



Poster # 6

Title of poster: Literature review of the essential data elements for the development of a standardized communication form to improve transitions for nursing home residents.

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Abstract

Objective: The objective of this preliminary review to scope the research literature was to identify the essential data elements to be included in a standardized transition form.

Background: This project builds on the OPTIC Program (Older Person's Transitions in Care) examining transitions experienced by NH residents, when they require urgent or emergent care and are transferred from their nursing home (NH) via emergency medical services (EMS) to an emergency department (ED). The OPTIC study conducted by our team found a substantial lack of information communicated consistently between providers and settings during transitions of care. Results identified significant gaps in medical information, documentation of care needs and inclusion of pertinent resident information and personal assistive devices (hearing aids, dentures and glasses). The latter were recorded as accompanying the resident less than 5% of the time. This is astonishing considering the significant complexity and vulnerability of these older adults. As a result the OPTIC team developed a communication form to pilot-test in a sample of transitions from 15 NHs to one ED and back. The data elements included in this form were informed by the OPTIC study results and a literature review that revealed the essential medical information and documents required for residents during transitions of care.

Methods: This preliminary review focused on the transitions of care that older adults experience. Searches for scientific articles were conducted using Medline, Psycinfo and EMBASE, and Google Scholar for grey literature. To be considered for inclusion in the review, articles had to meet the following criteria: 1) published in English, 2) between the years of 1995 and 2013, 3) address transitions of care between NH and ED and 4) address questions relevant to the nature of communication, documentation and information shared between providers. Studies were excluded if they addressed the handoff process in one care setting. Following title, abstract and manuscript review, 16 articles were included and essential data elements used for documentation were extracted and tallied once for each article in which they were listed.

Results: Over 75 data elements were found and grouped into the following categories; transfer information, resident history, medication, basic vital information, mental status information, physical status information, precautions, resident focused information, information from sending facility, information from receiving facility and information from more than one setting. The top scoring data elements from each category respectfully included reason for transfer, past medical

history, current medications, recent vital signs, baseline mental function, baseline physical function, allergies, DNR/code status, provider facility contact information, treatment provided and recent lab work results.

Implications: Based on pilot-testing of these essential data elements, we hope to confirm that a standardized evidence-based communication form used by all healthcare providers across settings during transitions of care improves communication, provides evidence for best practice and ultimately results in better care for NH residents. Furthermore, this preliminary scoping of the literature informs the protocol required for a full systematic review of the literature on essential communication data elements during transitions of care.

