Improving Hospital Transitions and Care Coordination Using Automated Admission, Discharge and Transfer (ADT) Alerts

Learning Guide Executive Summary

Reducing avoidable hospital readmissions and improving care transitions and coordination continues to be a national health care priority and fundamental issue in improving care quality across the country. **ADT alerts** are automatic electronic notifications of admissions, discharges and transfers sent to the patient's primary care physician, care manager, or other key healthcare provider (such as a long-term care facility).

This Learning Guide mobilizes knowledge and lessons learned from nine[1] Beacon Communities[2] that implemented automated ADT alert systems. ADT alerts seek to address numerous inefficiencies including poor care coordination and preventable readmissions.

Inside the Learning Guide

Setting the Stage for Success. This Learning Guide begins with an overview of foundational infrastructure and technologies needed when implementing an automated ADT alert system. This section also defines the goals for an ADT alert program, including:

> A Learning Guide describes a promising IT-enabled intervention that can be deployed in a community to accelerate health care transformation.

- Improving communication across care providers.
- Improving chronic care patient management.
- Reducing unnecessary hospital utilization.

There are several items to consider before developing and initiating an ADT alert program including the quality improvement and patient safety **goals** of the community, the **interest** in ADT alerts, as well as the composition and **structure** of the health care market. Communities that have been successful in implementing an automated ADT alert system also have some formalized health IT governance and

---

[1] The nine communities that provided in depth information about their experiences for this Learning Guide are: Bangor Beacon (Maine), Crescent City Beacon (Louisiana), Greater Cincinnati Beacon (Ohio), Keystone Beacon (Pennsylvania), Rhode Island Beacon (Rhode Island), San Diego Beacon (California), Southeast Minnesota Beacon (Minnesota), Tulsa Beacon (Oklahoma), and Western New York Beacon (New York).

[2] The Department of Health and Human Services, Office of the National Coordinator for Health IT (ONC) through the Beacon Community Program provided $250 million over three years (2010-2013) to 17 selected communities throughout the United States to build and strengthen health IT infrastructure, test innovative approaches, and make strides toward better care, better health, and lower costs.

structure arrangements, health information exchange capability, and experience working collaboratively to drive health care improvement.

Lessons from the Beacon Community Experience. The communities that contributed to this Learning Guide exist in a wide range of markets, including those with integrated health care delivery and those with little connection between systems. The shared experiences from the Beacon Communities related to implementing an automated ADT alert system and improving care transitions are organized into Implementation Objectives. These are the key lessons the communities wanted to share to increase the likelihood of success when implementing an automated ADT alert system, and include:

1. **Confirm that an ADT system supports the community's goals and is feasible within the technology and financial landscape.**

This Implementation Objective begins with a discussion of engaging partners and stakeholders, understanding the implementation costs and value proposition, assessing the existing technology landscape in order to inform the development of a project implementation plan, associated goals and selection of technology. This section describes the steps needed, including:

- Engage support of appropriate partners and stakeholders
- Clarify and articulate the local value proposition and funding requirements for ADT alerts
- Assess the technology landscape for feasibility and develop a preliminary systems overview
- Establish goals of the ADT alert system in driving clinical transformation

2. **Establish project scope, design, and an implementation plan.**

To transition from community goals to an actionable plan, communities should consider the following:

- Determine how the ADT alert project fits into the technical landscape
- Enact or amend data use agreements to support ADT alerts
- Select vendors to support the technical strategy
- Develop an execution plan and begin with a pilot

3. **Evaluate the ongoing performance and impact of ADT alert system**

Evaluation is an essential aspect of any quality improvement activity, including an ADT alert system program. Initial conversations around program goals and design should include a discussion of how the program will be evaluated. This section describes several areas in which measurement may be valuable, notes particular measures that may be used for monitoring and evaluating, and highlights the importance of ongoing monitoring and reporting.

4. **Obtain ADT information and transform into a clinically meaningful alerts**

This section provides an overview of the process for developing clinically meaningful ADT alerts from a community's existing HIE infrastructure, while preserving security and data quality, accuracy, and utility. This section describes the steps needed, including considering security in data transport mechanisms and executing a 5-step transformation process.

5. **Integrate ADT alerts into care provider workflows**

This section provides guidance on specific planning activities required to successfully integrate ADT alerts into care provider workflows, with particular emphasis on cost considerations, identifying roles and responsibilities for the alert triage process, providing training and coaching to clinical and support staff, and integrating the alert process into the care provider workflow.

The full Learning Guide is available at http://www.healthit.gov/policy-researchers-implementers/beacon-community-program/learning-guides

December 2013