Maintaining Patient Safety During Acute Care Transitions & Reducing Hospital Readmissions

“Patient safety” and “care transitions” are buzzwords in the medical world right now, specifically regarding patient readmissions to the hospital within 30 days. According to a March 2013 article in the *Annals of Internal Medicine*, the evolution of care of the hospitalized patient accounts for much of the attention around these issues. “Patients are sicker; length of [hospital] stay has decreased; medical technology and knowledge have advanced; and new models of hospital-based care have evolved” (*Ann Intern Med* 2013; 158[5_Part_1]: ITC3-1).

After being discharged from the acute care setting, patients are susceptible to a variety of adverse events (AEs) that may land them right back in the hospital. It has been reported that within 3 weeks of discharge more than 20% of patients suffer a preventable AE (*Ann Intern Med* 2003; 138: 161-170). What’s more, close to 1 in 5 patients receiving Medicare are readmitted to the hospital within 30 days of discharge (*N Engl J Med* 2009; 360: 1418-1428). Various factors can lead to adverse events in patients transitioning from the hospital setting, including: poor communication between health professionals, medication errors, incorrect or missing information, and patients/caregivers misunderstanding the diagnosis or care plan (*JAGS* 2013; 61: 231-236). In the past, it has been difficult to determine the national cost for AEs patients encounter post-discharge, especially when weighing cost factors such as physician co-pays, skilled nursing facilities, hospital readmissions, transportation, home caregivers, and familial burden and/or loss of potential earnings. However, in 2011 it was reported that the estimated annual cost of adverse events to the U.S. health care system was $12-$44 billion (*Ann Intern Med* 2011; 155: 520-528).

In 2007, the Transitions of Care Consensus Conference (TOCCC) was formed, in order to develop consistent principles to address gaps in care transitions between the inpatient and outpatient settings. TOCCC is composed of five professional societies: American College of Physicians (ACP), Society of Hospital Medicine (SHM), American Geriatrics Society (AGS), American College of Emergency Physicians (ACEP), Society for Academic Emergency Medicine (SAEM). Published in the *Journal of General Internal Medicine*, the following were established as recommended consensus standards for health professionals to uphold when managing safe patient transitions (*J Gen Intern Med* 2009; 24(8): 971–976):

- Coordinating Clinicians
- Care Plans/Transition Record
- Communication Infrastructure
- Standard Communication Formats
- Transition Responsibility
- Timeliness
- Community Standards
- Standardized Measurement

Moreover, according to the DHHS-Agency for Healthcare Research & Quality—Patient Safety Network, there are three key areas that should be addressed in order to ensure patient safety post-hospital discharge: 1) Medication reconciliation; 2) Structured discharge communication; 3) Patient education.

In an effort to further increase accountability and responsiveness for this growing issue, a provision on hospital readmissions was written into Section 3025 of the Affordable Care Act. Section 3025 established the Hospital Readmissions Reduction Program, which included the addition of Section 1886(q) to the Social Security Act. This provision requires the Centers for Medicare and Medicaid Services (CMS) to reduce...
As based planning 1.00% addressing another hospitalization was 158[5_Part_1:]

The new provision went into effect on October 1, 2012. On this date, 2,000+ hospitals were penalized for having high rates of readmissions; these hospitals were fined between 0.01% and 1.00% of their Medicare reimbursements. “CMS expects that hospitals will forfeit about $280 million in this first year of penalties. Starting in October 2013, the maximum penalty rate will double to 2% and top out at 3% in 2014” (Ann Intern Med 2013; 158[5_Part_1]: ITC3-1).

The NJISA collaborates with Kennedy Health System (core teaching affiliate of RowanSOM), to take on a leadership role in addressing these issues of care transitions and patient safety. In October 2011, Kennedy’s Stratford, NJ division opened an Acute Care for the Elderly (ACE) Unit, and an NJISA faculty member was appointed Medical Director. The ACE Unit provides a variety of interdisciplinary, team-based services, including daily care planning and clear follow-up treatment planning upon discharge, in order to help patients regain and maintain functionality and to prevent readmissions; NJISA Geriatric Fellows have the unique opportunity to train in the ACE Unit setting for 6 weeks each year.

As healthcare continues to evolve in America, it is important for medical professionals to constantly remain cognizant of their patients’ safety during transitions, in order for them to avoid adverse events post-hospital discharge and the hazards of re-hospitalization.

NJISA Fellowship Transitions: Graduation & the Incoming Class

As one academic year comes to a close and another begins, the NJISA’s Fellowship Program is full of exciting developments. Among such events are the following:

- Wendy Cheng, DO (Geriatric Internal Medicine), graduated in the NJISA’s Fellowship Class of 2013. At this year’s fellowship commencement dinner, Dr. Cheng received the 2013 “Excellence in Teaching in Geriatrics and Gerontology” award. Upon graduation, Dr. Cheng joined the NJISA as a full-time clinical faculty member.

