

Taking our IDEA from Simulation to Reality

BACKGROUND

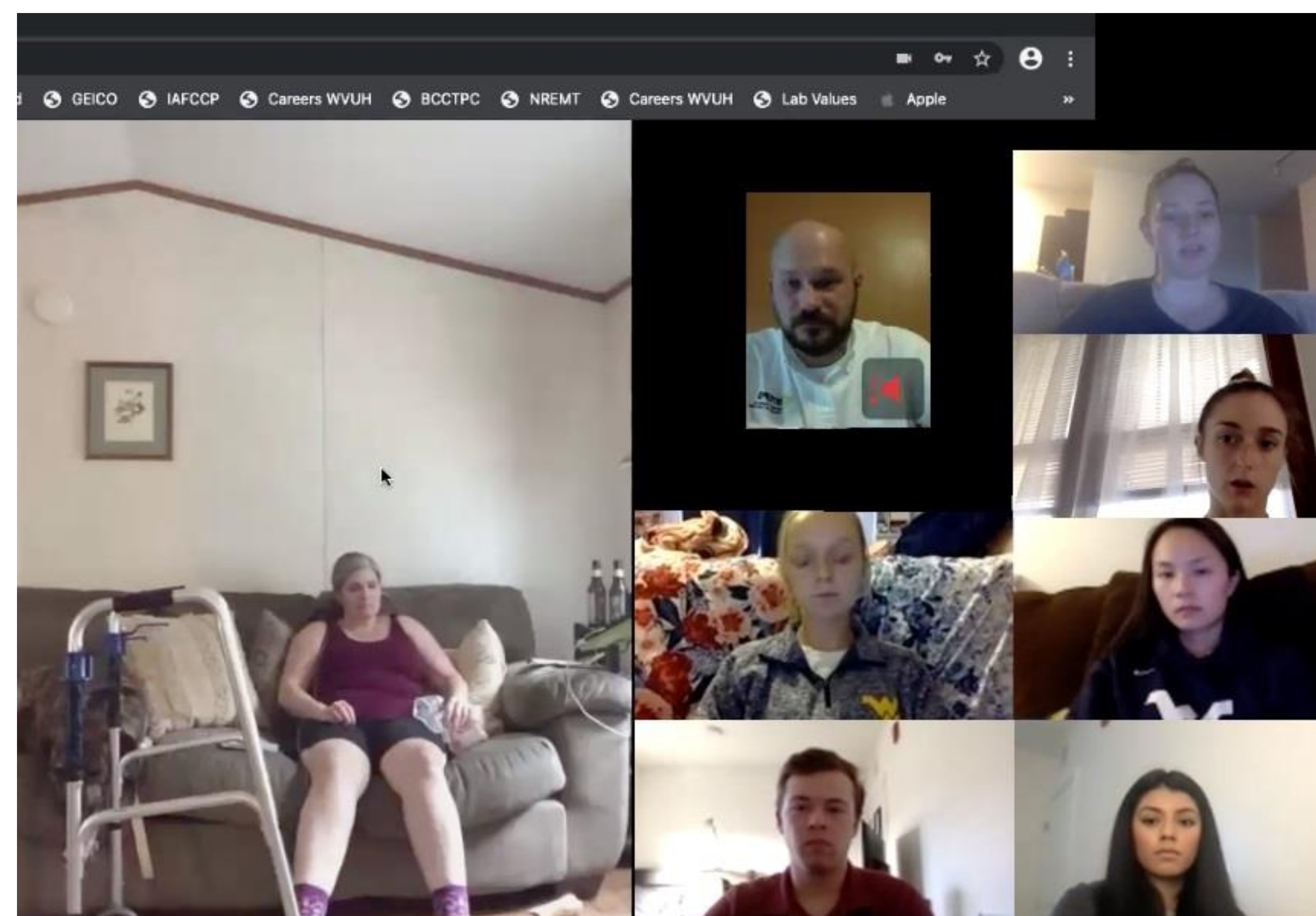
- Rural Appalachians face significant barriers to healthcare, leading to higher disease-specific mortality rates and lower access to healthcare professionals. Patients in these communities experience higher rates of readmission and emergency department visits due to inadequate follow-up care.
- A lack of proper transitions of care has been linked to increased patient harm, including medication errors, missed follow-up visits, and worsening chronic conditions.
- Innovative solutions such as telemedicine and Transitions of Care Clinics (TCCs) help bridge these healthcare gaps.
- Telemedicine and TCCs enhance continuity of care, medication reconciliation, patient education, and follow-up services.
- WVU Health Sciences Center (HSC) developed the InterDisciplinary Education Apartment Simulation (IDEAS) program to train students in managing transitions of care.

OBJECTIVES

- Deploy interprofessional student teams from multiple disciplines in interprofessional huddles
- Improve patient outcomes by reducing emergency department (ED) visits and hospital readmissions by 20% within 30 days of patient enrollment
- Increase follow-up appointments, medication adherence, and preventive care measures.

