Barriers Identified Deterring Transition of Care Data Collection in the Michigan Paul Coverdell Acute Stroke Registry

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Background:

Each year, roughly 800,000 Americans experience a new or recurrent stroke.[1] With shortened hospital length of stay, many patients are discharged with expectations to self-manage follow-up appointments, comply with medications, and modify life style factors. Coordination of transition of care (TOC) post-discharge provides an organized approach to ease treatment and compliance. Michigan's Ongoing Stroke Registry to Accelerate Improvement of Care (MOSAIC) collects voluntary TOC data from participating hospitals and encourages additional hospitals to participate.

Objective:
To identify barriers MOSAIC hospitals encounter deterring participation in TOC data collection, provide recommendations for barrier elimination, and improve facilitation of care for discharged patients.

Methods:

A Structured focus group with pre-determined free-response questions was conducted via phone call with MOSAIC participating hospitals. Upon completion, hospitals participating in the call received a follow-up survey to provide additional information not covered in the focus group discussion. Use of thematic analysis to identify commonality among hospitals experiencing barriers was conducted from compiled focus group notes from two recorders and follow-up survey data.

Design:
Qualitative observational study with use of follow-up survey.

Focus Group Questions:

1. What barriers have you or your program encountered hindering initiation of TOC data collection?
2. What barriers have you or your program encountered during TOC data collection?
3. What resources or support do you think would be required for collection initiation or continued collection?
4. How would a feedback report(data) be useful for you/your program?

Common Themes:

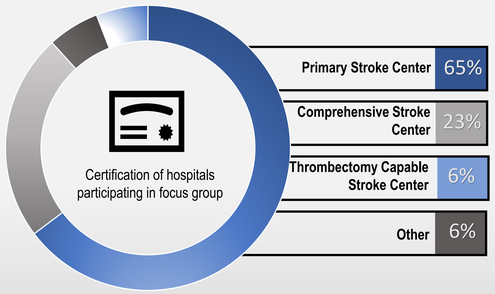
Benefits of Transition of Care Data Collection:

Currently, seven MOSAIC hospitals are participating in TOC data collection. These hospitals have identified several benefits to TOC data collection including the following common benefits:

1. Medication review and compliance.
2. Confirmation of primary care physician and neurologist follow-up appointment.
3. Continuation of on-going stroke education.
4. Increased risk factor awareness.

Participants:

46%
MOSAIC hospitals represented during focus group call



35
Focus group call attendees participating with MOSAIC

Results:

Based on a thematic analysis of focus group notes and follow-up survey responses, human capitol or staffing resources was the most prevalent theme hindering MOSAIC hospitals from participating in TOC collection. Time issues, other required data reporting, data visualization, and form usability were also highlighted as deterring factors. Further, participants indicated that while not currently participating in collection, TOC data could be useful in decision making processes and quality improvement within their respective programs.

Conclusion:

Collection of stroke data transitioning from inpatient care to home remains challenging for stroke teams and healthcare providers to obtain. Provision of follow-up phone calls continue to be difficult to accomplish with limited resources, allocated time and a lack of dedicated staff. Future studies should focus on the relationship between hospital length of stay and adverse post-discharge outcomes (i.e., hospital readmission rates, falls, and medication compliance) to facilitate transitions of care related quality initiatives.

References:
1. Lichtman, J.H., Leifheit-Limson, E.C., Jones, S.B., Wang, Y. & Goldstein, L.B. (2013). Preventable readmissions within 30 days of ischemic stroke among Medicare beneficiaries. *Stroke, 44*: 3429-3435.