- Sam Zwitchkenbaum, DDS, MPH (Geriatric Dentistry) was named Chief Geriatric Fellow entering into his 2nd year of training; Dr. Zwitchenbaum and Peter Yeh, DO (Geriatric Family Medicine) will graduate in the Class of 2014.

- Drew Maygren, DO began the NJISA’s Geriatric Psychiatry Fellowship Program on July 1, 2013 and will graduate with the Class of 2015.

- Tony Tran, DO began the NJISA’s Geriatric Family Medicine Fellowship Program on July 1, 2013 and will graduate with the Class of 2015.

A Message from the Fellowship Directors...

_In your opinion, what is it that makes the NJISA’s geriatric fellowship program stand apart from other geriatric fellowship programs in the country?_

“We are a true interdisciplinary program, where the medicine, psychiatry and dental fellows learn side by side. This type of learning fosters team building and intimately mimics how you practice geriatrics in the community. We also have strong academic, teaching, research and medical components. These elements prepare our graduates for both academic and clinical careers.” -Stephen M. Scheinthal, DO, FACN, Director of the Geriatric Psychiatry Fellowship

“The NJISA fellowship offers a richness and balance in clinical experiences, research, and education to not only produce a geriatrician but also train the next generation of physician educators.” -Kevin Overbeck, DO, Director of the Geriatric Family Medicine Fellowship

“NJISA’s fellowship in geriatric medicine has an enormous amount of resources, from skilled attendings, educational experts, researchers, an excellent program director, as well as motivated fellows. All of these combined makes for a stellar program, which stands on it’s own.” -Terrie Ginsberg, DO, FACO, Director of the Geriatric Internal Medicine Fellowship

“NJISA’s geriatric fellowship program stands apart from other geriatric fellowship program in the country because of the diversity in people, classes, and events and alumni that are highly supportive of the program.” -Jill York, DDS, MAS, Director of the Geriatric Dentistry Fellowship

Continued from Page 1
Leadership in Geriatric Education

The Tale of a Former Fellow

For Dr. Kevin Overbeck, the path that led him to the NJISA’s Geriatric Family Medicine Fellowship program had not always been clear. As with many young doctors, towards the end of Dr. Overbeck’s residency at UMDNJ-SOM, he was still uncertain of the specific career direction he would choose to pursue. After much consideration and reflection, he signed up for the NJISA’s Fellowship, motivated by the less familiar practice of caring for the elderly and by his observations of geriatricians’ enormous job satisfaction levels. Within the first few weeks of his training, what was initially a decision of chance became a matter of fate: Dr. Overbeck knew he had found his lifelong calling. “When I started seeing geriatricians teaching me the principles and practice of geriatrics, which were congruent with my beliefs of ethical treatment of patients, and I saw the expertise here at the Institute, I really said, ‘this is definitely what I want to do for a living.’”

As time passed during his fellowship, Dr. Overbeck found his calling to be a twofold pursuit; he realized he was as equally passionate about academic medicine as he was about geriatric patient care. “Being exposed to leaders in geriatrics who were also leaders in education led me to want to be a teacher.” Had it not been for the fellowship program, Dr. Overbeck attests that he probably would not have ended up as a medical educator or even in geriatrics at all, the specialty he values so deeply. In fact, there was a time when he was even contemplating law school! Lucky for the NJISA, Dr. Overbeck did find his niche with geriatrics.

When asked to describe his favorite aspect of the fellowship, Dr. Overbeck indicates the ability to provide quality medical care to patients across the continuum. “Being able to take care of someone at the end of their life, all the way to the last day, competently and compassionately, and seeing the difference that it made with the family, with the patient, and in the continuity that was given...that’s definitely, without question, the most rewarding.” Dr. Overbeck emphatically emphasizes that his passion for geriatric patient care continues to be the favorite aspect of his job to this day. It is clear the fellowship brought about a sense of hope and determination in Dr. Overbeck; it not only exposed him to academic medicine and geriatric care, but to cutting edge innovations in the field at both the local and national level. “It seems that my job is much more than just work. It seems like it is opportunity.”

Dr. Overbeck currently serves as an Assistant Professor and Geriatrician at RowanSOM (formerly UMDNJ-SOM) within the NJISA. He is involved with all levels of education that is conducted at the Institute. Dr Overbeck is Course Director of the OMS II Geriatrics Course, during which he leads an interdisciplinary staff of health educators in a collaborative and innovative course design. Dr. Overbeck develops and delivers most of the lectures for the 3-week intensive course, instituting a range of advanced teaching techniques, including the use of an interactive audience response system, a simulated patient (SP) experience, small group sessions, etc. The OMS II Geriatrics Course is held in high regard at RowanSOM and is considered a model course by Administration, Academic Affairs, and Student Services. Dr. Overbeck also serves as a clinical preceptor for OMS III and OMS IV students, during which he guides students in applying their OMS II geriatrics classroom knowledge to real life clinical encounters.