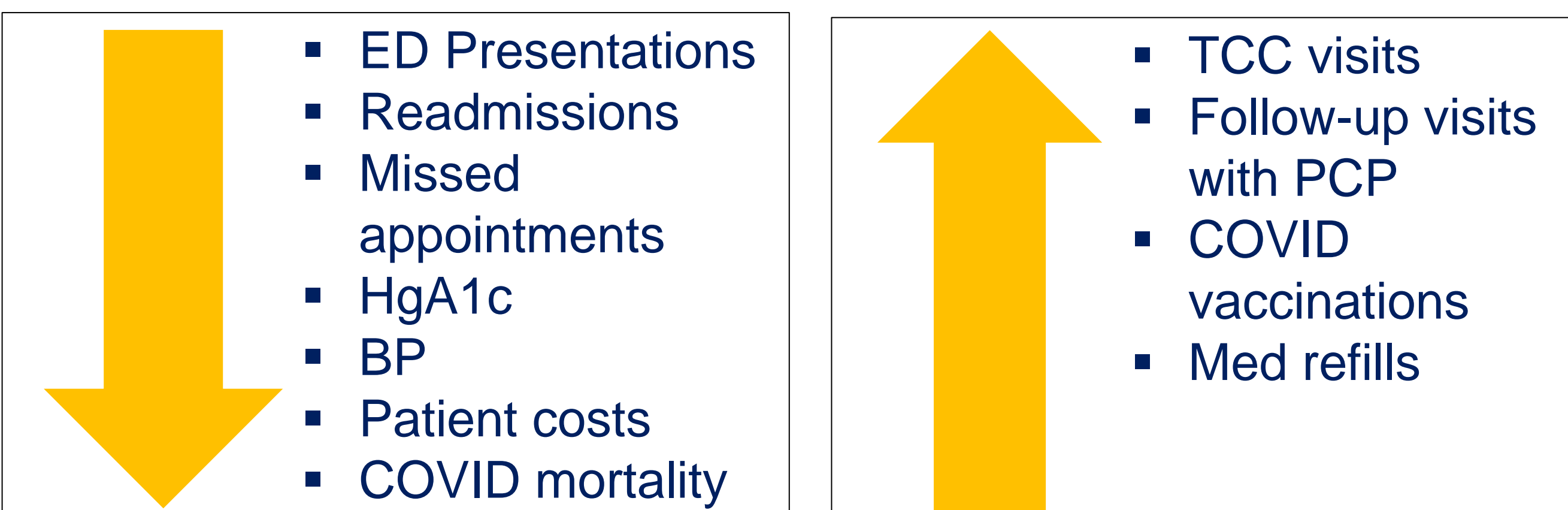
IMPROVEMENT ACTION PLAN

- Participants were recruited from WVU's School of Nursing, School of Pharmacy, School of Public Health, and School of Medicine (including students from Medicine, Physical Therapy, Occupational Therapy, and Physician Assistant program).
- Factors: Patients have limited health literacy, transportation issues, & socioeconomic constraints. Providers may have inconsistent care coordination and lack of training in telemedicine tools.
- Top priority issues: Inconsistent care coordination, limited patient adherence to follow-up recommendations, & technology access/literacy gaps for patients and providers
- Interventions: training to enhance interprofessional team training on transitions of care and telemedicine and patient engagement to develop telehealth follow-ups.



RESULTS

- During this pilot, five interprofessional huddles were conducted, involving 17 students from seven disciplines.
- Twelve patient cases were reviewed, with all receiving coordinated care interventions.
- 90% of huddles included medication reconciliation and/or medication adjustments.
- Patient outcomes demonstrated reductions in ED presentations, hospital readmissions (within 30 days), missed appointments, HgA1c levels, blood pressure, patient costs, and COVID-related mortality.
- There was an increase to follow-up visits with the TCC. With that, primary care visits increased, along with medication refills and COVID vaccinations.



LESSONS

- Interprofessional collaboration in transitions of care enhances student learning and improves patient outcomes.
- Simulation-based education serves as an effective preparatory tool for real-world clinical experiences.
- Telemedicine is a viable strategy for overcoming geographic and logistical barriers to post-hospitalization care.
- Future iterations should focus on expanding student participation and refining data collection methods to further evaluate long-term patient outcomes and program effectiveness

SCALE UP PLAN

- Identify additional units within the WVU Medicine system that would benefit from a transitions of care approach using telemedicine.
- Connecting these units with the Transitions of Care Clinic
- Assess existing resources, technology infrastructure, and staff willingness to adopt the program.

SUSTAINABILITY PLAN

- The program is being progressively integrated into the curricula of additional Health Sciences Center (HSC) programs.
- Ongoing data tracking and analysis will ensure continuous improvement and adaptation of the initiative.
- Expansion efforts include incorporating additional disciplines and refining simulation-based training to better prepare students for clinical practice.



ACKNOWLEDGEMENT

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