Care Transitions Education Project

Nurses Leading Patient-Centered Care Transitions

Service Pilot Outcomes

From 2012-2013, thirty (30) health care service organizations across six cross-continuum Pilot Sites in Western Massachusetts implemented the Care Transitions Education Project curriculum with more than 200 frontline nurses. All six of the service pilot sites cite CTEP as a unique education program that equips nurses in all care settings and all roles with the foundational knowledge, skills and attitudes required to lead and improve care transitions. All pilots recommend implementing CTEP to other Massachusetts healthcare providers.

Key Indicators

CTEP utilized an external evaluator to assess the following key indicators:

- Increased knowledge about effective care transitions
- Increased mutual respect
- Improved coordination and communication
- Positive change in nursing practice focused on improving care transitions
- Demonstration of nurse-led quality improvement initiatives

Key Findings

Knowledge: Pilots reported the most valuable CTEP outcome was its impact on nurses' knowledge and ability to improve care transitions**.** All service pilots increased knowledge scores from pre- to post-test with four of the increases being statistically significant.

Mutual Respect: All pilot sites affirmed the value of bringing nurses from across the continuum together to learn from/with each other as a strategy to increase mutual respect and identify common patient-centered goals.

Communications: 66% of pilots demonstrated an emergence of nurse-led quality improvement initiatives focused on improving communication and collaboration. Cross continuum relationships and ongoing communications have improved as a result of CTEP participation.

Nursing Practice: Nearly three-fourths of learners participated in Patient Tracer experiences and identified its positive impact on their care transitions work. 63% of pilots reported evidence of changes in nursing practice that supported improvements of care transitions.

Pilot Organizations (2012-2013)

*Elms College**

Hampshire County

- Cooley Dickinson Hospital*
- Calvin Coolidge Nursing Home
- Genesis Healthcare Elaine Center at Hadley
- Holyoke Community College
- Linda Manor Extended Care
- VNA and Hospice of Cooley Dickinson

Holyoke

- Holyoke Medical Center*
- Holyoke Community College
- Holyoke Health Center
- Holyoke VNA Hospice Life Care
- Commonwealth Care Alliance

Jewish Geriatric Services/UMass

- UMass Amherst*
- Jewish Nursing Home
- Ruth's House Assisted Living
- Family Medical Care Center
- Wernick Adult Day Health
- Genesis Housing
- Spectrum Home Health & Hospice Care

Sisters of Providence

- Mercy Medical Center*
- Mercy Homecare and Hospice
- Mount Saint Vincent Care Center

Springfield

- Baystate Medical Center*
- Baystate VNA and Hospice
- Kindred Hospital Parkview
- Wingate Healthcare Facilities: Springfield, South Hadley, East Longmeadow, Wilbraham, West Springfield & Hampden

*Springfield Technical Community College **

Westfield

- Noble Hospital*
- Noble VNA and Hospice
- Genesis Healthcare Westfield

*Lead organization

Additional Evidence from CTEP Phase 1 Pilots

Cooley Dickinson Hospital and its cross continuum partners developed a warm handover checklist as their CTEP quality improvement initiative. Patients whose transitions included a warm handover have significantly fewer returns to acute care within the first week, with a 7 day readmission rate of 3.1% compared to an overall acute care readmission rate of 6.6%.

Since January 2014, **Linda Manor Extended Care Facility** has had zero unnecessary readmissions to Cooley Dickinson Hospital within 72 hours or 7 days when the warm handover was used. The cross continuum team will be reviewing other measures such as falls as their sample size grows.

Holyoke Medical Center (HMC) credits CTEP for the decrease in all cause readmits at the medical center. Although HMC was also employing other strategies, such as their CHF program and a COPD program which concentrated on teaching self-management skills to patients, the nurses who were trained in CTEP have sustained these programs and adopted warm handover in their practice which helped to reduce readmits. Those nurses who participated in a tracer experience now understand why a handover is so important and what information is critical to the next provider. HMC's readmission rate fell from 14% to 11% while incorporating these interventions. Nurses leading transitions is the key to sustaining the work HMC and its cross continuum teams have started.

Noble Hospital has seen a reduction in its 30 day readmission rates since implementing the CTEP program. Noble Hospital experienced a 15% reduction in all cause readmission rates between FY13 and FY14 during which time CTEP was implemented, and is tracking a 9% reduction in 2014 year to date.

For More Information

If you would like more information about the project or are interested in implementing CTEP training please contact:

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MASSACHUSETTS SENIOR CARE FOUNDATION

The Western Massachusetts Nursing Collaborative
Advancing Nursing | Addressing Critical Needs

Building the CTEP Business Case

The MA Senior Care Foundation plans to quantifiy the business impact of CTEP using the following outcome indicators:

- Reduced avoidable 30 day hospital readmissions rates
- Improved patient-centered care
- Improved patient and family satisfaction
- Increased nurse competency to lead and improve care transitions
- Increased nurse-led quality improvement initiatives to improve care transitions
- Increased nurse engagement in achieving effective care transitions

Phase 2 Evaluation

Based on lessons learned from the western pilots, the Mass Senior Care Foundation would like to support Phase 2 Demonstration Sites comprised of cross-continuum teams interested in implementing the CTEP training. The Phase 2 evaluation process will collect data from the cross continuum teams to document connections between CTEP, patient-centered outcomes and nurse engagement.