As far as post-graduate education, every single FM resident that comes through the RowanSOM residency program rotates with Dr. Overbeck for at least two weeks during their second year. Residents are exposed to a unique environment; most of their training is conducted in the office or hospital setting, but with Dr. Overbeck they are in assisted living or subacute rehabilitation. “It’s an opportunity to teach them about systems-based practice, in addition to working with healthcare teams, which is critical in these settings.”

Dr. Overbeck is the Director of the NJISA’s Geriatric Family Medicine Fellowship Program, the program from which he graduated. One of his passions is working directly with the fellows, which he attributes to the challenge of debating patient cases with the fellows and to the expertise he developed through teaching at a level appropriate for fellows and residents. Under his leadership, the FM fellows experience a diverse clinical schedule, including valuable exposure to geriatricians and health professionals of differing backgrounds, interests and perspectives, ages, and points in their careers. Dr. Overbeck also provides second year fellows the opportunity to serve as his co-course director of the OMS II Geriatrics Course, to experience how to develop and lead a model course.

In addition to his clinical and teaching responsibilities with the Institute, Dr. Overbeck is involved in curricular development at the University level. He serves on the RowanSOM Curriculum Committee, which formulates the structure and content of medical student education across years 1 through 4, as well as additional committees through the Academic Affairs office. Dr. Overbeck also holds a lead faculty role on the NJISA’s 1 million dollar Donald W. Reynolds Foundation Next Steps for Geriatric Infusion grant.

In 2012, Dr. Overbeck was awarded the student-selected Gold Humanism Award for compassionate bedside care of his patients, marking his proudest accomplishment in his career so far. Dr. Overbeck was presented the award during a White Coat Ceremony in front of an audience of students, faculty, staff, and his family. The award was especially meaningful to him, due to the fact that it stood for compassionate care. “Not just that I gave students time, but that I gave patients my time, something I try to model for the students.”

When asked what advice he would give to a physician considering the NJISA’s geriatrics fellowship, Dr. Overbeck enthusiastically stated, “Just do it! I mean, it’s the best thing in the world...if you think you have a calling to do geriatrics then you probably do. It’s very rewarding.” Dr. Overbeck then went on to emphasize that geriatric care offers an opportunity for career growth, not just in patient care, but in becoming an educator; it can open more doors than students and residents may be aware. The fellowship will “keep you excited about your career life-long, and I think the fellowship gives you the foundation to become more than just a teacher but an educator of students.”

Kevin Overbeck, DO, Assistant Professor & Director of the Geriatric FM Fellowship Program, NJISA, RowanSOM
Geriatrics—Did You Know?

- In June 2013, the NJISA was awarded 1 of 10 Donald W. Reynolds Foundation “Next Steps in Physicians’ Training in Geriatrics” grants; the institute will receive approximately $1 million over a 4 year span. The goal of the grant is to advance interprofessional training within the University, in order to prepare undergraduate and graduate trainees to practice patient-centered care as effective members of collaborative practice teams.


- The Alzheimer’s Association has come out with its 2013 Alzheimer’s Disease Facts and Figures, “a statistical resource for U.S. data related to Alzheimer’s disease, the most common type of dementia, as well as other dementias.” A link to the full report: http://www.alz.org/downloads/facts_figures_2013.pdf

- Donald Noll, DO, FACOI, Channell, M.K., Basehore, P.M., Pomerantz, S.C., Ciesielski, J., Eigbe, P.A., & Chopra, A. developed national osteopathic manipulative medicine (OMM) competencies for geriatric medical students, which were approved by the Education Council on Osteopathic Principles (ECOP), a committee of AACOM. The competencies are published in a 2013 JAOA article: Volume 113, Issue 4, pgs 276-289: http://www.jaoa.org/content/113/4/276.full.pdf

- Dr. Robert Nagele and his AD research team published the 2013 articles “Diabetes and Hypercholesterolemia Increase Blood-Brain Barrier Permeability and Brain Amyloid Deposition: Beneficial Effects of the LpPLA2 Inhibitor Darapladib” in the Journal of Alzheimer’s Disease and “Natural IgG Autoantibodies Are Abundant and Ubiquitous in Human Sera, and Their Number Is Influenced By Age, Gender, and Disease” in PlosOne: http://iospress.metapress.com/content/0j78318r04323245/fulltext.pdf and http://www.plosone.org/article/fetchObject.action?uriInfo%3Adoi%3A10.1371% 2Fjournal.pone.0060726&representation=PDF respectively.

- In May 2013, the American Psychiatric Association (APA) released its Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 criteria “is the standard classification of mental disorders used by mental health professionals in the United States and contains a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system.” www.dsm5.org

Are you interested in a geriatric medicine, psychiatry, or dentistry fellowship position, to start July 1, 2014? Contact Susan Huff for more information, 856-566-6124; huffsm@rowan.edu; or visit http://njisa.edu/education/fellowship/index.htm.