



## P#07

<b>Abstract Title:</b>	<b>Strategies To Bridge The Transitional Care Gap From Burn Unit To Burn Clinic</b>
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<b>Objective:</b>	1 Understand the transitional care gaps, and how one institutional's approach in closing the gap by utilizing informational clinic brochures, and face-to-face patient education. 2 Provide the bridge from inpatient to outpatient setting. 3 Discuss a tactic to reduce clinic appointment no-show and increasing patient compliancy.
<b>Abstract:</b>	<p><b>Introduction:</b> Patient education during transition from inpatient to outpatient is vital, for providing high quality care, preventing readmission and decreasing clinic no-show rates. The current healthcare trend focuses on the quality of transitional care, which are tied to overall hospital reimbursement. Hospital re-admission and clinic no-show remains a common problem. We have identified opportunities for improvements to address this issue. To ensure successful transition of care/patient compliance, the utilization of informational clinic brochures, and face-to-face patient education, is used to provide the bridge from inpatient to outpatient setting.</p> <p><b>Methods:</b> From July 2018 to May 2019, surveys have been collected in outpatient clinic to monitor impact of distribution and teaching to discharge patients. The hospitalized patients are educated face-to face by a RN, and the clinic brochure is presented at the time of discharge from hospital. A survey in outpatient clinic to gauge effectiveness of education, asking 5 specific yes/no questions: 1. Did you receive a clinic brochure? 2. Did you bring all your medication with you? 3. Did you know the physical location of the burn clinic? 4. Did you bring your negative pressure wound dressing (NPWD) supplies with you? 5. Did you know where to park your car? These 5 questions will be the 5 categories to be assessed for compliance.</p> <p>The survey collected were tabulated and labeled. The “yes” answers are labeled as compliant, and “no” answers are labeled as noncompliant for 5 categories: 1. Brochure, 2. Medication, 3. Location, 4. NPWD (WV), 5. Parking. Monthly tally of percent compliant: <math>\# \text{ of "Yes"} / (\# \text{ of "yes"} + \# \text{ of "no"}) \times 100 = \% \text{ compliant}</math>, for all 5 categories were recorded and calculated, from July 2018 to May 2019, on a monthly basis. No show</p>

rate was collected, tallied, and calculated for percent “no-show” from 10/2018 to 2/2019.

**Results:**

**% Compliance**

Date	Brochure	Medication	Location	NPWD(WV)	Parking
7-8/2018	57	63	70	40	90
9/2018	64	64	64	75	86
10/2018	77	63	77	40	93
11/2018	68	56	64	40	92
12/2018	52	72	71	33	96
1/2019	64	72	60	25	96
2/2019	50	67	76	67	96
3/2019	56	72	60	83	80
4/2019	87	85	90	50	90
5/2019	50	73	80	0	93
Total Ave %	62.5	68.7	71.2	45.3	91.2
% increased	5.5	5.7	1.2	5.3	1.2

**No Show %**

Date	10/2018	11/2018	12/18	1/2019	2/2019
% no-show	10.0	12.2	11.5	10.2	7.7

1. Re admit rate average 3.33/month FY2018. No statistical difference from previous year.
2. Total average % compliance was increased in all categories when compared to first 2 months of transitional care strategy implementation.
3. April 2019, most measurements greater than 80% in correlation with transitional care nurse seeing hospitalized patients. Transitional care nurse resigned from position and survey results declined in May 2019.
4. No-show rate trended down from 10/2018 to 2/2019.

**Conclusion:** The strategies used in this study, gave us an insight in addressing the common problems of re-admission, and clinic no-show. We believe by providing the necessary patient education, we can bridge the transitional care gap. Clinic brochures and face-to-face interaction with hospitalized patient has proven to be helpful in-patient compliance. In all 5 categories, we saw an increase in total average percent compliance. Although, we hypothesize re-admission rate would decrease, but it was not affected. Perhaps the 5 factors/categories we chosen did not correlate with readmission. The no-show rate we decreased from the month of 10/2018 to 2/2019. The transitional care strategies of providing brochures/face-to-face interaction with hospitalized patient, made a positive impact on compliance of the 5 categories, and reduction in no-show rate. As we continue to bridge the transitional care gap, we will reassess our patient educational approach

	to reduce non-compliance, re-admission rate, no-show rate, and research for national bench mark, as part of our initiative towards value-based care.
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