Abstract:

Statement of the Problem: Rural Veterans are often transferred to tertiary VA hospitals for specialized care, but are uniquely vulnerable to unsafe transitional care from hospital to home. For example, rural Veterans often encounter a lack of primary care provider (PCP) notification and follow-up, an inaccurate medication list, absence of close adverse event evaluation, and discontinuity of care. Around 19,000 rural Veterans are affected every year in VISN 19 alone.

The Transitions Nurse (TN) Program derived from interviews with patients and providers to address the unique barriers to safe transitional care of rural Veteran patients.

QI Approach: Eligible Veterans are transferred to a tertiary VA for acute medical illness, discharging back to their rural place of residence. The TN enrolls these patients, assesses their discharge readiness, and addresses gaps through teach-back methodology. The TN obtains a follow-up appointment at the rural primary care site within 14 days of discharge and notifies the rural care team of the hospitalization, delivering comprehensive discharge information through a novel use of the electronic medical record. The TN then calls the patient within 3 days of discharge to assess symptoms, reinforce medication reconciliation, verify follow-up plans, and educate the patient on self-management.

Outcomes: Our initial analysis compared 160 enrolled Veterans to a group of non-enrolled Veterans hospitalized during the same period. Enrolled Veterans had 40% less ER visits than non-enrolled Veterans, and a median reduction in cost of ER/hospitalization visits of $460. At this rate, the program is cost-saving, even incorporating the RN salary at the enrollment of 160 patients. Additionally, 48% of enrolled patients had confirmed follow up with their PCP within 14 days of discharge, compared to 30% of non-enrolled Veterans. Qualitative interviews with Veterans and providers suggest significant value of the program.

Next Steps: The TN program may reduce hospital utilization and improve transitional care for rural Veterans hospitalized at tertiary hospitals, encouraging safer discharges. At this time over 250 Veterans have been enrolled, and program expansion planning is underway.