

Marin General Hospital

Hospital Challenge: Quality of care, patient and staff satisfaction at Marin General Hospital (MGH), Greenbrae, CA, was being adversely impacted due to challenges in coordinating patient care transitions. To address these issues, the hospital decided to improve their discharge as well as post-discharge follow-up processes. They also identified the need for real-time care coordination and collaboration to address the issues.

Solution: Marin General Hospital worked with CareInSync based on the capabilities of the platform to make an impact not only on quality of care outcomes but also on efficiency of care delivery. They collaborated with CareInSync to design a new discharge process and deploy it using Carebook™ platform. Various measures of care quality process measures, efficiency measures and outcomes were tracked to monitor progress towards the goals.

After six months of deployment, care quality process measures and efficiency measures showed significant improvement. Care collaboration improved 31% - more than sixty thousand secure messages were exchanged over four thousand patients. Follow-up appointments scheduled prior to discharge increased by 30%. CTI® coaches discovered medication discrepancy on 40% of their home visits which must have averted a number of adverse events, ED visits and readmissions. Physicians observed 65% drop in pager interruptions and saved an average of 60 minutes per day by texting on Carebook.

Improvement in Outcomes: In a short period of time, Carebook has enabled compelling improvements in key outcomes.

How they did it: Marin General Hospital collaborated with CareInSync to analyze and re-engineer their discharge and aftercare processes. A blend of interventions from Project BOOST® and RED® were selected for the discharge process. In addition, as part of their CCTP implementation, they engaged six area CBOs to implement the Care Transitions Intervention® for high-risk patients discharged from the hospital. CareInSync helped implement a new and improved process in which patient-centered care teams used CareInSync's Carebook platform to collaboratively risk-stratify patients, apply patient-specific risk-based interventions, follow high-risk patients after discharge and monitor all care transitions & readmissions.

Carebook platform also connected the patient-centered care team in real-time using HIPAA compliant, rolebased secure messaging. Users could identify care team members by role (Attending / Consult / Bedside Nurse / etc) and exchange messages securely in patient's clinical context. These capabilities were found to be critical in reducing communication errors and improving efficiency.

Note: Project BOOST®, Project RED® and CTI® are registered trademarks of Society of Hospital Medicine, Boston University Medical Center and The Care Transitions Program of the UC, Denver.