

Bridge-IPT (InterProfessional Triage) – Project Description

Bridge-IPT seeks to integrate nursing into the traditionally social work-led Bridge Model (Bridge) of transitional care, and to use a risk-stratification algorithm to appropriately assign a social worker, a nurse or a combination of the two as the care coordination lead for a given patient. The overall aim is to evolve Bridge by incorporating a nursing component, and to approach this integration in a deliberate and calculated manner. The outcomes of interest are decreased 30-day readmission rates, lower emergency department utilization, increased physician follow-up, and lower costs.

With Bridge-IPT, older adults with a preponderance of psychosocial and social determinant needs will be supported by social work Bridge Care Coordinators (BCCs), those with complex medical needs will receive RN BCC support, and those with significant complexity in both areas will be supported by a social worker-RN dyad. The risk-stratification algorithm matches the care coordinator discipline to specific patient needs, thereby meaningfully bringing nursing and social work together into an interprofessional team. This approach is likely to use staffing resources more efficiently and effectively than transitional care provided by a single discipline, allowing for a more compelling business case and, therefore, a higher potential for integration beyond the home institution and into reform initiatives rooted in the Triple Aim.

Bridge-IPT is being implemented at Rush University Medical Center (Rush) – a 664-bed, urban academic medical center just west of downtown Chicago. The target population is Medicare or dually-eligible older adults (65+) with at least one chronic condition.